FIRST MEETING OF
THE REGIONAL DIRECTOR’S
ADVISORY COUNCIL ON INNOVATION
FOR NONCOMMUNICABLE DISEASES

Virtual meeting 14 December 2020
Meeting report
Abstract
Noncommunicable diseases (NCDs) present a significant global public health challenge and are responsible for nearly 90% of deaths and 84% of years lived with disability in the WHO European Region. The WHO Regional Office for Europe is now redoubling its efforts to tackle NCDs and, as part of this, the WHO Regional Director for Europe has established an NCD Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council). The first meeting of the Advisory Council was held, virtually, on 14 December 2020, bringing together 20 renowned experts on NCDs and representatives of special interest groups, such as patient and health services provider organizations. For this inaugural meeting, Council members presented a wide variety of suggestions for elements that would accelerate progress in tackling NCDs. The discussion clearly highlighted that Member States need help to implement measures. A strong emphasis on partnerships and the need for multisectoral action also emerged, along with a call for better and innovative collection and use of data to inform initiatives and apply insights from behaviour change science.

Keywords
Noncommunicable diseases (NCDs)
Europe
Policy
Public health
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INTRODUCTION AND BACKGROUND

Noncommunicable diseases (NCDs) present a significant global public health challenge. This is particularly the case in the WHO European Region, where they cause most deaths and disability. The current COVID-19 pandemic serves as a reminder of the impact of NCD risk factors and comorbidities, which have a detrimental effect on disease severity, sickness duration and potentially mortality.

Health and well-being for all is at the heart of the United Nations 2030 Agenda for Sustainable Development and the WHO European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW). Among the main aims of the EPW is the promotion of healthier populations by ensuring universal health coverage, fostering innovation, generating results and building partnerships to achieve public health impact. The EPW aims to bridge the divide between primary health care, public health services and hospital care services by integrating essential public health functions and focusing on monitoring and evaluating population health needs at community level. It also aims to mainstream the care continuum – from clinical prevention, through early detection and screening, treatment, rehabilitation and palliative care – to meet the needs of people with NCDs, placing primary care at the heart of people-centred service delivery. Universal health coverage provides a great defence against the onrushing tide of NCDs. Strong health systems, based on people-centred primary care and with a focus on health promotion and disease prevention, are among the best investments to make in the fight against NCDs.

Flagship initiatives on cultural and behavioural insights, mental health, digital health and immunization have been identified as accelerators of change to deliver the EPW. The four flagships focus on critical issues that are high on Member States’ agendas and offer opportunities for transformative change for NCD initiatives and programmes. In particular, the flagships will help in reaching out to other sectors, which is critical to moving towards the NCD-related Sustainable Development Goals (SDGs).

The WHO Regional Office for Europe is now redoubling its efforts to tackle NCDs and, as part of this, the WHO Regional Director for Europe has established an NCD Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council). The membership of the NCD Advisory Council includes experienced high-level health policy-makers and leaders (such as current and former ministers of health, ambassadors, commissioners and directors of public health), renowned academic and clinical experts on NCDs, and representatives of special interest groups, such as patient, professional or health services provider organizations and health or public interest nongovernmental organizations. NCD Advisory Council members are convened to share their technical knowledge, experiences and perspectives to achieve the aspirational vision of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025 in the context of the EPW – a health-promoting Europe that is free of preventable NCDs, premature death and avoidable disability.
The mission of the NCD Advisory Council is to provide independent advice to the Regional Director to support Member States’ efforts towards NCD prevention and control and the achievement of the NCD-related SDG targets. The NCD Advisory Council has no executive, normative or regulatory function.

The first meeting of the Advisory Council was held, virtually, on 14 December 2020.¹ Twenty members of the Advisory Council participated, along with staff from the WHO Regional Office for Europe and country offices.²

¹ See Annex 1 for the final programme.
² See Annex 2 for the list of participants.
Dr Hans Henri P. Kluge, WHO Regional Director for Europe, welcomed Advisory Council members and other participants and delivered the opening address.

In coming together, participants are all bound by shared aims: first, to save lives, and second, to improve lives. In Europe the most effective way to do both things is to fight NCDs, which cause more premature deaths than anything else and are responsible for over 80% of all life-years lived with disability. NCDs also greatly amplify the risk from other ailments, such as infectious diseases, as has tragically been witnessed throughout the pandemic.

