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

Virtual meeting 5 March 2021
Meeting report
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Abstract
Noncommunicable diseases (NCDs) are responsible for nearly 90% of deaths and 84% of years lived with disability in the WHO European Region. As a result of the deadly interplay between NCDs and infectious diseases, the high prevalence of NCDs and their risk factors has exacerbated the burden of COVID-19 in the WHO European Region, while the pandemic is further exacerbating the burden of NCDs in the Region. Efforts to prevent and control NCDs are at the heart of the new WHO European Programme of Work 2020–2025 (EPW), entitled "United Action for Better Health in Europe". As part of this, in 2020 the WHO Regional Director for Europe established an NCD Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council), which brings together renowned experts on NCDs and representatives of special interest groups. At the inaugural meeting in December 2020, it was agreed to develop a new energized roadmap centred on Signature Initiatives to accelerate progress towards – and ideally beyond – the NCD targets. The second Advisory Council meeting took place on 5 March 2021 and Council members provided feedback on a draft concept note for a roadmap for reducing NCDs in the WHO European Region, including a proposed set of six Signature Initiatives, and discussed next steps for taking the work on these Signature Initiatives forward.

Keywords
Noncommunicable diseases (NCDs)
Europe
Health policy
Policy
Public health
Risk factors

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Noncommunicable diseases (NCDs) present a significant public health challenge in the WHO European Region, where they are responsible for nearly 90% of deaths and 84% of years lived with disability. The high prevalence of NCDs and levels of NCD risk factors have exacerbated the burden of COVID-19 in the WHO European Region, while the pandemic is further exacerbating the burden of NCDs in the Region.

Efforts to prevent and control NCDs are 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). To drive action, in 2020 the WHO Regional Director for Europe established the 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 (including current and former ministers of health, parliamentarians, ambassadors, commissioners and directors of public health), renowned academic and clinical experts on NCDs and representatives of special interest groups, such as professional and health services provider organizations and health and public interest nongovernmental organizations (NGOs).

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 Sustainable Development Goal (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. For the inaugural meeting, Council members presented a wide variety of suggestions that would accelerate progress in tackling NCDs. The discussion clearly highlighted that Member States need help with how to implement measures. There was a strong emphasis on partnerships and the need for multisectoral action, along with a call for better and innovative collection and use of data to inform initiatives and for application of insights from behaviour change science. At the inaugural meeting, it was agreed to develop an energized roadmap with the aim of achieving concrete results by 2025 and speeding up implementation of the ongoing Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025.

The second meeting of the Advisory Council was held virtually on 5 March 2021. Eighteen members of the Advisory Council participated, along with two observers and staff from WHO headquarters, the WHO Regional Office for Europe and country offices.
WELCOME AND OPENING ADDRESS

Dr Hans Henri P. Kluge, WHO Regional Director for Europe, warmly welcomed Advisory Council members and other participants to the second meeting and delivered the opening address.

The objective of the second meeting was to plan how to urgently and decisively move forward, with a particular focus on high-impact interventions to get back on track toward the NCD-related SDGs. The participation of Dr Bente Mikkelsen, Director of the NCD Department in the Division for Universal Health Coverage (UHC)/Communicable Diseases and NCDs at WHO headquarters, was very welcome. The different levels of WHO share the same staunch commitment to fighting NCDs, accelerating policy responses and achieving results. Making a difference at country level is at the heart of the EPW.

As the Advisory Council discussed in December 2020, COVID-19 has underscored the sense of urgency and highlighted the deadly interplay between NCDs and infectious diseases. Emerging data link the virus with diabetes, heart disease and obesity, not only in terms of increased risk of severe disease and death, but also due to service disruption. The interactions between NCDs and their risk factors are also important. During World Obesity Day on 4 March, for example, WHO Regional Office for Europe’s Cancer Ambassador highlighted the links between obesity and cancer.

Before the pandemic, NCDs accounted for an estimated 89% of deaths in the Region. Due to the pandemic, some countries probably will not reach the SDG targets on NCDs and UHC. This is all unfolding against the backdrop of the crisis of our age – climate change. It generally is acknowledged that after the pandemic, there is a need to build back better to ensure a healthy, sustainable future for people and planet. Much progress is also being realized through the work of the Pan-European Commission on Health and Sustainable Development, chaired by Professor Mario Monti (known as the Monti Commission), to rethink priorities for a post COVID-19 European Region. The Commission’s preliminary statement is due on 29 March. The case for investing in health has never been stronger, and a new approach to tackling NCDs needs to be part of that. What needs to be done is known, but there is also a need to understand how change can be brought about, with innovations that will accelerate progress.

