

**NCD EG  
13<sup>th</sup> Meeting (3)  
Moscow, Russian Federation  
28 April 2017**

<b>Reference</b>	<b>NCD EG meeting 13 (3) 2017</b>
<b>Title</b>	<b>Minutes from the 13<sup>th</sup> NCD EG Meeting</b>
<b>Submitted by</b>	<b>NCD EG Secretariat</b>
<b>Summary / Note</b>	<b>Adopted</b>

**1. The opening of the meeting and welcome.**

The meeting was opened and chaired by Prof. Rafael Oganov, NCD EG Chair. He welcomed participants and thanked them for coming to take part in the 13<sup>th</sup> NCD EG Meeting to express and approve suggestions and additions for NCD EG Action Plan for 2017-2021 to be included in the NDPHS Action Plan 2020.

**2. The participants** of the meeting introduced themselves.

**3. The Adoption of the agenda.** The meeting adopted the Provisional Agenda with the timetable as submitted in the document 02-13(3)2017.

**4. Welcome speech.** Ms. Oxana Drapkina, Deputy Director of Science and Medicine of the National Research Centre for Preventive Medicine under the Ministry of Health of the Russian Federation welcomed the participants on behalf of the hosting country.

**5. Invited speaker.** Chair expressed the importance of implementation of two preventive strategies: population and individual to accelerate the reduction of the burden of NCDs and their risk factors. The results of the implementation of the individual strategy were well outlined in the European comprehensive Project EUROESPIRE IV. Prof. Nana Pogosova, Head of the Federal Health Centre at the National Research Centre for Preventive Medicine under the Ministry of Health of the Russian Federation has actively participated in the Project from the beginning. Chair invited Prof. Nana Pogosova for the presentation “Achievements and Unsolved Problems of Secondary Prevention of Coronary Heart Disease in the Countries of the ND Region in the Last Decade Based on the Results of the project EUROESPIRE IV”.

Prof. Nana Pogosova, Head of the Federal Health Centre at the National Research Centre for Preventive Medicine under the Ministry of Health of the Russian Federation, presented the achievements and unsolved problems of secondary prevention of coronary heart disease in countries of the Northern Dimension region in the last decade based on the results of EUROASPIRE IV.

The EUROASPIRE (EUROpean Action on Secondary Prevention through Intervention to Reduce Events) surveys represent an observational program in the area of preventive cardiology carried out under the auspices of the European Society of Cardiology (ESC). The objective of these surveys is to determine whether the clinical practice is achieving the standards set in the ESC guidelines on cardiovascular diseases (CVD) prevention. Typically, the EUROASPIRE surveys follow the release of updated ESC guidelines. During the last

decade, two EUROASPIRE surveys were completed (EUROASPIRE III and EUROASPIRE IV) and the fifth survey is currently underway. Five Northern Dimension countries participated in the hospital arm EUROASPIRE III in 2006-2007: Finland, Russia, Latvia, Lithuania and Poland; and in the EUROASPIRE IV survey, carried out in 2013-2015, these countries were joined by Sweden. The hospital arm enrolled patients with established coronary disease after recent hospitalizations.

Based on the results of the EUROASPIRE III and IV studies, positive changes are evident in most of the participating Northern Dimension countries regarding major CVD risk factors prevalence and cardioprotective therapies utilization, but still there is room for improvement. For instance, the smoking rates in patients with established coronary heart disease (CHD) have declined in Finland and in Latvia substantially but they were still on the rise in Russia, Lithuania and Poland. The prevalence of obesity has increased in all participating Northern Dimension countries except of Latvia, but most prominently in Russia where it peaked to 50.8%. Conversely, the rate of successful therapeutic control of hypertension has increased in all these countries with Russia being the winner and having blood pressure at target in 73% of patients. With regards to blood lipid control it is not possible to provide direct comparisons of the proportion of patients with LDL at target between the two surveys because of the change of LDL target from <2.5 mmol/L to <1.8 mmol/L. On one hand, the mean LDL levels have declined in coronary patients in all countries but on the other hand it was still not sufficient to meet the new stringent target in most patients. It was no more than one third of participants who have reached their lipid target in Finland, which is the best result among the Northern Dimension countries, and their proportion in Lithuania was just 5%. The rate of successful glycemetic control in patients with self-reported diabetes based on HbA1c<7% has increased somewhat in all participating Northern Dimension countries except Poland. The rate of undiagnosed diabetes based on OGTT results ranged from 8.0% in Russia to 25.3% in Latvia.

The utilization of the blood pressure lowering drugs was on the rise in all participating Northern Dimension countries except of Poland. The use of lipid-lowering drugs has increased substantially in Russia, Latvia and Lithuania but it had decreased somewhat in Finland and Poland. Regarding the use of major cardioprotective drug classes at interview, it was 93.4%, 91.3%, 96.9% 85.1%, 91.7% and 97.5% in Russia, Finland, Latvia, Lithuania, Poland and Sweden for antiplatelet drugs, respectively. The corresponding numbers for beta-blockers were 80.1%, 79.5%, 87.9, 84.3%, 82.7% and 88.9%, respectively, for ACE inhibitors 52.8%, 35.5%, 65.9%, 63.7%, 65.3% and 51.5%, respectively, and for statins 74.6%, 81.9%, 93.1%, 73.5%, 81.9% and 90.0%, respectively.

Appropriate physical activity is crucial for prognosis and well-being of CHD patients. The proportion of patients doing regular exercise to increase fitness has increased in Russia, Finland and Poland but it remained almost unchanged in Latvia and Lithuania. Based on EUROASPIRE IV data, the cardiac rehabilitation programs (CRP) referral rates were more than 90% in Lithuania but there was a high heterogeneity among the Northern Dimension states and only 7.9% of patients were referred to CRP programs in Latvia. The adherence to CRP programs in the referred patients ranged from 31.8% in Latvia to 93.7% in Lithuania. The data above highlights the need to continue efforts on CVD prevention in the Northern Dimension countries.

Chair invited participants for the questions, comments, suggestions.

Discussion: Norway raised the question concerning the major difference in obesity numbers between the countries.

The speaker informed that the gender prevalence among the patients included in the EUROASPIRE IV survey was mostly men. In Russian cohort the 70% of patients were men. The same as in the EUROASPIRE III survey. The gender difference did not explain the striking difference in results between two Surveys in Russia. The Russian whole population study ESSE also confirms the increase of obesity among 70% of men in the cohort.

PHC EG representative revealed the interest in the situation in Finland on the reduction of the lipid-lowering drugs use in comparison with previous study and the next one and asked if there is any explanation on that.

Finland NCD EG representative commented that this study is based on post-clinical material – patients. From the point of view of general population, a simple observing the population in the streets shows that the level of obese people looks higher. The speaker confirmed that such kind of studies are done not on the same clinical material and the trends in the study could be different and demand more attentive analysis.

