

**Committee of Senior Representatives (CSR)
Twenty-eighth Meeting
Bonn, Germany
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Reference	CSR 28/5/1
Title	Proposal for developing a NDPHS joint project with a potential to become a Flagship.
Submitted by	ASA EG and the NDPHS Secretariat
Summary / Note	-
Requested action	For reference and discussion

Proposal for developing a NDPHS joint project with a potential to become a Flagship.

Background

During the process of the development of the NDPHS Strategy 2020 and its accompanying Action Plan, the Strategy Working Group produced and submitted to the CSR 23 meeting document CSR 23/7.4/1 "New approaches to ensure that the relevant results from the Expert Groups' work are conveyed to the policy level."

At the upstart of the last revision of the NDPHS strategy, many expressed the wish to strengthen cross-disciplinary cooperation within the NDPHS. To address the above, a horizontal result 3. "Increased and strengthened policies to improve health and social well-being through regional cooperation" has been included in the NDPHS Action Plan accompanying the NDPHS Strategy 2020.

Despite some good elements through the last revision of the NDPHS strategy, there is still an absence of cohesiveness. Activities are standing alone and focused to specific EG areas, some valuable regional initiatives go unnoticed and the potential that the NDPHS network may offer, is underutilized.

The topic was discussed during the 27th CSR meeting in Gdynia, Poland in April 2017 (CSR 27/6.3/2). The meeting concluded that there is more the Partnership could do within Horizontal result 3 and decided that the issue will be addressed at the next EG Chairs and ITA-s meeting.

After some informal discussions among the EGs the ASA EG has taken initiative and the topic was discussed more in detail at the meeting of the EG Chairs and ITAs in Tallinn in October. ASA EG proposed to pursue the idea of one overarching common theme/programme with participation from all EGs. The rationale for the idea is that getting funding for single activities is becoming more difficult. Therefore, we should try new approaches and pursue a proposal for a more comprehensive programme.

Two alternatives for a common theme were discussed:

- a project connected to primary health care and universal access to health services,
- a project focusing on aging populations and more particular on health of older adults.

The meeting decided to focus on the issue of **ageing populations** and propose the CSR a common project under an umbrella title "**Health of older adults**".

Rational for the idea:

Today, for the first time in history most people can expect to live into their 60s and beyond. These extra years of life and demographic shifts have profound implications on population health, health and social support systems, workforce and national budgets. Among other determinants, unhealthy behaviours remain prevalent among older people as well as people in their older age have often complex health problems. Health systems are poorly aligned with the needs of the older populations they now serve and it becomes more evident the ageing of populations demands a comprehensive public-health response.

The NDPHS project can be seen as an input in the global process of advancing health and well-being of people in their older age and ensuring enabling and supportive environments for that

Some topical key issues reflected during the discussions:

Harmful use of alcohol

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. Many of the acute and chronic medical and psychiatric conditions that lead to high rates of health care use by older people are influenced by the consumption of alcohol. The growth in the number of people age 60 and older will result in increase in the amount and cost of primary and specialty care for this group. Moreover, older people, and especially older women may be at risk for alcohol problems because they are more likely than men to outlive their spouses and face other losses that may lead to loneliness and depression. The problem is manifold and needs to be given more attention in the national health policies.

NCD-s

Along with the burden 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.

Communicable diseases and AMR

Infectious diseases and AMR have always been the main targets of international health cooperation. Community- and hospital-acquired infectious diseases are part of the progression of people having complex health problems, as older people often do. 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. For antimicrobial resistance, it would be important to know the drivers of AMR, i.e. prevalence of, and reasons for, antibiotic treatment in an elderly population and also the prevalence of health-care associated infections.

HIV

The population of older adults living with HIV is increasing. Many people infected with HIV at a younger age are growing older. Life-long treatment with HIV medicines is helping these people live longer, healthier lives. However, age-related factors can complicate HIV treatment in older adults.

Thousands of older people become infected with HIV every year. As a result, the population of people living with HIV will increasingly include adults over 60. Many risk factors for HIV are the same for adults of any age, but there are risk factors that put older age groups into bigger risk. Those issues have not been sufficiently addressed in national HIV policies.

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.

Primary Health Care

The root causes of NCDs, HIV, MDRTB are multisectoral. An integrated systems approach is essential to a sustainable, effective response. Primary health care plays a major role here.

Prison Health

Elderly people are a growing group in prison population as in other settings. Due to the living conditions of people in prison, the definition of elderly starts earlier than in general population. It varies from country to country, but might be from the age of 55. Under deprivation of liberty special programs for this group are needed. Normally older people in prisons are free of labor and they need adopted forms of activities. Furthermore, they need adjustments in medical care and related services. Specialized units are a form of exclusion and an inclusive care program doesn't reach the depth of care. There is also an issue of end of life in prison.

Occupational Health

Prevention and early intervention measures are the corner stones for promotion of health and safety of people at work.

Call to action

Preparations for one joint programme for NDPHS with the participation of all Expert Groups under the umbrella title “Health of older adults”.

- 1.1 From epidemiological point of view there are similarities in characteristics and geographical overlap exists between countries
- 1.2 Overarching problems require coordinated responses.
- 1.3 Working in collaboration helps to avoid re-inventing the wheel and builds on efficient knowledge sharing and synergies.
- 1.4 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).
- 1.5 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.
- 1.6 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
- 1.7 The NDPHS could develop an example of productive and good collaboration and genuinely show that it is possible
- 1.8 The NDPHS can produce a genuine Regional product e.g in a form of a Flagship.

2 Next Steps

- 2.1 Identify and clearly define the key issue within each EG area of work.
- 2.2 Identify a responsible person in each EG.
- 2.3 Identify funding opportunities for preparing the umbrella programme and further funding opportunities for each EG for their target area/work package.
- 2.4 It would be foreseen that the development of a comprehensive joint NDPHS programme, would be started in the beginning of 2018 so that EGs can have enough time for defining the topic for the joint programme.