The proposed Signature Initiatives are part of a collective response to complex challenges. They seek to mobilize society and inspire action – in large part through the Advisory Council’s leadership – not only to boost implementation of strategies that are known to work and foster partnerships, but also to discover novel solutions. Through these initiatives, it will be possible to explore new fields, foster innovation and bridge the gap between knowledge and widespread implementation.

The Signature Initiatives also interlock with WHO Regional Office for Europe’s flagships on mental health, behavioural and cultural insights, and digital health, as well as the recent Pan-European cancer movement, United Action Against Cancer. In addition, WHO will be developing a global NCD implementation roadmap for 2023–2030.
On the basis of the initial proposals for Signature Initiatives, the Advisory Council’s expertise and insights are sought to help break new ground, trigger action and firmly place NCDs high on the international health policy agenda.

In conclusion, Dr Kluge invited the Advisory Council to provide guidance and engage in solution-oriented and out-of-the-box discussions.
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.
NCD SIGNATURE INITIATIVES: RATIONALE AND PROPOSED OVERVIEW

Dr Nino Berdzuli, Director, Division of Country Health Programmes, WHO Regional Office for Europe, added her welcome to all participants, provided a recap of the suggestions provided by the Advisory Council at the first meeting, and presented an overview of the proposed Signature Initiatives and next steps.

At the meeting in December 2020, Advisory Council members provided a wide array of suggestions to build into the Signature Initiatives. These suggestions were grouped into five areas: populations, data, linkages, systems change and preventive medicine. Suggestions relating to important populations included: people living with NCDs; civil society; elderly people; young people; and local politicians. In relation to data, a number of themes emerged: the central importance of data for policy; advancing the WHO best buys with machine learning and artificial intelligence; digital health and remote monitoring; customized advice for countries; and privacy-friendly data analysis.

Some suggestions highlighted important intersectoral linkages, including climate change, denicotinized combustible tobacco, post-COVID recovery and mental health. Needs for fundamental systems changes were also identified in relation to use of legislation, action on commercial determinants of NCDs and application of behavioural and cultural insights.

Finally, a number of issues were raised relating to preventive medicine and its relation to clinical care – hypertension, integrated prevention and care, multidisciplinary care, chronic respiratory disease, precision medicine, cancer, primary health care and training of health-care workers. Taken together, these factors present a set of basic principles (populations, systems change, data, linkages and preventive medicine) that have been applied to the proposals for the Signature Initiatives.

In addition, three important criteria for Signature Initiatives were proposed at the first meeting: the potential for achieving high impact; the availability of evidence-informed technical packages; and the feasibility of implementation. It is also important to take into account several important interlocks that already have been launched under the EPW, including the flagships on mental health, digital health and behavioural insights, along with the pan-European cancer movement.
Taking all of the above into account, the Secretariat developed proposals for a set of Signature Initiatives for the Advisory Council’s consideration. These relate to six areas in which there is potential to develop Signature Initiatives:

- **childhood obesity** – ensure a healthier future for Europe’s children by tackling childhood overweight and obesity;
- **tobacco** – strengthen tobacco control through responding to emerging challenges;
- **alcohol** – increase the share of tax in alcoholic beverage prices and establish a WHO-recommended minimum level for the Region;
- **hypertension/salt reduction** – reduce inequalities in cardiovascular disease (CVD) burden and high blood pressure prevalence through improving hypertension control in primary care and implementing salt-reduction strategies;
- **digital marketing** – protect children and young people from exposure to unhealthy commodities in digital contexts; and
- **greener cities** – reduce air pollution and improve air quality within the WHO European Region by urban planning to support cycling and walking and use of sustainable transport.

For each of these areas, examples of possible approaches and hypothetical (yet to be defined and agreed) targets have been proposed. In relation to hypertension (fig. 1.), for example, a proposal could be for 20*20*20 joint programming for hypertension and salt, aiming to, by 2025, increase by 20% the proportion of people who know they have hypertension and the proportion of eligible people receiving treatment, and reduce salt intake by 20%. Relevant innovative approaches could include the use of implementation science, digital-based monitoring and artificial intelligence tools for hypertension control in primary health care, and development of a combined tool to guide countries towards achievement of salt reduction by food categories. Application of both innovations would provide an opportunity to tackle the high burden of hypertension in the Region.