NCD EG representative from Latvia mentioned that the different type of drugs used in different countries. The new type of drugs are used in Finland, this could be the explanation of the reduction trend of the lipid-lowering drugs consumption, which is not recorded in this study. She raised the question on the increasing level of the obesity in general population.

The speaker informed about the study in 12 regions in general population which reveals the increasing level of obesity especially in men in Russia.

Finland NCD EG representative outlined that this presentation is a good example of how important is the collaboration between Primary healthcare EG, OSH EG, ASA EG, and NCD EG which comes further in discussion according to the agenda of the meeting. The clinical material in the study mostly corresponds to the PHC and OSH and it would be extremely interesting to reflect the results of this study on the results of the PYLL Study, which was conducted last year. It would be interesting to see the Estonian example and understand what has been done right to achieve the improved results shifting more closely to the situation in Scandinavian countries not only in CVD but in the overall situation in a very short period of time.

Sweden NCD EG representative mentioned the high quality of presentation and remarked that the study shows that in most countries patients were given advises on physical activity or exercises which they did not attend or preserve on different reasons behind that. Sweden has improved the prescription of physical activity and attendance of physical exercise among patients last time. It would be important to see the latest result EUROASPIRE V in order to organize the support to patients.

The speaker reported that at the moment the EUROASPIRE V survey is over. All the blood samples are collected and sent to the laboratory in Finland for investigation. The final results will be presented at the World Congress of Cardiology next year.

Lithuania NCD EG representative addressed to the speaker with a question related to the health promotion activity for the patients. It was presented that patients were advised to increase physical activity, what other recommendations are covered in the study.

The speaker recalled that it is a big study with the huge variety of database. There are analysis of how patients are treated, medically or not medically. What advises (diet, physical activity etc.) did they get. Medical knowledge of patients about risk factors. Mostly 70% of

patients in Europe get advised on smoking cessation. Advise to attend a special clinic is much lower, about 20%. However, the presentation shows only the part of the study according to the agenda of the current meeting.

6. **Chair presented main results had achieved by the NCD EG during the 2016.**

One year has passed since we met first time. Our group of experts working in the very important area – to reduce the impact of NCDs through strengthening prevention and addressing lifestyle-related risk factors. In order to carry out our activities, we follow the NCD EG ToR (Terms of Reference), NDPHS Strategy and its Action Plan 2020, objective 3 and operational activities 3.1, 3.2, 3.3. Two additional activities “obtaining and promoting mutual interests on collaboration with other NDPHS EGs” and “streamlining the adjustment of the NCD EG Action Plan for 2017 according to the suggestions and additions issued by the NCD expert team” have been added to the NCD EG operational activities and represented in NDPHS Action Plan 2020.

The main NCD EG activities we can divide into following directions, such as organizational, project idea elaboration and project implementation, participation in workshops, forums, meetings, specific events, etc., cooperation with other NDPHS EGs.

Organizational activity:

- Adaptation and approval of the NCD EG ToRs (Terms of Reference),
- Organization and conduction of the 2 NCD EG meetings in Moscow, Russia, 12<sup>th</sup> PAC side-event “From facts to policy” in Sopot, Poland.

Project activity:

- Implementation of the PYLL-Project. The implementation of the PYLL-(potential years of life lost) Project revealed big differences in PYLL rates (up to 4 times) between the countries within the ND region, and that was a lot of room for improvements. A positive finding was that in all 8 countries studied and NDPHS area the avoidable premature losses of human capital (PYLL) had a declining trend during the 2003 – 2013.
- Suggestions on new projects’ ideas elaboration: “Assessment of NCDs and their risk factors through screening and follow-up programs in the NDPHS Partner Countries for the best practices approval and adoption”; “Platform for health literacy promotion”.

Participation in the workshops, forums, meetings, specific events, etc.,

- Working Seminar “Where are we heading – wealthier and healthier in the decades to come, or just the opposite?” within the 7<sup>th</sup> Strategy Forum of the European Union Strategy of the Baltic Sea Region (EUSBSR) held in Stockholm, Sweden. During the Seminar, the presentation “Human Capital Losses and Gains, Wealth of Countries” was delivered by the NCD EG Vice-chair, two representatives from the Russian Federation and Finland took part in the discussion.

Coordination with other NDPHS EGs

- Establishment of collaboration with EGs: Alcohol and Substance Abuse (ASA) and Primary Health Care (PHC).

Conclusion:

- Discussions of NCDs' problems and their possible solutions have shown once more the necessity of comprehensive interventions at local, regional and country level through multisectorial collaboration of health and other state and non-state sectors.
- The collaboration with other EGs within Partnership is necessary and will allow to increase the possibility in NCDs prevention and control, monitoring and evaluating the progress achieved. The elaboration of joint projects will accelerate achievements in good health and social well-being in the Northern Dimension Region.
- Continue and increase activities with focus on Project ideas elaboration and project implementation. Evaluation of the progress achieved is very important.

Chair informed that NCD EG Progress Report for 2016 is adapted and included in the NDPHS Progress Report for 2016. Participants were invited for the questions, comments, suggestions.

Finland NCD EG representative on behalf of the Finnish NCD EG members congratulated the Group with the adaption of the NCD EG Progress Report 2016 and inclusion it into the NDPHS Progress Report for 2016. At the same time there was expressed the concern on the procedure of the preparation of Progress Report 2016 mentioning the technical issues in the structure of the Progress report. The work plan should reflect the main tasks which are available for the implementation in time and to be reported in progress report as follows. The Meeting should review the issues of the Working plans that the group could not realize in time and discuss the possibility of continuing or change the strategy. He encouraged all members of the NCD EG to take an active part in report preparation in next reporting period to submit the documents to the Secretariat in time. Also, complemented to the other EG representatives with the submitting their Progress Reports to the Secretariat for the CSR Meeting in November 2016.

Chair expressed his gratitude to the NCD EG former Chair and praised his activities.

7. NCD EG ITA briefly informed about the agendas and main results of the two meetings conducted by the NDPHS Secretariat: Chairs and ITA's Meeting held on the 24th of February, 2017, in Gdansk, Poland and CSR Meeting held on the 4<sup>th</sup> of April, 2017 in Gdynia, Poland. During the Chairs and ITA's Meeting the Expert Groups and the Secretariat reported on progress in implementing regionally agreed objectives in the area of health and social well-being of relevance to the Action Plan accompanying the NDPHS Strategy 2020, including the activities related to the EU Strategy for the Baltic Sea Region (EUSBSR). The CSR discussed the NDPHS Work Plan Progress Report for 2016.

In regards of the "Priorities and objectives - NDPHS Strategy 2020 and EUSBSR PA "Health" Action Plan the Secretariat invited EG to present preliminary ideas concerning the review and possible updating of the relevant elements of the Action Plan. The inputs will focus on the as actions, expected results, deliverables, targets and deadlines and be submitted to the NDPHS Secretariat by the end of 2017. The elaboration by the NDPHS Expert Groups inputs to an updated NDPHS Action Plan 2020 and the contributions will focus on the achievement of the objectives and results within their individual remit and cover the period up to the end of 2020.