COVID-19 is having a marked impact on NCDs, the true scale of which will not be seen for some time. A survey conducted by the WHO Regional Office for Europe in 38 countries found that three quarters reported some disruption to vital NCD services. This was particularly true for inpatient and rehabilitation services, where 38% and 81% reported disruption respectively. This disruption is contributing to a further increase in morbidity, disability and avoidable mortality due to NCDs.

Beyond the pandemic, the WHO European Region continues to have the highest levels of tobacco smoking and the highest total per capita consumption of alcohol. Around one third of adults are physically inactive, and the Region has some of the highest levels of hypertension and salt consumption in the world. Sixty per cent of adults are overweight, 20% are obese and the prevalence of diabetes has been rising. High-risk patients are not getting the life-saving medication and counselling they need.

Some ambitious goals for fighting NCDs have been set. In the 2030 Agenda for Sustainable Development, countries have committed to reducing premature deaths from NCDs by one third. There are 10 years left to achieve this goal. Urgent action and creative solutions are needed if the goal is to be met.

This urgent action is already underway through the EPW, which was adopted in September 2020 after extensive consultation with the 53 Member States, the European Commission, non-state actors, intergovernmental and United Nations organizations, as well as WHO staff.

The EPW includes efforts such as ensuring universal health coverage, fostering innovation, generating results, and building partnerships that have lasting impact. The EPW is entitled “United Action for Better Health in Europe” because it is anchored in partnership. This new way of working together can help close the gaps in NCD outcomes throughout the Region. The EPW lays out the vision for tackling NCDs, with three priorities – stronger health systems, quality data, and partnership and multisectoral action.
STRONGER HEALTH SYSTEMS

Although much attention has been focused on the COVID-19 pandemic, it is important not to forget existing commitments to reduce the burden of NCDs. European health services will have to compensate for vital care that was disrupted by COVID-19 if progress is to be maintained.

As the long-term recovery begins, the Region’s health systems must become adaptive, responsive and people-centred. Building stronger links between primary care, public health services and clinical care, focusing on community-level monitoring and assessment of population needs, is vital. Improving and streamlining the care continuum for NCD patients – from prevention, to early detection and screening, treatment, rehabilitation and palliative care – is one of the best investments that can be made in the fight against NCDs.

The EPW includes four flagship initiatives that will mobilize progress for health system strengthening. They are the mental health coalition, empowerment through digital health, the European immunization agenda 2030, and utilizing behavioural and cultural insights to achieve health goals. The flagships are a powerful channel through which NCDs and their risk factors can be addressed and to help with thinking beyond the traditional approaches.

QUALITY DATA

High-quality and timely data are needed to take stock and inform decisions, measure inequalities between and within countries, and take decisive actions with greatest impacts. This includes traditional data sources like surveys and routine data, but should also include novel data sources.

High-quality research is essential to fulfilling WHO’s mandate. One of the Organization’s core functions is to set international norms, standards and guidelines, including setting international standards for research. The Regional Office works to identify context-relevant research priorities and promote implementation research. As shown in a recent report on gender and NCDs, it is important not to be gender-blind in NCD programmes if progress to reduce NCDs is truly to accelerate.

PARTNERSHIP AND MULTISECTORAL ACTION

People living with NCDs require comprehensive services from their national health systems, but the fight against NCDs extends beyond the health sector. The WHO and United Nations declarations on NCDs have highlighted the importance of adopting a multisectoral approach in which non-health sectors, such as agriculture, trade, education and media, play important roles in helping us to achieve our common goals. Fostering this kind of cooperation is challenging and work is ongoing to identify the best mechanisms for getting commitments and accountability from other sectors.

Core to this is building stronger partnerships. There have been successes in this area in the past, which include efforts towards the elimination of trans fats and strengthening of capacity at primary care level. These successes have shown that if activities can be aligned at all levels, with all stakeholders, progress is possible.
This first meeting of the NCD Advisory Council represents an example of how collective wisdom can be pooled to generate innovative solutions to the challenges faced. It is hoped that the Advisory Council will provide guidance and inspiration for actions and will help to accelerate progress toward achieving SDG 3.4 within the WHO European Region. Although the Council members’ backgrounds are diverse, members are unified through a steadfast commitment to fighting NCDs. While it is not possible to invite all experts in this field to participate, it is hoped that Council members can represent their wider communities and share their visions. This relies on members’ personal expertise in government, professional bodies and academia and their ability to promote exchange and collaboration with their respective sectors. Council members will play a key role in ensuring that NCDs remain high on the international health policy agenda and providing evidence-informed, independent advice. One of the outputs requested from the Council is a roadmap that will outline key policy targets. The Council’s greatest contribution will be to help examine the challenges faced and identify innovative tactics. Council members’ advice and practical insights to help identify areas that should be prioritized to accelerate progress are welcome.