**Fig. 1. Hypertension**

- **20** Increase by 20% the proportion of people who know they have hypertension
- **20** Increase by 20% the proportion of eligible people receiving treatment (including counselling)
- **20** Reduce by 20% salt intake
In relation to tobacco (fig. 2.), as another example, the targets could be 0*53*75 for no children in Europe to have access to electronic nicotine delivery systems (ENDS), 53 Member States mandating plain packaging for cigarettes, and 75% of tobacco products taxed at or above 75% of the retail price across Europe.

Going forward, the role of the Advisory Council could span across two phases (the incubator and accelerator phases) (fig. 3.). During the incubator phase, the role of the Advisory Council is critical to the further definition and development of innovative ideas for the Signature Initiatives. During the accelerator phase, the role of the Advisory Council could include policy engagement and mobilizing support and advocacy. More specifically, Council members could support policy change by leveraging political capital, developing evidence and undertaking impact assessments. They could be advocates, making the case to other sectors, identifying common ground and seeking out potential partnerships. Their role could also include galvanizing support for overcoming
barriers, leveraging facilitators and mobilizing resources for innovative approaches. A preliminary timeline for operationalizing the proposal was presented, along with key milestones. It is proposed that a committee be established for each Signature Initiative to work closely to further develop the content, approaches and indicators on each of the specific areas. Each committee would advise on the development of the content in the Initiative and help to set out the work programme. Councillors could champion the Initiative, contribute to its delivery and feed back to the Advisory Council. It is proposed that the committees meet three times over the year.

In conclusion, Dr Berdzuli invited Council members to discuss two questions.

- Does the proposed set of Signature Initiatives cover the areas needed to achieve maximum impact on NCDs in the Region?
- What role would you like to take as a Councillor over the coming year?
Dr Gauden Galea, WHO Representative to China, facilitated a session during which the Advisory Council members provided comments on the concept note on “Reducing noncommunicable diseases: signature roadmap for Europe” and, more specifically, the proposed set of Signature Initiatives. Council Members were also invited to outline how they would like to get involved in the next steps.
GENERAL COMMENTS

Many Council members congratulated the Secretariat on the concept note and welcomed the progress made in defining the Signature Initiatives. The set of Signature Initiatives generally was considered to cover the spectrum of issues to be addressed, although some gaps and areas that require strengthening were identified (see below). It was also suggested that there is scope for the approaches outlined in the Signature Initiatives to be much bolder and more ambitious. Much development work still has to be done before the Signature Initiatives are ready to be operationalized.

As gaps in the issues covered by the Signature Initiatives were pointed out, there was discussion on the difficulty in achieving a balance between ensuring that all the important issues are captured while pursuing a narrower focus on a limited range of specific initiatives with very targeted and concrete outcomes to be achieved within a short time period (by 2025) to boost progress.

There were some concerns that the Signature Initiatives are still not as innovative as they could be. The tension between focusing on interventions that are innovative but are likely to have less established evidence of impact, and measures that have the strongest evidence of impact but already are well known (such as the WHO best buys), was recognized. The challenge is to find interventions that are both innovative and have evidence of impact. It was also pointed out that innovation is not the only way to achieve impact – expanding implementation of policies that are already known to work, such as the best buys, also remains very important. Innovative approaches may emerge as part of efforts to boost implementation of these policies. The importance of quantifying the potential impact of interventions (through, for instance, the use of modelling studies) to guide the Advisory Council’s decisions was emphasized.

Much of the discussion stressed the importance of linkages and the interconnectedness of the issues and proposed solutions. The relationships between the different conditions and risk factors are important and should not be ignored. The interactions between Signature Initiatives were seen as being very important, and the identification of common issues and cross-cutting approaches will be critical. Applying learning to other conditions with similar models of care and epidemiology (from hypertension to diabetes, for instance) could be explored. The value in recognizing interventions from other regions and/or developed by other partners was also noted. Greater cooperation between Member States – with WHO support – was highlighted as having important potential in providing peer-to-peer support to countries, and efforts to harness the potential contribution of the private sector were also seen as important.