The Expert Groups were invited to share their plans regarding producing information materials and submitting articles for the spring 2017 issue of the NDPHS e-Newsletter.

Major events in which the EG may contribute were announced at the CSR: The workshop “e-Health and Data transfer across borders in the BSR” during the 8th Annual Forum of the EU Strategy for the Baltic Sea Region. Berlin, Germany, 13 - 14 June 2017; Baltic Sea Network on Occupational Health and Safety Annual Meeting, 28-30 Sept 2017, St Petersburg; the Vilnius Communicable Disease Summit is planned to be held on 4-7 October 2017 (<http://www.badv2017vilnius.org/welcome.html>); the 10th European Public Health Conference. Stockholm, Sweden, 1–4 November 2017.

ASA EG ITA expressed appreciations to be invited to participate in the NCD EG meeting with the aim to continue the discussions on joint project and find better possibilities for better collaboration between the EG and made two additions to the report about the Chairs and ITA and SCR meetings. One is about the appointing of the new director of the NDPHS Secretariat starting from 1 of August 2017, which is imperative, because the Partnership will have the new vision. The second thing is that the NDPHS Secretariat asked the EG to revise their Action Plans 2020 and to think on what is not achievable and put it in the way what is possible to report about the achieved the results.

NCD EG Chair thanked ASA ITA for the valuable information and continued the meeting.

PHC EG representative mentioned the importance of coming of the new director of the NDPHS Secretariat, who may have a new vision for the NDPHS Action Plan 2020. He gave the comments about the new idea on the preparation to renew the NDPHS Action Plan and NDPHS Strategy 2020 up to the 2030 year because 2020 is near tomorrow. The majority of the most of the international organizations are looking to the Sustainable development goals up to 2030. It may happen that during the process of renewal of the Strategy and Action Plan for the ND the vision not up to 2020 but 2030 will be requested. He suggested to think on the room for the manoeuvres for the longterm targets and how they relate to the national strategies, with international strategy of WHO, which will be discussed during the World Health Assembly in May. Russian Minister of Health V. Skvortsova will be chairing the WHO Assembly.

Finland NCD EG representative informed about the WHO Europe NCDs Status Report launching on the 8th to 9th of June in Moscow, which will have an impact on the NCD work in the country this year. WHO high-level global meeting on NCDs will take place in October 2017 in Uruguay. In 2018 will be held the UN Summit on the state of NCDs.

WHO Euro representative clarified that the 8-9 June WHO meeting of the heads of the EU on NCDs programs would be on the high level. The European NCDs progress report will be launched at this meeting. It will be the preparation meeting for the following up Global and Uruguay Meetings. The report which already almost prepared will be very comprehensive and will bring an interesting perspective to different countries. The report supports not only the WHO Action Plan, which expired in 2016 but brings connections with the Global UN agenda, and gives progress on directions on NCDs prevention and control. Last year the Regional Committee adopted the new European plan for NCD Strategy control.

Norway NCD EG Representative gave a comment that lots of efforts are given now for the preparation to the World Summit. The NCD CAPACITY SURVEY was prepared last year and be presented during the Summit. It is not finished yet and will be continued in the context on the Agenda up to 2030. He also mentioned the Shanghai Conference on Health promotion which took place last November. It is expected that the terms of the Shanghai Declaration will

be somehow replicated in the high level declaration. The Health Literacy project conceptualise the role of health promotion policy and policy of medication.

PHC EG representative added the information about the 40 years anniversary of the Alma-Ata conference. And not only for the WHO and UNICEF but former Soviet Union was the hosting country and all countries were involved in the congress. It is great opportunity for the intersectoral cooperation between all EG ASA EG, OSH EG, NCD EG and other ND EG to be involved under the umbrella of the PHC. He also reminded about the Alma-Ata PHC congress related to three great names Dr Halfdan Mahler, Director General WHO at that time, he is Danish, Dr Leo A. Kaprio from Finland, the third WHO Regional Director for Europe, Dr Jo E. Asvall, Norway, the fourth WHO Regional Director for Europe. Looking through the history of preparation of Primary health care system based on Alma-Ata Declaration in the Soviet Union had the strong involvement with Norwegian, Finnish, and Danish greatest leaders. It created fantastic mix for us in kind of the Nordic Primary Health Care Prevention of NCDs: North Karelia-Finnish projects, CINDI. All this very famous things remind to the world that through the primary health care it was an opportunity to create a unique cooperation between different speciality in public health and intersectoral health promotion and disease prevention. He also reminded to keep in the calendar the date of September 2018 which is the 40th Anniversary of Alma-Ata conference. The conference will be organised by WHO and UNICEF in 2018, in Alma-Ata.

Finland NCD EG representative proposed to upload to the meeting webpage the Shanghai Declaration.

**8. Chair invited participants to continue the meeting with discussion of the future work of the EG group and give the suggestions and additions for NCD EG Action Plan for 2017-2021 to be included in the NDPHS Action Plan 2020:**

8.1 Better implementation of Health-in-All Policies at all levels, with additional focus on social determinants of health and NCDs for more effective prevention of the diseases as well as for a higher awareness of decision-making in addressing the NCDs burden and economic losses.

Several proposals, including Project Ideas elaboration and Project continuation were suggested to achieve this objective.

Mr. Mikko Vienonen, alternative to the main representative, Finland presented to all the participants the 60 pages hard copies of the Summary of the PYLL Study.

In his presentation "Further development of project ideas based on the ND-PYLL project conducted in 2016" he briefly reminded how the PYLL process was done last year in the eight countries, members of the NDPHS. The results were analyzed and discussed in November 2016 in Sopot at the PAC-Side event. With some countries, there are discussions on how to continue the project. The experience from the PYLL study, which was got not only in Finland but St. Petersburg, and in some other countries showed that it is a good motivating of the administrators, politicians. It is not only in clinical work, but a more powerful tool to lower NCDs by fiscal decisions which link to tobacco legislation, nutrition, labelling. In 4-5 years the recalculation should be done again and to see the progress. He raised the necessity to invite the representative from Estonia to learn their good experience. He also emphasized that PYLL is not the only indicator, WHO has all the indicators available for usage. The first what needs to be done by all of the members of NCD EG is to write national publications. The PYLL study

team (I.Vohlonen, M.Vienonen, P.Jousilahti) is in process to prepare a manuscript for an international article of the findings of ND-PYLL study in English for a suitable public health journal. Representatives from each country who were involved in the PYLL study project will be invited to be co-authors, and the draft of the manuscripts will be distributed to the participants of the project as soon as possible. Prof. Ilkka Vohlonen is leading that process. Secondly, a scientific article based on the ND-PYLL study results reflecting national (in this case Finnish) findings in comparison with other ND-area countries is in preparation by Mr. Pekka Jousilahti. This article will be published in the Journal of Finnish Medical Association in Finnish language. It would be recommended that all participating countries would follow the same example and prepare an article in one of their national public health journals in own languages by using the same logic as Finland is presently doing. The Finnish team will translate their draft article into English and it will be shared with national members of NCD EG and also the national participants in the ND-PYLL study. Based on that draft the general findings of the ND-PYLL study and statistical background are easy to use, and only national findings and conclusions are needed from each national team of authors.