These are unique times, and the brave goals set for fighting NCDs have at once become more challenging but also more important. Mobilized by a renewed sense of urgency and a need to innovate, lasting progress can be achieved. If successful, this work will reverberate across millions of lives over many years, saving and improving them.

In conclusion, Dr Kluge conveyed his gratitude to Council members for their participation and commitment. He also thanked the Government of the Russian Federation for its support of the WHO European Office for Prevention and Control of Noncommunicable Diseases in Moscow.
SDG target 3.4: by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being.
NCDS: WHERE DO WE STAND ON THE ROAD TO SDG 3.4? REDOUBLING EFFORTS TO PREVENT AND CONTROL NCDS IN THE WHO EUROPEAN REGION

Dr Nino Berdzuli, Director, Division of Country Health Programmes, WHO Regional Office for Europe, added her welcome to all participants and summarized the current state of progress towards global and regional NCD targets.

In the WHO European Region, NCDs are responsible for nearly 90% of deaths (Fig. 1) and 84% of disability (Fig. 2).

Although Europeans are now living longer and healthier lives, the share of NCDs in the overall disease burden is increasing from year to year. This means that progress in reducing the disease burden is slower for NCDs than for other conditions, such as infectious diseases or injuries.

There are gaps in health service coverage and provision. The EPW addresses the need to bridge the divide between primary health care and public health and hospital services, while streamlining the continuum of care – from clinical prevention through early detection and screening, treatment, rehabilitation and palliative care – to the needs of people with NCDs.

There is also a need to redouble efforts to address the risk factors for NCDs through health promotion and disease prevention approaches. NCDs are caused by four major behavioural risk factors: tobacco and alcohol use, unhealthy diets and insufficient physical activity. These behaviours result in biological risk factors, like high body mass index and high blood pressure, cholesterol and glucose. These behavioural and biological risk factors are responsible for the vast majority of disease burden in the European Region.
Tobacco is the leading risk factor in Europe, but unhealthy diets and high blood pressure are also problematic – taken together, these three risk factors cause nearly half of the overall disease burden (Fig. 3). In addition, body mass index, blood glucose and alcohol consumption cause an additional one third of the overall disease burden.

To effectively tackle these risk factors and the underlying determinants for NCDs, it is important to pay attention to policies beyond the health sector. Sectors such as trade, taxation, education, agriculture, urban development and food production systems have a major influence on the drivers of NCDs. While two thirds of Member States of the WHO
European Region have an operational multisectoral national strategy or action plan that integrates the major NCDs, very few have achieved the goals set out in those policy documents. Member States frequently strive to raise the profile of health on government agendas, reaching beyond the traditional health system and strengthening intersectoral action, but more rigour in policy development and evaluation is needed to ensure commitments are translated into effective actions.

Provision of care for NCDs is far from satisfactory in many parts of the European Region. For instance, data in several countries show that a large proportion of eligible people do not receive drug therapy and counselling to prevent heart attacks and strokes [Fig. 4].

**FIGURE 4.** Proportion of eligible people receiving drug therapy and counselling to prevent heart attacks and strokes in selected countries of the WHO European Region.

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Proportion (%)</th>
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<tbody>
<tr>
<td>Turkmenistan 2018</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Belarus 2020</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Uzbekistan 2014</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Tajikistan 2016</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Azerbaijan 2017</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Republic of Moldova 2013</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Turkey 2017</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Kyrgyzstan 2013</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Georgia 2016</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Ukraine 2019</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Armenia 2014</td>
<td>33%</td>
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**PROGRESS TOWARDS GLOBAL TARGETS**

The NCD Global Monitoring Framework was established to track progress, with an overall target of a 25% reduction in premature mortality by 2025 being established alongside the SDG 3.4 target to reduce NCD mortality by one third by 2030. In aggregated terms, the WHO European Region is the only WHO region on track potentially to reach these targets [Fig. 5], but the Region was only just on track before the COVID-19 pandemic hit. The pandemic’s impact on progress toward the overall NCD targets is not yet clear.