While the focus on digital solutions was welcome, the importance of acknowledging the challenges associated with digital approaches – especially potential algorithm bias and discrimination, as well as privacy and data-protection concerns – was noted. Use of digital health tools needs a legal, accountability and policy framework to be effective and safe. Greater clarity would also be needed on what kind of big data would be analysed and how WHO or Member States would be able to obtain access to such data in light of difficulties that have been experienced in this area. It is also important to ensure that results of any data analyses are disseminated to those who can actually use the data and translate the findings into action.
It was suggested that messaging around NCD prevention could usefully promote “primary prevention as immunization against NCDs”, particularly when advocating to tackle the lack of funding for primary prevention.

GAPS AND AREAS TO BE STRENGTHENED

A number of specific gaps were highlighted by Council Members:

- cardiovascular disease (other than hypertension), especially given the potential health gains from early identification of cardiovascular disease through primary health care and the interactions with other NCDs and communicable diseases;
- type 2 diabetes, given that it affects more than 60 million people in the Region and the prevalence is rising;
- adult overweight and obesity; and
- approaches relating to preconception and pregnancy.

In addition, areas where the messaging could usefully be strengthened or further developed were pointed out:

- environmental and sustainability elements, including solutions that integrate sustainability criteria and, for example, nutrition criteria (such as front-of-pack labelling or taxes);
- interactions with other integrated initiatives (Healthy Cities or Health-Promoting Schools, for which new standards have recently been published);
- urban planning, design for active travel and physical activity, alliances with greener cities;
- physical activity and sedentary behaviours (including screen time);
- food taxes, based on nutrient profiling (not only taxes on sugar-sweetened beverages), and other pricing policies on, for instance, alcohol and tobacco;
- front-of-pack labelling;
- digital solutions, machine learning and big data;
- implications of COVID-19, particularly so-called long COVID, for cardiovascular disease;
- stronger focus on legally binding instruments;
- more emphasis on how to support governments and parliaments to implement the WHO best buys and other policies; and
- primary health care and its strategic role in NCD prevention and control, with an emphasis on local involvement and proximity to the population.

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GAPS AND AREAS TO BE STRENGTHENED contd.

Some specific additional ideas were proposed:

- use of digital solutions and geographical data to develop a detailed NCD map to identify high-risk geographies and develop people-centred, highly targeted solutions and policy advice;
- development of an online course focused on management of NCDs in primary health care for inclusion in medical curricula as part of the education and training of future health professionals;
- treatment for prevention – develop a mechanism to redirect a percentage of the pharmaceutical industry revenue (globally around US$ 1 trillion annually) from treatment and secondary prevention into investment in primary prevention;
- partnerships between low- and middle-income countries and high-income countries to provide twinning or exchange-type peer support for policy development and implementation; and
- public–private partnerships for NCDs involving the private health-care sector, food industry (for reformulation) and digital/technology industries.

Furthermore, there were some specific suggestions relating to the Signature Initiatives.
Ensure a healthier future for Europe’s children by tackling childhood overweight and obesity

- It is important not to forget maternal/parental obesity, including the increased risk of pregnancy complications due to maternal overweight and obesity. There are interesting innovations on tracking hypertension and type 2 diabetes among at-risk pregnant women.
- It will be interesting to consider lessons from the forthcoming results from two national interventions in France relating to child and adolescent obesity (including childhood obesity screening and multidisciplinary early care) and another initiative on use of digital tools/social media to disseminate health messages.
- There may also be learning from Croatia’s 18-year programme to tackle childhood obesity and the various interventions implemented as part of this programme.
- There is a need to address gender differences in childhood obesity.
- The importance of detection and management of obesity in early life was emphasized.
- There is a need to highlight that health systems currently are not adapted to screening and management of childhood obesity.
- Greater emphasis on the role of sedentary behaviour was suggested.

Increase the share of tax in alcoholic beverage prices and establish a WHO-recommended minimum level for the Region

- The potential worsening of the alcohol situation in the Region since the COVID-19 pandemic was highlighted.
- It was suggested that there is too much focus on the minimum-rate target, particularly given that the structure of alcohol taxation is very flawed in many countries.
- There should be stronger emphasis on the links between alcohol consumption and cancer, as well as the impact of alcohol consumption on mental health.
- It was suggested that a legally binding instrument is needed (similar to the Framework Convention on Tobacco Control) to help national politicians implement appropriate legislation.
Reduce inequalities in CVD burden and high blood pressure prevalence through improving hypertension control in primary care and implementing salt-reduction strategies