Furthermore, Mikko Vienonen introduced the Baltic Seed Money application prepared by Head of Baltic Region Healthy Cities Association Johanna Reiman and Karolina Mackiewicz: "FOR BETTER HEALTH", project concept prepared in 2016 and available for further elaboration and use in suitable application processes for funding. Estonia, Lithuania, Latvia, Finland, Norway and Sweden are involved in the project<sup>1</sup>. It is a starting point and all who were present at the Meeting were invited to join the project.

Sweden NCD EG Representative clarified that the national representatives of the National branches of the Baltic Healthy Cities Association are involved in this project.

The contact details of the projects are in the presentation "Further development of project ideas 2017 and beyond inspired by the ND-PYLL-1 project\* of 2016", [http://www.ndphs.org//documents/5496/8\\_VienonenM\\_28.04.2017.pdf](http://www.ndphs.org//documents/5496/8_VienonenM_28.04.2017.pdf)

PHC EG representative informed about the two-day intensive workshop for the Russian experts with American representatives of the Global Burden of Diseases Centre, which took place two weeks ago in the FRIHOI MoH RF. Global Burden of Diseases is comprehensive database jointly created with WHO and CDC Atlanta, USA, which contains data about the PYLL and other elements of global disease country by country, year by year up to 2015. He remarked that it is reasonable information for establishing cooperation between different databases and strongly recommended looking through this database<sup>2</sup>.

ASA EG ITA commented the process of developing of the "Healthification" project application and presenting it as a project elaborated by the NCD EG. At the same time, nobody in the group has any information about the organizations and institutions involved in the project. In such case, the question is - how the Project idea will be included in the EG working plan and reports. He raised the issue if the responsible for the project organizations are

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<sup>1</sup> N.B. mvi: In May 2017 the Baltic Region Healthy Cities Association announced that they had successfully been awarded the project for 2017 – 2018. Contact person and more information from: karolina.masckiewicz@marebalticum.prg

<sup>2</sup> N.B. mvi: it would be useful to add the web-page of this data-base here.



unknown to the group it could be a complicated situation and it may put group activity in an awkward position with the Progress Reporting<sup>3</sup>.

Finland NCD EG thanked for the good question and raising this point and admitted that the meetings twice a year do not give the possibility to control what all the members are doing. The project was elaborated by Johanna Reiman, Baltic Healthy Cities Association, and was in the last year NCD EG working plan. Also, he agreed with the ASA EG ITA point that it is considered to be active as an independent project. But the group has to look at how it will be operating in project activity, as a coordinating body, given red or green light to the projects.

Latvia NCD EG representative mentioned that the Riga City Council is already participating and coordinating this project with the local experts.

Sweden NCD EG representative supported that the group is involved in the project and glad to learn that Project authors at last found the Swedish partners who agreed to participate in it. The Meeting took into account all the suggestions and comments.

Chair continued the meeting moving to the next project idea in the frames of “HiAP (Health in All Policies) implementation for promoting NCD prevention programs, such as “Good practices through inter-sectorial collaboration towards to NCDs prevention.”

Ms. Anna Kontsevaya, M.D., Doctor of Medical Sciences, Head of Laboratory of Economic Analysis of epidemiological studies and preventive technologies at the Department of Epidemiology of Chronic Non-Communicable Diseases, National Research Centre for Preventive Medicine proposed the Project idea “Justification of investments in the Prevention of NCDs in Baltic Sea Region by economic arguments”.

The presentation is available on the meeting webpage: [http://www.ndphs.org///documents/5495/8\\_1KontsevayaAV\\_project%20idea\\_28.04.2017.pdf](http://www.ndphs.org///documents/5495/8_1KontsevayaAV_project%20idea_28.04.2017.pdf)

Lithuania NCD EG representative informed about the start of the research on the economic evaluation of Alcohol consumption in Lithuania and reasoned for the use of the united evaluating methodology, which gives the comparable results. As soon as the implementing institution is known, he will inform the group about it.

Finland NCD EG representative commented that the most expensive thing for the NCDs is inactiveness and referred to the WHO document «From Burden to “Best Buys”:

Reducing the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries.

PHC EG representative stressed the terminological insufficiency in the translation into English. It is important to know that everyone understands the topic of the discussion. He raised the question of the necessity to update the existing glossaries with the internationally recognized terminology. And clarify what is meant under the “public health,” “health services,” “primary health care” and many others. But especially NCDs have the growing number of different terms and conditions, various determinations of the NCDs, which have to be provided to the

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<sup>3</sup> N.B.: mvi: ALL SEED-MONEY APPLICATIONS NEED EG’S SUPPORT LETTER, WHICH IS ALSO BEEN THE CASE WITH THIS PROJECT “FOR BETTTER HEALTH”. WE MAY WANT TO AGREE THAT ALWAYS WHEN SUCH AN APPLICATION COMES FROM THE NDPHS SECRETARIAT, THE EG SECRETARIAT SHOULD SHARE IT WITH ALL NCD-EG MEMBERS. Now the approved project document should be added to the NCD-13 EG post-meeting website for all members to have easy access and info about participating institutions and organizations.

public, at first, and to the health workers, the decision makers with the common understanding of the terminology.

The Meeting took note on this information.

**11:30 – 12:00 Coffee break**

**12:00 – 13:30 Continue item 8.**

**Chair** opened the second part of the meeting and stressed that to reduce of the burden of NCDs two strategies are needed population based strategy and individual. The results of the implementation of the individual strategy were presented in the first part of the meeting by Prof. Nana Pogosova.

He invited Ms. Maria Lopatina to introduce the project idea “Tool on Health literacy promotion in NCD RF for general population” in the frames of the population based strategy.

Ms. Maria Lopatina, alternative, Russian NCD expert team presented the Project idea “Tool on Health literacy promotion in NCD RF for general population” as the NDPHS Flagship Projects,. At the 9th Global Conference on Health Promotion in Shanghai in 2016 health literacy (HL) was acknowledged as a critical determinant of health and one of 3 pillars of health promotion alongside with good governance for health and healthy cities. Health Literacy means increasing knowledge as well as social skills that help people make the healthiest choices and decisions for their families and themselves.