Nearly half of countries in the Region are not on track. While there has been significant progress in reducing premature mortality from the major NCDs in the WHO European Region and within individual countries, there is still a strong need to reduce the disease burden, improve quality of life and make healthy life expectancy more equitable.

The interplay between COVID-19 and NCDs is complex and deadly. Evidence shows that people living with NCDs are at increased risk of severe COVID-19. According to WHO data, more than 95% of people dying with COVID-19 in Europe are affected by one or more NCDs. Cardiovascular diseases, obesity, lung diseases, cancers and many other NCDs have large independent adverse impacts on COVID-19 severity and lethality. Those
living with NCDs are at the highest risk of adverse COVID outcomes. More people are exposed to COVID risk due to the high burden of NCDs and failures to prevent and control NCDs in past years. In addition, research suggests that a considerable proportion of people with asymptomatic COVID-19 infection have inflammation of the heart, potentially exacerbating cardiac problems in future.

Evidence suggests that dietary habits have shifted towards increased frequency of snacking, with sales of energy-dense foods soaring, while consumption of alcohol has increased during lockdowns. This could lead to further deterioration in the NCD burden in the Region.

The fact that NCDs cause the greatest burden of disease in Europe is noted frequently. Less frequently cited is the striking difference between men’s and women’s exposure to risk factors, morbidity and mortality. There are also large differences in terms of access and use of health-care services. These differences are present in every country of the Region. From recently published data collected through WHO STEPS surveys conducted in eight countries, it can be seen that NCD risk factors, especially tobacco use and alcohol consumption, generally are more prevalent among men than women. While cancer, cardiovascular diseases, diabetes and other NCDs are the main cause of ill health for both men and women in the WHO European Region, men are nearly twice as likely to die prematurely from NCDs as women. Men’s higher risk of dying earlier, mostly due to cardiovascular diseases, should therefore be at the centre of efforts to reduce premature mortality from NCDs. Cardiovascular diseases are, however, also the main cause of death for women, but research, treatment, health promotion and prevention efforts often present a gender bias, ignoring this reality. To accelerate progress, leave no one behind in efforts to reduce the burden of NCDs and ensure better and healthier lives for all, it is important not to be gender-blind.
Now, in the context of the pandemic, is the time to invest more in the prevention and control of NCDs. The WHO Regional Office for Europe has a long history of providing specialized support to Member States in preventing and controlling NCDs along the lines defined in its Action Plan 2016–2025, but accelerating progress is essential and the need is clearer than ever. It is now time to consider what else needs to be done. What new approaches and innovative pathways should be considered? Without ignoring the complex nature of the matters at hand, it is possible to identify quick wins, or so-called low-hanging fruits, that are relevant to most countries of the WHO European Region. It is clear that the European Region could do more to, for example, significantly reduce salt intake, stabilize obesity prevalence (at a minimum) and improve implementation of alcohol and tobacco regulations. The additional questions to be considered now include the following.

- How can we innovate and scale up prevention efforts?
- How can needed NCD care be provided for all?
- What mechanisms can be put in place to accelerate progress?
- What else needs to be known to move from data to action?
- How can we ensure no one is left behind?

The NCD Advisory Council is invited to discuss and strategize responses to these broad questions as a first step to co-creating potential solutions, accelerating work in responding to the scourge of NCDs and together progressing toward a health-promoting Europe free of preventable NCDs, premature death and avoidable mortality.
TOWARDS AN NCD ROADMAP FOR THE EUROPEAN REGION

Dr Gauden Galea, WHO Representative to China, facilitated a session during which the Advisory Council members briefly introduced themselves and presented suggestions for up to three elements that would accelerate progress towards achieving SDG 3.4.

A wide variety of suggestions emerged, which can be summarized as follows.