- Although there was much support for this Signature Initiative, there were some suggestions that the scope should be broader and not focus solely on hypertension and salt reduction.
- It had been said that this Initiative could lead to 20*20*20 joint programming for hypertension and salt, increasing by 20% the proportion of people who know they have hypertension, increasing by 20% the proportion of eligible people receiving treatment, and reducing by 20% salt intake. There was a suggestion that these targets could be bolder, and that a target on hypertension control should be included.
- It was noted that in part due to the pandemic, there has been a lot of innovation on models of care [such as simplification and self-care (demedicalization), multi-month dispensing and innovations such as so-called men’s corners to improve men’s access to care] and innovative payment models to enable and incentivize providers to supply long-term care in primary health care. Many lessons from these models could equally be applied to other NCDs.
- In relation to salt reduction, a focus on a few policy levers, such as front-of-pack labelling, public procurement, targeted taxes and low sodium salt (labelling and increasing uptake), was suggested.
- A large-scale intervention in China by WHO and Resolve to Save Lives to decrease salt in restaurant delivery meals ordered through an online food delivery platform, for which results will be available in mid-2021, could provide an interesting model and lessons.
- While greater access to high-quality granular data is vital for design of optimal approaches, there are already sufficient data to inform effective policies and interventions; there is no need to delay taking action to wait for better data.

Protect children and young people from exposure to unhealthy commodities in digital contexts

- There was clarification that this Signature Initiative, as currently drafted, primarily is focused on tools and applications for monitoring and restricting digital marketing on unhealthy products to children. There is also, however, ongoing WHO work on disseminating health messages using digital tools and drawing on learning from behavioural insights in relation to, for instance, salt reduction and physical activity.
- It was suggested that the term “unhealthy commodities” is inappropriate, because “commodity” has a very specific meaning in economic terms. The term “unhealthy products” was proposed as an alternative.
- The role of social media (TikTok was mentioned as a leading example) and influencers in marketing unhealthy foods to children was noted.
Dr Bente Mikkelsen, Director, NCD Department, Division for Universal Health Coverage/Communicable Diseases and NCDs, WHO headquarters, provided some further reflections.

She thanked the Regional Director for the invitation to contribute to this important initiative and noted the European Region’s leadership on many issues relating to NCDs. The contribution of the NCD Advisory Council will be useful for the development of the new global NCD implementation roadmap for NCDs 2023–2030.\(^6\)

The actions required already are known, so the roadmap will focus on implementation of these actions to meet the SDG targets relating to NCDs, UHC and tobacco [SDG targets 3.4, 3.8 and 3.a]. The plan will also maximize the number of countries achieving the targets before 2030. It resonates strongly, therefore, with the Signature Initiatives proposed for the European Region.

The roadmap will incorporate a variety of new approaches, including modelling and scenario analysis, to determine the trajectory to better focus the actions. The pandemic has increased exposure to risk factors such as alcohol, unhealthy food and physical activity, has interrupted access to medicines and disrupted health systems. There clearly is a need to build back better and differently. Multistakeholder partnerships are believed to be very important. Another innovation may be to focus on countries and create subregional networks, as the European Region has done.

Although there was a rapid decline of 10% in NCD premature mortality between 2000 and 2010 [Fig. 4.], global progress has stagnated since 2010 (3% between 2010 and 2020). The momentum for change has dwindled and the annual reductions have slowed for the main NCDs. Only 17 Member States (8%) are on track to meet SDG 3.4. Huge inequities remain all over the world. A population equivalent to that of 30 Member States [a combined population of over 1 billion people] have the highest risk of dying prematurely from one of the four major NCDs (ranging from 25% to 31%). Within the European Region, several countries are highlighted as being severely off track.

In 2030, countries will be held accountable on whether they achieved the SDG targets on NCDs, UHC and tobacco. The Lancet article “NCD countdown 2030” highlighted that every country has one or more pathways to achieving the target by 2030, that no country could achieve the SDG target by addressing a single disease, and that it is not possible to achieve the target without including all the NCDs and scaling-up interventions.\(^7\)

The roadmap process will involve examination of what is known about NCD interventions and the best buys, and will try to identify ways to leapfrog and learn from country experience. It is important to focus on primary health care and UHC, and crucial to involve people living with NCDs at the decision-making table. Use of digital technology is promising, although it is important to be aware that it can also be a source of greater inequity. Surveillance and monitoring are essential, and partnerships are a vital part of the solution.