She introduced results of the European Health Literacy Survey which was carried out in 8 European countries by the European HL Consortium in 2012 and showed comparative results of the level of HL of the general population (totally around 8000 respondents, 1000 in each country), at 4 levels of HL: inadequate, problematic, sufficient, excellent with the percentage distributions of general health literacy for each country.

The results of the Survey showed that low health literacy is a common problem. Almost half of European population in 8 countries have either inadequate or problematic level of HL according to the Survey.

It was proven that limited HL is connected with unhealthy lifestyle behaviour, unhealthy eating habits, smoking, low physical activity and is associated with an increased risks of morbidity and premature death in older adults. Limited HL is more common among people with NCDs who are less likely to use preventive services, to successfully manage long-term health conditions and as a result incur higher healthcare costs.

The Survey was conducted by means of HLS-EU-Q (European Health Literacy Survey Questionnaire) which contained 46 questions in 3 domains on 4 aspects.

HL includes people’s skills and abilities to find, understand, appraise and use information regarding various aspects of health, lifestyle and behavior in medical settings and everyday life. HL goes beyond health education and related to political, social, environmental factors that determine health.

The aim of the project idea is to create a Toolkit on Health Literacy Measurement and Assessment by creating a common HL instrument within the NDPHS Partnership.

The Objectives of the Project:

1. Validation and adaptation of the European Health Literacy Survey Questionnaire (HLS-EU-Q) for the NDPHS Partner countries.

2. Assessment of Health Literacy among the people with the various responsibilities for public health (target groups of population: elderly, young people, health professionals, decision-makers).

3. Comparison of obtained results.

4. Creation of the program for the HL measurement and assessment.

There would be 2 Indicators:

1. Validated and tested version of the national version of HLS-EU-Q.

2. Guidelines on methodology on adaptation of HL instrument and HL assessment.

The older and young adults show are known to be the most vulnerable groups so we suggest putting a particular focus on population with low levels of HL.

The working plan consists of 3 stages.

The I stage: preparatory which includes working meetings on discussion and approval of the participating cities, taking into account their capacity to participate and implement the pilot project and proposals for the target groups.

Validation of a questionnaire which would include translation into a native language, adaptation to the local peculiarities and a back translation.

Formation of leading groups at the national and local level on the project development.

Establishment of a HL supporting center on the basis of NRCPM and development of a working plan for platform development, including website.

The II stage - 6 months - Implementation would include:

Measurement of HL baseline level in determined target groups.

Development and start of a thematic website on HL for professionals and population.

Formation of a network of stakeholders, development of a statement of a network and action plan.

Holding thematic round tables both for a healthcare sector and intersectorally aiming to accept statements on including HL in national strategies and frameworks.

And finally the III stage - Project evaluation and results assessment (3 months):

1. Carrying out project evaluation and results assessment using methods of scientific expertise, peer review and preparation of publications in scientific journals.

2. Holding thematic discussions in national/regional/local levels aiming to accept statements on HL program.

3. Preparation of publications in national, regional and local media.

Preparation of the HL toolkit on HL measurement and assessment.

The presentation link:  
[http://www.ndphs.org///documents/5497/8\\_2LopatinaMV\\_project%20idea\\_28.04.2017.pdf](http://www.ndphs.org///documents/5497/8_2LopatinaMV_project%20idea_28.04.2017.pdf)

The participants were invited for the comments.

Latvia NCD EG representative emphasized the importance of the project especially in the countries with the lack of such data on a population level and expressed the doubts concerning the target groups in the project. The decision makers, medical staff, and population diverse in knowledge, education, an everyday occupation which may complicate the sampling and carry out the survey. She suggested, based on the own experience, to review the target groups on the stage of preparation and to test the questionnaire, or to use different methodology.

Ms. Maria Lopatina, agreed with the suggestions and accentuated that this is only the project idea and encouraged to start work on the project design elaboration with the questionnaire and agree on target groups.

Finland NCD EG representative in the comments stressed on the importance of the HL in the way of how people understand the health messages. WHO has done a lot in HL and recommended to look through the material and proposed that one of the targets of the project could be young people (school children) with the average age of 15. And also the Health Literacy can be one of the component of the “Down with NCD’s” project.

Norway NCD EG Representative supported the idea to include into the target groups the decision makers, that is proposed in the Shanghai Declaration. The HL should include not only individuals but other levels of government. The health sectors need to talk to other sectors in common language. It is necessary to analyse what is already in the area sphere of health literacy. This assessment allow to keep an eye on what is really has to be achieved, f.e. the behavioural change. The Health Literacy will help to going forward to fulfil the 2025 agenda and 2030 agenda.

Ms. Maria Lopatina, noted that in concern of the information based on the evidence, there was done beforehand a big analytical work of the literature to understand what is happening in the sphere of health literacy. The Shanghai conference underlined was has to be done. The research has to be focused more on the evidence based instrument development.

Sweden NCD EG Representative also noted that this is very interesting topic and outlined the existence of huge problem connected with justification of the investment which is very costly. None of the countries in the NCD EG were participating in the WHO and EU studies on this topic. It would be nice to translate the CV and check it in our countries. She also outlined that it is important to reach the decision makers as one of the target groups. One of the aims of the study should not only to identify those with limited health literacy, but to create healthy society, that means communication. The development of the website is necessary and probably it could be combined with the WHO’s, where all the information about the HL exist to show that this group, and countries have done the CV.

Lithuania NCD EG representative agreed with the importance of the Health Literacy measurement instrument in the evaluation of the current situation of particular target groups knowledge. He mentioned that it is important to follow up actions and evaluate the changes it case of the repeated assessment in one year. The last point of the comment was the importance to focus on more narrow target groups.

WHO representative stressed that in the frames of studying the risk factors the aim is to stimulate the change in behavior. It is well demonstrated by the certain programs f.e. injury prevention. Knowledge does not correlate to change of behavior. There could be excellent understanding of things but still have risk behavior. E.g. in trauma prevention we speak more about the social marketing approach. That means the studies not only what people know about certain risk factors, preventing factors, but what are the barriers for them to implement health behavior (stereotypes) and legislation conditions (contractions which interfere the positive effect). The social marketing is an information campaigns that should specifically targeting the audience based on the outcomes of the social marketing studies. There are a lot of campaigns on health information which are bases on the medical people assumptions. Focusing on the precise targeting give the change in the behavior according to the aim which was planned. She admitted the importance of the legislative part, especially ban of the open advertising of things which we want to stop people to intake them.

Ms. Maria Lopatina, thanked for the comments and remarked that for Russia it would be essential to have a comparable results in health literacy to implement social marketing.

Chair concluded that from this discussion it is clear that the project is very important and in the same time it is very difficult to implement and hoped that the suggestions from the colleagues will help to develop the project idea.