- **Partnerships**: create strong partnerships with non-health actors and non-state actors, in particular civil society, and patient and youth associations.
- **Participatory and inclusive approaches**: work with people living with NCDs to better address their needs, implement education programmes and scale up health literacy.
- **Life-course approach**: ensure a life-course approach to prevention and control of NCDs and prioritize preconception, children, pregnant women, adolescents and interventions in early life, alongside those for older populations.
- **Population- and individual-based approaches**: combine population-based approaches and personalized strategies.
- **Multisectoral approach**: break down silos between sectors, use innovative multidisciplinary approaches, involve sectors outside health, promote health-in-all-policies approaches, and encourage e-mobility and active transport to reduce air pollution and increase physical activity.
- **Innovation and integration**: work with other fields and disciplines to create new knowledge and innovate, rethink the design and implementation of solutions, identify integrated solutions, and share case studies of successful policies/interventions with policy-makers/politicians.
- **Inequalities**: measure and reduce the gaps between and within countries and population groups in the Region while improving the situation for all population groups, prioritizing equitable solutions.
- **Behaviour change**: harness insights from behavioural change science and psychology, adopt a more sophisticated approach to behaviour change, recognize and address huge commercial influences on behaviour, apply behavioural insights to disease management and self-care, and find new and effective ways to convey information to populations and stimulate change, including through digital social media.
- **Data/information**: ensure better use of existing data (at regional, Member State and subcountry levels) to customize policy advice for countries, guide their efforts and suggest feasible pathways for them to achieve their goals, obtain more granular data and conduct more rigorous analysis to better understand the current situation and drivers (as well as subgroup differences), improve the use of novel sources, digital technologies and remote monitoring to collect data (even if incomplete or “biased” from a scientific perspective) to complement traditional sources of comprehensive data (exploring the role of Big Data, artificial intelligence and machine learning), and ensure good governance of data collection and protection of personal data to foster trust.
- **New technology**: harness the potential of digital tools for screening, surveillance, monitoring, raising awareness and delivering interventions, while ensuring good
governance of such technologies, and use technologies for health professional
training.

- **Primary health care**: provide access to quality primary health care for all citizens in the European Region without financial hardship as part of universal health care, and increase the involvement and focus of primary health care on preventing and treating cardiovascular diseases, diabetes, chronic respiratory diseases and cancer.

- **Integrated care**: improve integration of care through achieving greater coordination and continuity across service delivery levels and sites and by implementing the whole continuum of services, from prevention, to management and palliative care.

- **Cardiovascular diseases**: while there is wide agreement on what should be done to address premature mortality from cardiovascular disease, innovative approaches to strengthening implementation are needed.

- **Medicines**: establish innovative financing mechanisms to improve access to, and the affordability of, safe, effective and quality medicines and technologies for NCDs, and explore ways to link pharmaceutical research and development funding with assurances on access to affordable medicines.

- **Education and training**: include NCDs in the curricula of medical and nursing students and other trainee health workers, including dieticians, physiotherapists and educators, expand the use of new technologies to provide appropriate training, and maintain schools as a key setting for education and behaviour change.

- **COVID-19**: link NCDs to the WHO Healthy Recovery Manifesto and the actionable measures for NCD risk factors and treatments, and support civil society advocacy to use recovery funding for NCD best buys.

- **Mental health**: pay attention to mental health services (especially post-COVID-19) and address linkages between NCDs and mental health.

- **Sustainability**: promote transformation to make sustainable and healthy food choices the easy option, emphasize the impact of climate change and environment on health and NCDs, and explore links to the European Union (EU) European Green Deal.

- **Prevention**: reinforce efforts on prevention, especially in light of COVID-19, and establish closer links with EU platforms/strategies (such as the pollution platform and farm-to-fork strategy) to help scale up prevention and address NCD socioeconomic and commercial determinants.

- **Obesity**: focus on overweight, obesity and related factors (such as fast food and marketing to children), and recognize obesity as a disease to improve access to services.

- **Supportive environments**: focus on creating supportive environments for healthy lifestyles and healthy working, making healthy choices the easiest choices.

- **Leadership**: foster political leadership that recognizes the importance of prevention and the need for long-term commitment, support bold action by governments, particularly regulatory measures rather than self-regulation (on, for example,

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food marketing to children, food reformulation and labelling), and identify ways to support national politicians to implement unpopular actions and help them resist opposition.

- **NCD best buys**: revisit and review the best buys to adapt them at regional and/or country level and for higher income countries, provide more guidance on how to implement the recommended policies, and support countries to implement the best buys.

