



NORWEGIAN MINISTRY  
OF HEALTH AND CARE SERVICES

*NDPHS joint project idea with a potential  
to become a Flagship*

Mr.Zaza Tsereteli, MD, MPH – Senior Advisor  
Ministry of Health and Care Services, Norway

ITA – ASA EG

# Background

- *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*
  - *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*
- *Funds for the Health Projects are decreasing*

# Rationale

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

- ***Working in collaboration helps to avoid re-inventing the wheel and builds on efficient knowledge sharing and synergies***

# Step by step

- Dialogue about integration barriers and opportunities 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 integrated primary health service delivery strategies. CSR and PAC can play a role in this.
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- **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**

# NDPHS Model

- The NDPHS could develop an example of productive and good collaboration and genuinely show that it is possible
- ***The NDPHS can produce a genuine Regional product e.g in a form of a Flagship*** - to commit to a sustainable and evidence-informed public health response

## ***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.

- 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 behaviors 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.



## Possible NDPHS Flagship Project

- **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.**

# Primary Health Care

- Assessment of medical and social care quality for elderly patients with combined chronic NCD and developing recommendations for its improvement based on experience of cooperation with NDPHS countries;  
improvement of care for elderly patients with combined chronic NCD

# AMR

- to look at 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

# Prison Health

- Due to the life circumstances of people coming to prison, definition of elderly starts earlier than in general population, even if it varies from country to country - it might be from the age of 55
- Normally they are free of labor (retirement) and they need adopted forms of activities.
- Despite this they need adjustments in medical care and finally it raises the question whether someone should die in prison at the end of life.

# NCD

- **sufficient provision of elderly** with diagnostic, therapeutic, rehabilitation procedures, and medical care associated with them
- **increase of cognitive and psychosomatic conditions** in the aging population is well known. Therefore, achieving **a high level of adherence to major risk factors correction and the prescribed therapy** in elderly will also be as one of issue.

# OSH

- Providing ways for employers and workers to manage occupational safety and health in the context of an ageing workforce
- Rehabilitation and return to work policies to prolong work careers
- Age management programs in member countries at national and workplace level
- Future forms of work and aging workforce

# ASA

- Older adults can experience a variety of problems from drinking alcohol, especially those who:
  - Take certain medications; Have health problems
- Aging can lower the body's tolerance for alcohol. Older adults generally experience the effects of alcohol more quickly than when they were younger. This puts older adults at higher risks for falls, car crashes, and other unintentional injuries that may result from drinking.
- Individuals over 65 have a decreased ability to metabolize drugs or alcohol along with an increased brain sensitivity to them. This makes it dangerous for seniors to use drugs or alcohol at all, even if the person isn't addicted.

## What we can try to cover

- Developing age-friendly environments
- Aligning health systems to the needs of older populations
- Developing sustainable and equitable systems for providing long-term care (home, communities and institutions)
- Improving measurement, monitoring and research on Healthy Ageing