8.2 Increasing stakeholder involvement in preventing lifestyle-related risk factors through integrated and multisectoral activity. To achieve this objective, several proposals, including a Project Idea elaboration are suggested:

- continue discussion on the: identifying structures and agencies to be involved in an integrated and multisectoral activity for preventing lifestyle-related RFs (harmful use of alcohol, tobacco use, low physical activity and unhealthy nutrition) in various target groups of population;
- legislative and other regulative initiatives (advertising, prices, taxes, age and time limits for sales, etc.) on reducing harmful use of alcohol, tobacco use, low physical activity and unhealthy nutrition in various target groups of population as well as instruments for monitoring of their effectiveness within the ND region;
- role and contribution of professional organizations and private sector (non-state actors) in the monitoring and prevention of NCDs and their RFs;

For this objective there is one Project Idea **“UP! Eat better – Move more”**, for the use in suitable application processes for funding. Project idea was elaborated starting already in 2010 as part of joint NDPHS Flagship Project planning preparation and preparation. During the period when NCD-EG was chaired by Finland, the project proposals were updated annually as part of NCD-EG work plans. Unfortunately, until now suitable funding channels could not be identified.

Chair encouraged all the participant to assist in the project implementation.

**8.3** Better comprehensive national health care system’s response to reduce premature deaths caused by NCDs via projects implementation in a sample of the NDPHS Partner Countries.

To achieve this objective, several proposals, including a Project Idea elaboration are suggested:

- discussion of challenges for needed resources (professionals, structures, agencies, funds), their distribution and use for primary and secondary NCD prevention (including the use of evidence-based high-tech and digital applications) in health care and social rehabilitation services;
- joint with PHC EG Project “Assessment of CVD prevention in primary health care: focus on biological risk factors” Ms. Lyubov Drozdova, M.D., Ph.D., senior research scientist, Department of Primary Prevention of Chronic Non-Communicable Diseases in the Healthcare System, National Research Center for Preventive Medicine under the Ministry of Health of the Russian Federation;

Ms. Lyubov Drozdova in the presentation of the project focused on the secondary prevention and on the problem of follow up the patients with CVD and Diabetes in Primary care. Different countries use the different systems, methods and indicators for monitoring the effectiveness of the NCDs follow up. The key issue is the absence of the common methodology of assessment of the system. The main aim of the study to assess the best practices and indicators for NCDs, specially focusing on CVD, diabetes, in long term follow up in primary care.

The presentation is uploaded on the meeting webpage: [http://www.ndphs.org//documents/5498/8\\_3DrozdovaLYu\\_project%20idea\\_28.04.2017.pdf](http://www.ndphs.org//documents/5498/8_3DrozdovaLYu_project%20idea_28.04.2017.pdf)

Chair opened the paper for questions, comments and suggestions.

OSH EG Representative specified about the types of biological factors which are going to be evaluated in the study: environmental, nutritional, occupational. The type of the analyse should be chosen respectively.

Ms. Lyubov Drozdova. As it shown in the presentation the study will be focused on two measurable indicators blood pressure and cholesterol. She mentioned the main problem in connection with this indicators is the absence of the consensus in methodology on the frequency of measurements.

Speaking in the voice of Finnish NCD team, the Finnish NCD EG representative expressed the awareness about the conditions of dispensarization process in Russia. Speaking about Finland, the country is in the middle of its biggest social and health care reform. It is one of the main governmental policy issues to bring together social and health services. in the same organization in order to recentralize from the municipalities in the aim to redirect the money cash flow. And in this stage it would be difficult to join the project, but it is essential to know what others are doing. There were a lot discussions on the non focused dispensarization issues and the evidence is that general check up give low additional value. It is important that population know about their blood pressure, cholesterol level, weight, together with their personal doctor they know their conditions, how much they drink, and smoke, how little they move. Performing such extensive population based blood test screening programme as practiced through Russian model dispensarization could not be recommend for public health service providers in Finland. However, it would be very important that Russia could provide scientific evidence of the health benefits that dispensarization has produced and what is its cost-effectiveness.

The speaker specified that historically the dispensarization have been reformed towards the focused groups. She stressed that this project is specifically focused on the secondary prevention. On the patients who revealed the CVD. Dispanserization gives a lot of new patients for the primary care system to follow up.

It is a mass screening of targeted groups divided by age, and gender, every three year starting from age of 21. It is conducted under the basic insurance and screening is for CVD, pulmonary disease, cancer, diabetes.

Sweden NCD EG representative informed about the several regions in Sweden which are doing health checkups at the age of 50-60 yrs. Some of them will be fitted to the project but it needs more discussion with health welfare. If there are more details on the project can they be provided for more information.

The speaker added that there are separate similar screening for children which is conducted every year in compare with adult screening which is every third year. We prefer to talk about health check up, in Russian we called it dispensarization. And revealing of many new patients with hypertension and other opens the problem of the following checkup.

Latvia was interested in cost-effectiveness to start the check up at 21 yrs.

For CVD and cholesterol screening is conducted once in 6 years. In the young population starting from 21 y.o. screening is focused in cancer early detection.

Chair thanked for the interesting presentation.

Chair invited Finnish NCD Team representative to give information about the stage of further promotion of the Project Idea “DOWN with NCDs”, which was announced in 2016 and may be used in suitable application processes for funding and the project.

Finnish NCD Team representative informed that the “DOWN with NCDs” project concept was initially elaborated at NCD-10 meeting in Turku/Finland together with the NCD EG members attending. The “DOWN with NCDs” was never written as a project document, yet, and it only exists as a concept closely linked to the ND-PYLL activity. It is recognized as the assessment guide “Better NCD Outcomes and opportunities for health systems” was initially developed by the WHO EURO Geographically Dispersed Office (GDO) on Health Systems Analysis in Barcelona/Spain (Ms Melitta Jakab). It has been implemented in many countries, in our region in Estonia (2014) and Belarus (2015). The results are available on the WHO-EURO webpage. As Estonia showed an extraordinary progress in NCDs, looking through the ND-PYLL-study and as they have undergone the WHO NCD assessment, it could very useful for . Latvia and/or Lithuania to make a joint project with Estonia in the spirit and logic of “DOWN with NCDs”, hopefully with WHO’s agreement and support. Concerning other project opportunities as follow-up of the PYLL study, countries should actively analyze their results (N.B. see earlier notes on the national PYLL-result articles) and explore possibilities to tackle their specific problem areas. Often the advisable approach would be to make country specific regional PYLL- analyses and find out if there are national “hot-spots in the specific problem area and why they exist. For instance Finland has a big problem with alcohol related losses, Germany with cancer related causes and Sweden with female suicides and lung cancer. Nothing would prevent these countries to explore the problems further and redesign their preventive strategies with their own resources and funding.

Chair thanked the participants for the interesting presentations and live discussions and closed the first part of the meeting with the invitation to have lunch with Georgian cuisine.

