



NDPHS/NCD-EG

Work Plan

Submitted by NCD EG

Year covered: 2017

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Russian Federation as the Lead Partner and
WHO-EURO as the Co-Lead Partner

Lead Partner

Mr. Eduard R. Salakhov, senior representative

Deputy of the director, department of international cooperation and social affair,
Ministry of Health of the Russian Federation,
Rakhmanovsky lane 3, Moscow, 127994.

Phone: +74956272624, Fax: +74956218603, E-mail: salahover@rosminzdrav.ru

Co-Lead Partner

Ms. Svenja Herrman, senior representative

Partnerships officer, Strategic Relationships with Partners, WHO Regional Office for
Europe, UN-City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark – Phone: +45 45
33 66 96, Mobile: +45 23 31 95 08, Fax: +45 39 17 18 18 E-mail: she@euro.who.int

1.2 NCD EG Secretariat:

NCD EG Chairperson	NCD EG Co-Chairperson
Mr. Rafael Oganov National Research Center for Preventive Medicine under the Ministry of Health of the Russian Federation 10, Petroverigskiy lane, Moscow, 101000 Russian Federation Phone: +7 (495) 623 93 84 E-mail: ROganov@gnicpm.ru	Mr. João Breda WHO Regional Office for Europe, Head, Geographically Distant Office on Prevention and control of Non-communicable diseases in the Russian Federation WHO-RUS-GDO Address: 9, Leontyevsky pereulok, 125009 Moscow, Russian Federation Phone: +7 (495) 787 21 50 E-mail: contact@euro.who.int
NCD EG Vice-Chairperson	NCD EG International Technical Advisor (ITA)
Ms. Galina Maslennikova M.D., Ph.D. Leading research scientist, National Research Center for Preventive Medicine under the Ministry of Health of the Russian Federation, 10, Petroverigskiy lane, Moscow, 101000 Phone: +7 (916) 805 27 85 Fax: +7 (499) 553 69 09	Ms. Oksana Stefanyuk Research scientist, National Research Center for Preventive Medicine the Ministry of Health of the Russian Federation, 10, Petroverigskiy lane, Moscow, 101000 Phone: +7 (495) 623 86 36 Fax: +7 (495) 621 01 22

E-mail: gmaslennikova2014@gmail.com	E-mail: stefanyuk.ok@gmail.com
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1.3 Financial resources for leadership

Ministry of Health of the Russian Federation ensures the financing of the NCD EG Secretariat

Each partner provides the funding for the participation costs of its representative in the EG meetings.

2. Meetings

Two meetings will be held in the 2017:

the 13th (3) - at the end of April. The Meeting will be hosted by the National Research Centre for Preventive Medicine, Ministry of Health of the Russian Federation. Moscow, Russian Federation;

the 14th (4) – in November. The Meetings will be hosted by the Swedish Ministry of Health and Welfare, Stockholm, Sweden.

Finland will be host for the NCD EG meeting in 2018.

3. Activities

3.A. NCD activities (see table 3.A.)

NCD EG WORK PLAN 2017 ACTIVITIES (Table 3A)