- **Fiscal policies**: conduct analyses of the affordability of products such as tobacco, alcoholic drinks and sugar-sweetened beverages, ensuring that taxes decrease the affordability of taxed products to be effective, explore possibilities for relevant taxation and subsidies, including on foods and services, and assess the differential impacts on different socioeconomic groups.

- **Cost-effectiveness**: improve the cost-effectiveness of actions, taking into account the economic implications of NCDs increasing the risks of severe infectious disease/pandemics.

- **Evaluation**: improve the evaluation of policies, actions and interventions, and focus on evidence-based policy and policy impact.

- **Implementation gap**: prioritize implementation research, use new communication channels to reach stakeholders and patients, apply knowledge translation techniques to close the gap between knowledge and implementation, and build capacity for NCD implementation research in the Region and in countries.

- **Research**: explore other research gaps in NCDs, increase research on degenerative diseases (such as heart failure) and identify better ways to tackle such conditions.

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SIGNATURE INITIATIVES

The NCD Advisory Council was asked to brainstorm on the development of a number of signature initiatives to accelerate action on NCDs in the next three to five years. To initiate this process, Dr Tom Frieden and Professor Sanja Musić Milanović were invited to provide some reflections from their previous experience that could be relevant to defining and developing signature initiatives.

**POINTERs FOR THE DEVELOPMENT OF SIGNATURE INITIATIVES**

Dr Tom Frieden, President and Chief Executive Officer of Resolve to Save Lives, provided some pointers to take into consideration in the development of potential signature initiatives.

**Think about winnable battles**: it is important to avoid putting effort into anything that is going to fail or is going to happen anyway (without further intervention). The focus should be on elements that can succeed, but will require concerted effort.

**TOP**: an effective Technical package, Operational excellence and Political support are all needed to succeed. To create an effective technical package, collate elements that, if implemented, will achieve results. In public health there is a tendency to spend too much time debating the small proportion of interventions about which there is some uncertainty, rather than spending the majority of time implementing the interventions that are known to work.

**Three important elements for progress**: these are to strengthen the public sector, activate civil society to support and push the public sector, and collect data to understand the situation and assess progress.

For the European Region in particular, Dr Frieden suggested a focus on reducing cardiovascular disease, the leading cause of death, building on the progress made in eliminating trans fats. He suggested some key priorities.

- **Treat hypertension**: improving hypertension control is key to reducing cardiovascular disease mortality. This requires efforts to improve primary health care systems. An effective primary care system should be ensuring at least 70% of the hypertension in the population is controlled. Resolve to Save Lives has compiled lessons from country experience in using different techniques and technologies in relation to a wide range of conditions, and these could provide valuable pointers. Improved hypertension control (from 14% to 50% controlled) has the potential to save 40 million lives globally over 30 years.
- **Salt/sodium reduction**: this is an area in which there is potential to save 40 million lives globally over 30 years, but progress is lacking and the European Region could make a real difference. This is a challenging area, with considerable industry resistance. Strategies include government reformulation guidelines, taxation, mandatory levels and front-of-pack warning labels; other effective means to accelerate sodium reduction may also be identified.
- **Denicotinization of combustible tobacco**: this is an approach that has never been applied, but it looks increasingly possible to denicotinize tobacco. Combining this approach with tobacco regulation has the potential to end the tobacco epidemic.
EXPERIENCE FROM THE FIELD OF CHILDHOOD OBESITY

Professor Sanja Musić Milanović, Croatian Institute for Public Health and the University of Zagreb, shared some lessons from her experience with childhood obesity.

Childhood obesity is recognized as a problem in the European Region, and the scope and prevalence, as well as the behavioural, social and geographical determinants, are fairly well understood. Thanks to comparable data collected in most countries of the Region by the WHO European Childhood Obesity Surveillance Initiative, it is known that obesity is more prevalent among boys than girls and among children in the south of the Region than those in the north. These comparable data have been very valuable for driving public policy.

Much more work is needed to bridge the gap between science and practice and to implement evidence-based childhood obesity prevention and treatment initiatives that are targeted, gender-specific and geographically specific, and respond to the needs of local communities. There remains a great deal to learn about effective prevention strategies, particularly during pregnancy, early life and childhood. There is a need to work towards recognition of obesity as a disease, rather than as a personal lifestyle choice. There is also a need to tackle the stigma of obesity and change the narrative such that the complex determinants of obesity are recognized. In conclusion, much work remains to be done and exchange on evidence-based policies and practices during the deliberations of the Advisory Council will be welcome.
MODUS OPERANDI OF THE NCD ADVISORY COUNCIL

Draft terms of reference for the NCD Advisory Council were distributed prior to the meeting. The Council members were asked for comments on the terms of reference and proposed modus operandi.