### **13:30 – 15:00 Lunch**

### **15:00 – 16:30 Continue item 8.**

8.4 Obtaining and promoting mutual interests for collaboration with other NDPHS EGs.

Chair opened the next part of the meeting and outlined the importance of the collaboration between the EGs within the NDPHS Partnership. All EGs work in one area such as “Public health and social well-being.” Therefore, to share professional background and experience in specific diseases or their risk factor prevention and control is very helpful for all of us. Moreover, involving representatives from different Partner Counties gives an opportunity to rationally allocate and distribute resources: financial, professional, technical and others. Several proposals from the representatives of different EG such as ASA EG, OSG EG, PHC EG are suggested to achieve this objective.

Ms. Galina Maslennikova, NCD EG Vice-Chair, expressed her vision on the “Challenges for joint EGs collaboration in the reduction of the burden of NCDs and their Risk Factors in the ND Region.” The detailed presentation is on the meeting web-page:



[http://www.ndphs.org//documents/5499/8\\_4\\_1MaslennikovaGYa%20Vice-chair%20EGs%20collab.pdf](http://www.ndphs.org//documents/5499/8_4_1MaslennikovaGYa%20Vice-chair%20EGs%20collab.pdf)

Chair thanked for the impressive presentation and proposed to listen to all presentations first and then discuss the issue in the frames of this topic afterwards.

He invited Mr. Zaza Tsereteli, ASA EG ITA, to present the ASA EG view on the “Possibilities and needs for larger collaboration between the current NDPHS Expert Groups.” He inlighted the “Input of EGs to the Alcohol and Substance Abuse Prevention” and mentioned that ASA EG ITA is the first who initiated the discussions on the issues of possible collaboration between the EGs.

Mr. Zaza Tsereteli, ASA EG ITA presented the ideas of the Alcohol and Substance Abuse EG which firstly introduced in Chairs and ITA meeting in Gdansk in February 2017. This issue was discussed during several ASA EG meetings and stated that it becomes more and more difficult to obtain funding support for the projects. It was decided to find another approach for project development. The real situation is that each NDPHS EG has one or two projects. Some of the actors of the projects are not aware of the NDPHS and its activity. While preparing the NDPHS Strategy and it's Action Plan 2015-2020 has missed the issue of collaboration between the EGs. Each EG sent their Action Plan, and as a result, there is a competition between the EGs and the projects of EGs. That's why the improvement of the situation is needed. It was already presented by the previous speakers the importance and possibilities of connections between the EGs. He proposed the idea that all EGs may get together and discuss the development of one joint project, where each EG would be responsible for the working packages according to their Objective under the umbrella of one agreed topic. It is assumed that the SCR and PAC participating role is crucial in this project activity because they can provide political support, which is essential in moving activity forward. Thus the SCR and PAC will feel the implication to the project activity, not only the EGs themselves. If EGs agree, it is proposed to start the elaboration of the topic of the joint project in 2017 during the separate groups meeting. And after the agreement on the Topic of the project, to apply for Seed Money for developing the project for the beginning of 2018. The example of possible topics attractive to the ASA EG, NCD EG, OSH EG, HIV could be: Health Care for Elderly, and also as Primary health care is a gate for all, it could be the idea for the second topic. The idea of ASA EG is that NDPHS has produced a model which could be introduced to the other players in the region like Health Care for Older Adults, or the Primary Healthcare role and so on. After the agreement of the topic, the idea should be presented and discussed at Chair and ITA meeting and then delivered to the CSR. The detailed presentation is on the meeting web-page: [http://www.ndphs.org//documents/5500/8\\_4\\_2Tcer\\_NDPHS%20Joint%20Project%20Moscow\\_28.04.2017.pdf](http://www.ndphs.org//documents/5500/8_4_2Tcer_NDPHS%20Joint%20Project%20Moscow_28.04.2017.pdf)

Chair praised the speaker and admitted that the presentation was helpful for the meeting and welcomed Pr. Nina Rubtsova to introduce the main priorities according to Occupational safety and health EG activity according to the NDPHS Strategy 2020 and its' Action Plan for reducing health hazards, improving the productivity and the level of social well-being of every employee”.

Prof. Nina Rubtsova, OSH EG member, presented the “Occupational safety and health EG activity: main priorities according NDPHS Strategy 2020 and the Action Plan for reducing health hazards, improving the productivity and the level of social well-being of every employee”. In her talk she specified that the OSH EG is working not only with the Ministries



of Health of the NDPHS Member countries on the problem of health but with trade unions, Ministries of Labor, and employers too. This problem is interdisciplinary. Occupational and Safety Work concerns over 125 million working people and therefore achieving and keeping the up high standards of occupation and safety and health is an important task and according to NDPHS Strategy it is Objective 6. OSH EG comprising the high level experts from national ministries, agencies and organizations, OSH Institutes, research community and other relevant parties. Finland is a Leading partner of the OSH EG and supported by co-lead partner Lithuania. Russian Federation became a member of the OSH EG since 2016. Coordinate activities with other NDPHS structures, the Baltic Sea Network (BSN) on OSH, the South East European (SEE) Network on Workers' Health. She also introduced the current international programs on occupational health and safety, which were presented at the Twenty-second Annual Meeting of the Baltic Sea Network on Occupational Health and Safety (21-22 September 2016, Tampere). The program: "Arctic Network on Occupational Health and Safety (ANOSH)" in connection with the Finnish Chairmanship of the Arctic Council, Occupational Health and Industrial Ecology. The Ministry of Foreign Affairs has allocated funds for the preparatory phase of the project (IBA funding) for 8/2016-8/2017. The project "Better prevention, identification and reporting of work-related and occupational diseases and emerging risks - Prevention Reporting Identification Work-Related and Occupational Diseases". The Concept plan based on the European Union COST project "Monitoring Occupational Diseases and tracing New and Emerging Risks in a Network" (MODERNET) was briefly introduced, as well as "Better prevention, identification and reporting of work-related and occupational diseases and emerging risks" Project. The aim is to evaluate and estimate occupational and work-related diseases and emerging risk. The speaker gave information on the coming 23rd BSN annual meeting on 28th September 2017 and the XIV Occupation and Health Congress in St. Petersburg on 26-29 September 2017.

The detailed presentation is on the meeting web-page: [http://www.ndphs.org//documents/5501/8\\_4\\_3RubtsovaNB\\_28.07.2017.pdf](http://www.ndphs.org//documents/5501/8_4_3RubtsovaNB_28.07.2017.pdf)

Chair thanked Prof. Rubtsova for the presentation of very interesting results of the OSH EG group activity.

Chair informed that Prof. Yuliya Mikhailova, PHC EG Chair, due to her duties at the Institution was not able to attend the meeting. He invited Mr. Andrei Chernyak, Department of coordination Russian NDPHS EGs' activity at the FRIHC, Moscow.

Mr. Andrei Chernyak confirmed the high interest of the PHC EG to cooperate with other EGs and asserted in their intention to make this cooperation fruitful, and to accelerate this process as far as possible.