\(^6\) In January 2021, the WHO Executive Board requested the Director-General to present an implementation roadmap 2023–2030 for the Global Action Plan for the Prevention and Control of NCDs 2013–2020 [Decision EB148(7)].

\(^7\) Bennett JE, Kontis V, Mathers CD, Guillot M, Rehm J, Chalidou K et al. NCD countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. Lancet 2020;396(10255):918–34. doi:10.1016/S0140-6736(20)31761-X.
A global COVID-19 working group on NCDs, involving the six WHO regions, recently issued 11 learning points for going forward over the next 10 years. These are very similar to the issues under discussion by the NCD Advisory Council. There are many global initiatives that can support the WHO European Region and the Signature Initiatives of the Advisory Council. It is important to bear in mind the interconnectedness of the diseases. WHO headquarters is advancing work relating to diabetes, the only NCD for which premature mortality is increasing, through the Global Diabetes Compact, and considers that diabetes can be an important tracer disease. This is another area where innovation is needed to scale up implementation of well-known solutions (for instance, 100 years after insulin was discovered, 50% of those who need it do not have access).

Going forward, the WHO European Region and WHO headquarters will work closely together to accelerate progress towards reducing NCD mortality and achieving the SDG targets (Fig. 5.).

Fig. 4. Global situation for SDGs 3.4 in 2020

Despite the considerable progress made in the first decade of the 21st century, the momentum of change has dwindled since 2010, with annual reductions slowing for the main NCDs.

Fig. 5. Supporting the six WHO Signature Initiatives for the European region through the WHO Global Signature solutions on NCDs

- **HEARTS**: Promote cardiovascular health
- **SAFER**: Reduce the harmful use of alcohol
- **MPower**: Reduce tobacco use
- **REPLACE**: Eliminate the use of trans fats in the food industry
- **ECHO**: End childhood obesity
- **C40**: Raise the priority given to NCDs on the agendas of cities
- **BREATHE**: Reduce air pollution
- **BHBM**: Promote the use of digital health for NCDs
- **ACTIVE**: Promote physical activity
- **Integrate NCD services into PHC and UHC**
CLOSING REMARKS

Dr Kluge concluded the meeting by expressing his sincere appreciation to participants and thanked the Advisory Council members for their time and their many ideas. The issues discussed are important for the way out of the COVID-19 pandemic, addressing the toll of NCDs and mental health.

The Signature Initiatives that are to be developed will be complementary to the approaches technical programmes in WHO already are implementing. A combination of approaches that accelerate implementation and bring innovation is needed, while accelerators, such as digital health, should be used as key instruments to bring about better NCD outcomes.

As requested, WHO will continue to provide support and empower governments, heads of state, ministers of health and ministers of finance to help with implementation of policies and interventions. This will be reinforced by the forthcoming recommendations of the Monti Commission on how to ensure that health remains at the top of the political agenda during and beyond the post-COVID recovery. Prompt action will be needed: the window of opportunity for change will be short, as periods of crisis tend to have a cycle of panic followed by neglect.

Dr Kluge thanked Dr Galea for facilitating the discussion and Dr Berdzuli and Dr Mikkelsen for their contributions. He also thanked the teams in the WHO Regional Office for Europe in Copenhagen and the NCD Office in Moscow for the development of the concept note and the meeting preparation. Thanks are due to the Russian Federation for its ongoing support of WHO’s work on NCDs. He concluded by emphasizing the importance of a focused approach to bring about change at Member State level.
ANNEX 1. PROGRAMME

Friday 5 March 2021 (10.00–11.30 CET)

10:00–10.05  **Welcome and opening address**  
*Dr Hans Henri P. Kluge, WHO Regional Director for Europe*

10.05–10.15  **NCD Signature Initiatives: rationale and proposal overview**  
*Dr Nino Berdzuli, Director, Division of Country Health Programmes, WHO Regional Office for Europe*

10.15–11:25  **NCD signature initiatives: discussion and views from the Council**  
Facilitator: *Dr Gauden Galea, WHO Representative to China*

11:25–11:30  **Final reflections**  
*Dr Bente Mikkelsen, Director, NCD Department, Division for Universal Health Coverage/Communicable Diseases and NCDs, WHO headquarters*

**Closure**  
*Dr Hans Henri P. Kluge, WHO Regional Director for Europe*
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