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.1	<p>Better implementation of Health-in-All Policies (HiAP) at all levels (local, regional and national) for more effective prevention of non-communicable diseases</p> <p>3.1.1 Strengthened national stakeholders', politicians', decision-making people's support and involvement in cost-effective NCD preventing measures</p> <p>3.1.2 Increase visibility of the NDPHS in the Partner Countries</p>	<p>Further development of projects ideas proposed by the NCD EG and their implementation within the NDPHS region, publication of main results achieved during the projects implementation:</p> <p>"HiAP (Health in All Policies) implementation for promoting NCD prevention programs, such as Good practices through inter-sectorial collaboration towards to NCDs prevention";</p> <p>Develop and integrate in the ND National action plans comprehensive, sustainable and transparently monitored measures, including, if appropriate, cross-sectoral measures, tackling NCDs RF;</p> <p>Tool on Health Literacy in NCD RF for general population" as the NDPHS Flagship projects;</p> <p>"Justifying of investments in NCD prevention by economical arguments";</p> <p>"HEALTHIFICATION".("Better health"). Project concept prepared in 2016 and available for further elaboration and use in suitable application processes for funding. ND-PYLL study made successfully in 2016 provides a solid platform for continuation;</p> <p>Based on 2016 ND-PYLL analysis, publication of scientific articles in a suitable international public health journal and leading national journals in participating countries with nominated members in NCD EG.</p>	<p>Agreement of joint actions on stronger involvement of politicians, stakeholders, decision makers, administrators from healthcare and other sectors in addressing the NCDs burden and related economic losses by increasing and applying their awareness in NCD prevention and control measures.</p> <p>At least 3 more evidence based measures addressing lifestyle related risk factors and health implications developed in the project pilot sites in addition to the national actions:</p> <ul style="list-style-type: none"> - justify investments in NCD prevention with special focus on primary health care; - carry out measures to improve access to adequate counseling and monitoring NCDs RF; - establish a platform for the health literacy promotion; - update paper on "HEALTH = WEALTH"; - publication of scientific articles in a suitable international public health journal and leading national journals in participating countries with nominated members in NCD EG, at least in FIN, LVA, LTU, SWE and one general international article in English. 	<p>NCD leadership and EG members</p>	<p>Stakeholders in each ND Partner Country:</p> <p>FIN/ National Institute for Health and Welfare/ Helsinki FIN/BRHCA – Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities & Urban Health) / Turku FIN/ University of Eastern Finland/ Joensuu FIN/ FCG Ltd/ Finnish Consulting Group/ Helsinki GER/ to be identified LTU/ Institute of Hygiene/ Vilnius LVA/ Centre for Disease Prevention and Control/ Riga NOR/ to be identified POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Research Center for Preventive Medicine/ Moscow SWE/ Public Health Agency of Sweden (PHAS) / Solna</p>

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.2	<p>Work together with all stakeholders, under the leadership of public health authorities, to prepare, strengthen and review initiatives in preventing lifestyle-related risk factors through integrated and multi-sectoral activity</p>	<ul style="list-style-type: none"> - Identify structures and agencies to be involved in an integrated and multi-sectoral activity for preventing lifestyle-related RFs (harmful use of alcohol, tobacco use, low physical activity and unhealthy nutrition) in various target groups of the population; - discuss legislative and other regulative initiatives (advertising, prices, taxes, age and time limits for sales, etc.) on reducing harmful use of alcohol, and promoting adequate health-enhancing physical activity and a nutritionally balanced diet in various target groups of population as well as instruments for monitoring of their effectiveness within the ND region; - discuss the role and contribution of professional organizations and private sector (non-state actors) in the counseling and monitoring preventive measures for NCDs and their RFs through the life course; - promotion of the Project Idea "UP! Eat better – Move more", use in suitable application processes for funding. 	<p>At least 3 partnership countries elaborate Project Idea (s) for further development and funding application opportunities or implement (start) Project(s):</p> <ul style="list-style-type: none"> - agreement on joint actions for stronger involvement of stakeholders, NGOs and private sector (non-state actors) in preventing lifestyle-related NCD RFs. - elaborated common indicators for monitoring of the effectiveness of stronger involvement of stakeholders, NGOs and private sector (non-state actors) in preventing lifestyle-related NCD RFs. - disseminate of the above mentioned agreement via the NDPHS website, newsletter and media events at regional, national or local level. 	<p>Expert group leadership and members supplemented by project funding as possible</p>	<p>FIN/ National Institute for Health and Welfare/ Helsinki FIN/BRHCA – Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities & Urban Health) / Turku FIN/ University of Eastern Finland/ Joensuu FIN/ FCG Ltd/ Finnish Consulting Group/ Helsinki GER/ to be identified LTU/ Institute of Hygiene/ Vilnius LVA/ Centre for Disease Prevention and Control/ Riga NOR/ to be identified POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Research Center for Preventive Medicine/ Moscow SWE/ Public Health Agency of Sweden (PHAS) / Solna</p>