It was suggested that, due to the urgency of accelerating progress to tackle NCDs, the Council should meet more than twice a year. It was agreed to maintain the statutory two meetings per year in the terms of reference, but that additional meetings could be added on an ad hoc basis. It was agreed to schedule an additional meeting in February 2021.

It was suggested that the introduction to the terms of reference should include mention of environmental factors as well as behavioural risk factors. There was broad support for inclusion of environmental and sustainability issues.

There was a suggestion that molecular and genomic aspects should also be taken into consideration.

The importance of finding a balance on how individual NCDs are addressed was noted. Although cardiovascular disease has been suggested as a top priority, there are also other NCDs for which important gains should be achievable, and there are links between the NCDs. While the four main NCDs share common risk factors, different strategies may be required for treatment and control.

The importance of mental health and the links between mental health (particularly depression) and NCDs were noted, and it was pointed out that the Regional Office has a flagship mental health initiative as part of the EPW.

In conclusion, there was broad agreement and strong support for the draft terms of reference, and the amendments requested will be introduced by the Secretariat.
NEXT STEPS

Dr Berdzuli thanked the Council members for their engagement and the very interesting discussion. It is clear that the existing WHO technical packages are not fully used or implemented at scale. There is an important need, therefore, to develop the signature initiatives, building on the foundation of these technical packages and resources and innovative implementation tactics.

The next steps will be to develop a roadmap with key policy targets to accelerate progress on tackling NCDs. This roadmap will be complementary to the existing regional NCD Action Plan and will focus on innovation. The Secretariat will invite Council members to contribute to the development of the roadmap and prepare detailed plans for the next steps, including the creation of specific signature initiatives, by the second plenary meeting.
CONCLUDING REMARKS

Dr Kluge concluded the meeting by expressing sincere appreciation to all Council members for their contributions. The discussion clearly highlighted that Member States need help with how to implement measures, and this is very much in line with the EPW. A strong emphasis on partnerships – such as with the EU and the Eurasian Economic Union – also emerged from the discussion. It is clear that some engagement with the food industry is needed. An example of constructive engagement with the private sector is the new social compact being developed with the pharmaceutical industry through the Oslo Medicines Initiative to ensure greater access to affordable medicines.

Plans currently are underway to announce a European Cancer Ambassador, who will advocate for action on cancer at the highest levels across Europe. Recruitment of clinical advisors is also underway as part of efforts to promote an integrated approach, and to eliminate the false tensions between prevention and curative or individual- and population-based approaches. The other very strong message to emerge is the importance of prioritizing and choosing winnable battles, which will enable timely achievement of meaningful progress.

Dr Kluge again expressed his thanks to all participants, thanked the Secretariat for the organization and drew the meeting to a close.
SDG target 3.4: by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being.
Monday, 14 December 2020 (13:00–15:00)

13:00–13:10 Welcome and opening address
   Hans Kluge, Regional Director, WHO Regional Office for Europe

13:10–13:20 NCDs: where do we stand on the road to SDGs in the European Region?
   State of play and challenges
   Nino Berdzuli, Director, Division of Country Health Programmes,
   WHO Regional Office for Europe

13:20–14:35 Towards an NCD roadmap for the European Region. Tour de table
   Facilitator: Gauden Galea, WHO Representative to China
   Short self-introduction of the counsellors
   One, two or three elements that will accelerate progress towards SDG 3.4

14:35–14:45 Signature initiatives

14:45–14:55 Modus operandi of the NCD Advisory Council and next steps
   Review of terms of reference
   Next steps, including possible working groups

14:55–15:00 Closure
   Hans Kluge, Regional Director, WHO Regional Office for Europe
## ANNEX 2. PARTICIPANTS

<table>
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<th>Title and Affiliation</th>
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<td>Director-General, The European Consumer Organisation (BEUC)</td>
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<td>Karen McColl</td>
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### Interpreters

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<td>Lyudmila Yurastova</td>
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