The chair thanked the speakers and opened the floor for the discussions. He confirmed that it is very important to create the project but raised the question of how to build the project. He added that this is a complicated process and informed that NCD EG already started the discussions with ASA EG on collaboration, and expressed the hope that other expert groups join the debates and by the end of this year we would be able to obtain some preliminary joint project.

Finland NCD EG Representative took the floor and expressed ASA EG ITA his sincere thanks for bringing this issue up and stressed that it is important. He reminded that until 2010 CSR-17 held in Moscow all members of NDPHS expert group of Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA-EG) were gathered 2 times per year together for the SIHLWA

meetings, which consisted of 3 sub-groups namely 1) Alcohol, tobacco and substance abuse, 2) Occupational Health & Safety and 3) Youth & healthy lifestyles. All SIHLWA meetings started and ended together, and in-between the 3 sub-groups worked separately on their own topics. The meetings lasted ½+1+½ day, which allowed good contacts with experts during evening receptions. This tradition was broken in 2010 and after the contacts with groups started to fade out. The first point here is that collaboration cannot exist if we do not give time for it. The second point is that we the members have to rely more on our own backup teams in our respective countries and include the main representative and alternates into the process. He also stated that the primary health care is much more than simply -medical care provided by GPs. It should include promotion, health literacy, nursing care, nutrition advice, etc. Healthcare for the Elderly also covers many issues. Occupational Health and Safety again often forgets/neglects issues connected with alcohol, tobacco healthy eating at work places as well as physical activity. These could be issues on which the EGs can work together. He stressed that real personal contacts could facilitate the process forward.

ASA EG ITA clarified that idea is that it is not about EG who is implementing the project, it is about the Institutions! The writing of the plan is in the process and will be sent to all in a month for the next steps. He invited those who are interested in starting the process of identifying the institutions who will implement the projects in order to avoid the problem that the project is developed, but it is unknown who will be implementing it. We take time for 6-7 month discussion and identifying the way. At first 2-3 EG representatives will be invited to sit together and prepare the concept paper in log frame approach. In the very beginning, it is assumed that the stakeholders and country representatives should be involved into the process, because not the EG will be implementing the project, but the countries and institutions. It is to the group's will to implement the idea, and it is possible to fulfill it. The topic "Healthcare for the Elderly" was proposed by OSH EG in Gdansk, Poland at the Chairs and ITA Meeting, as a good topic to work together.

Lithuania NCD EG representative expressed that there are many other choices for collaboration. It is important to collect, evaluate, develop and share best practices, such example is PYLL-Study Project. For the decision makers and politicians, it would be interesting to know what is happening in the neighboring countries and their influences. One of the examples also could be the increasing of taxes in the countries and its effects. In analyzing reports and creating the country profile the deliverable could be the PYLL-Study Project, which can be useful in different sectors OSH, PHC, HIV and others.

Latvia NCD EG agreed with Lithuania NCD EG representative that good practice already exists and there is no need for special money project for adaptation. She expressed that we are missing Estonia representative to notice about their good practice. Remarked about the closer cooperation among the NDPHS representatives inside the country, showing the Latvia example that once a year they are gathered together at one table under Ministerial leadership. Such meetings help better knowing each other and share the experiences of the EG inside the country, revealing the vision where and in what field it is possible to collaborate. She proposed that perhaps the base of the project can provide the project announced today.

The chair thanked for the interesting discussion and concluded that all of the participants are aware of the importance of such cooperation and development of the joint project and hoped that NCD EG would continue to work in this direction. And continue the discussions with EG

in details of this project and up to next year, it will be available to develop at least preliminary joint project.

NCD EG ITA presented the proposal on the restructuring of the elements of working documents. She described that the activity of the NCD EG in the Partnership is regulated by the following document flow, which includes major planning and reporting documentation:

NDPHS Action Plan 2020 (page 3.) Implementation of activities to achieve the objectives in 2015-2017; NDPHS Measuring the Process (NDPHS Action Plan 2020); NDPHS Progress Report; Elements of EG Working Plan (template); Template for EG Progress report. While preparing the Progress report there was revealed structural and semantic inconsistency between the documents. The Elements of EG Work Plan (template) and the Template for EG Progress report do not match. There is a proposal to make the elements of the planning and reporting documents more logical and understandable and to address with this proposal to the NDPHS Secretariat. The outlook of the Major NDPHS documents structure is presented in the presentation as well as the proposal on the restructuring of the major documents. The comments and suggestion from the group are welcomed.

[http://www.ndphs.org///documents/5502/8\\_5%20Progress%20Report%20Action%20Plan%20Structure%20Suggestions\\_28.04.2017.pdf](http://www.ndphs.org///documents/5502/8_5%20Progress%20Report%20Action%20Plan%20Structure%20Suggestions_28.04.2017.pdf)

Finland NCD EG team representative expressed the concern that the NCD EG working plan 2017 is not approved by the NDPHS Secretariat. He revealed the technical problem, which the plan includes the Horizontal results which are common for the whole Partnership and there is no need to include them into the group working plan, he suggested to include the table of Horizontal actions and shorten the content of the plan.

NCD EG Secretariat thanked the Finland NCD EG team and mentioned that the Working Plan was submitted to the NDPHS Secretariat on time and in accordance to the provided by the Secretariat Elements for the development of NDPHS Expert Group Annual Work Plan Template. It was agreed to include all the proposed suggestions to the NCD EG Working plan 2017 and resubmit to the NDPHS Secretariat.

The Chair expressed the gratitude to all the members of the NCD expert group and especially to the Finnish team for their help in preparation of the NCD Working Plan 2017 and continued the meeting with the planning of the next NCD EG meeting schedule.

## **9. Discussion of the next NCD EG Meeting.**

Finnish NCD EG team representative brought the message from the Ministry of Health of Finland to consider on that every second meeting of the NCD EG in a year to be held in some other place. Finland offered to host one of the upcoming the NCD EG meetings and proposed to extend the meeting duration into 1 ½ days allowing more time for the discussions and opportunity to free-time socializing. The suggestion of the Swedish member (see below) is also good. If next meeting in the autumn would be organized in Stockholm, then we have no problem to shift the Finnish invitation to 2018.

Sweden NCD EG Representative proposed to hold the next NCD EG meeting along with the 10th European Public Health Conference. Stockholm, Sweden, 1–4 November 2017 or in parallel with it.

Chair concluded that the ideas are highly supported by the group members and proposed to submit their suggestions in written form to the Secretariat, that the Secretariat will be able to disseminate the proposal among the members and collect the final decision.

**10. Closure.** Rafael Oganov, NCD EG Chair thanked all the participants for productive work during the meeting and expressed hope for the effective, long-term cooperation in the future. The discussions and suggestions will strengthen the activity to reduce the NCDs' burden in the NDPHS countries. He also encouraged the participants to keep in touch between the meetings to discuss the achievements, activities, obstacles that we can overcome together.