	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.3	<p>Better comprehensive national health care system response to reduce NCD burden in a sample of the NDPHS Partner Countries</p>	<ul style="list-style-type: none"> - active 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 primary health care and social rehabilitation services; - elaboration of a common instrument for monitoring of national health care system's effectiveness in addressing NCD prevention and control; - further promotion of the Project Idea "DOWN with NCDs", use in suitable application processes for funding. ND-PYLL study made successfully in 2016 provides a solid platform for continuation. 	<ul style="list-style-type: none"> - at least 3 partnership countries start project idea (concept) for further developed and all funding application opportunities used. 	<p>Expert group leadership and members supplemented by project funding as possible</p>	<p>FIN/ National Institute for Health and Welfare/ Helsinki FIN/BRHCA – Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities & Urban Health) / Turku FIN/ University of Eastern Finland/ Joensuu FIN/ FCG Ltd/ Finnish Consulting Group/ Helsinki GER/ to be identified LTU/ Institute of Hygiene/ Vilnius LVA/ Centre for Disease Prevention and Control/ Riga NOR/ to be identified POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Research Center for Preventive Medicine/ Moscow SWE/ Public Health Agency of Sweden (PHAS) / Solna</p>

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.4	Obtaining and promoting mutual interests for collaboration with other NDPHS Expert Groups	<ul style="list-style-type: none"> - discussion with other EGs secretariat and members on mutual interests, possible financial, personnel, technical resources for operational activities regarding reduction of premature mortality from NCDs; - Identifying the best structures, agencies, funds within and outside of the health care systems for interagency, cross-sectoral cooperation; - participating in the relevant NDPHS EGs joint meetings. 	Obtaining mutual interested areas, structures, funds for cooperation with other NDPHS EGs for effective preventive measures to reduce NCDs and NCD RFs burden in ND region.	NCD and other NDPHS EGs leadership and members	Stakeholders involved in activities of relevant NDPHS EGs.
3.5.	Streamlining the adjustment of NCD EG Action Plan for 2017-2021 according to suggestions and additions issued by Partner Countries	During the NCD EG regular meetings and ad-hoc consultations: <ul style="list-style-type: none"> - continue discussion of project ideas for 2017-2021; adoption of the Progress Report for 2016, Action Plan for 2017; - discussion of a structure of the NCD EG Action Plan for 2017-2021; - define NCD EG Action Plan priority objectives for 2017-2021 that are agreed between the NDPHS Country Partners; - discussion of the future activity: projects, agreed strategic documents (guidelines, recommendations, policy declarations, other education materials); - identify target groups, populations for interventions; - identify resources (financial, structures, personnel, cross-sectoral, time...); - define measures for interventions; determinate obstacles 	Agreed draft on the NCD EG Action Plan for 2017 – 2021 is adopted	EG leadership and members	Member countries' administrative structures (MoH, Regional and local actors) National NGOs National public health research institutions International public health actors and institutions as relevant

4. Assumptions, enabling factors and possible obstacles

Enabling factors:

- the composition of the NCD EG is stable and ND Partner Countries and Organizations are widely and actively represented;
- the governments of respective ND Partner Countries and organizations are committed financially to their representation at the NCD EG, i.e. that the experts they have nominated to the NCD EG are provided with necessary travel funding through their respective authorities. Additionally, when projects are budgeted, participating countries need to be prepared to allocate seed money as required by the main funding agency (usually in the range of 10-20% of total);
- the NCD EG members are committed to and engaged in NCD EG activities, both at and in-between the meetings;
- the NCD EG members everyday work is closely connected with NCDs prevention and health promotion activity;
- there are available grant programs/donors for project concepts developed by the NCD EG in response to problems of NCDs and their risk factors;
- the NCD EG runs collaboration with key actors in the field of NCD response and development cooperation (WHO EURO, EU, Russia, Norway, etc.);
- the NCD EG activity closely related to WHO-EURO.

Possible obstacles:

- although, the most of our ND Partner Countries are interested in NCDs prevention and health promotion, not all of them are represented in the NCD EG;
- poor possibilities for inter-sectorial collaboration to implement HiAP at the national or local level;
- the NGOs and other sectors outside the health care systems are not enough involved in solving the NCD health, social and economic burden ;
- a lack of attention for working-out and dissemination of policy documents toward health promotion and NCDs prevention within and outside of public health care systems, common for all NDPHS Partner Countries.