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

Virtual meeting 1 July 2021
Meeting report
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Abstract
To intensify efforts to tackle noncommunicable diseases (NCDs), which are responsible for nearly 90% of deaths and 84% of years lived with disability in the WHO European Region, the WHO Regional Director for Europe established an Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council). This Council brings together renowned experts on NCDs and representatives of special interest groups. At the inaugural meeting in December 2020 and the second meeting in March 2021, it was agreed that a new energized roadmap, based on a set of six Signature Initiatives, should be developed to accelerate progress towards – and ideally beyond – the NCD targets. Six Signature Initiatives were further developed by specific working groups between March and June 2021. The Signature Initiatives can be summarized as: childhood obesity; data and digital health; digital marketing; greener cities; health taxes and alcohol; and hypertension and salt. At the third meeting on 1 July 2021, Council members were invited to review the proposed Signature Initiatives and reflect on their potential impact and feasibility. The discussion highlighted the many interlinkages between the Signature Initiatives and emphasized the importance of identifying synergies and using data to guide decision-making and prioritization.

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

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 increasing the burden of NCDs.

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”. 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 and second meetings of the Advisory Council were held, virtually, in December 2020 and March 2021, respectively. For the inaugural meeting, Council members presented a wide variety of suggestions that would accelerate progress in tackling NCDs, and the discussion highlighted Member States’ need for help with how to implement measures. The importance of partnerships, multisectoral action and better collection and use of data was emphasized. Agreement was reached 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. At the second meeting, the Council 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 the Signature Initiatives forward.

The third meeting of the Advisory Council was held virtually on 1 July 2021. Twelve members of the Advisory Council participated, along with two observers and staff from the WHO Regional Office for Europe and WHO country offices.

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3 See Annex 1 for the programme.

4 See Annex 2 for the list of participants.
WELCOME AND OPENING ADDRESS

Dr Hans Henri P. Kluge, WHO Regional Director for Europe, warmly welcomed Advisory Council members and other participants to the third meeting and delivered the opening address. On behalf of the Regional Office, he expressed gratitude to the Councillors for their commitment and availability, taking the Region one step further in addressing the complex challenges of NCDs through innovation.

The aims of the NCD Advisory Council remain to mobilize society and inspire action, boost the implementation of evidence-based strategies, build partnerships, foster innovation and support learning towards reducing the burden of NCDs.

Six working groups, one for each of the six Signature Initiatives [alcohol, cardiovascular disease (CVD), childhood obesity, data and digital health, digital marketing and greener cities], were created at the second Council meeting. Thanks to the efforts of the working groups and the engagement of the Councillors, six concept notes have been created. While at different stages of development, these set out concrete actions and indicators in the six Signature Initiative areas. The content of all concept notes is aligned with key transversal strategies and operating principles cited during the Advisory Council’s first meeting, including, but not limited to, universal health coverage, use of data and digital health to drive evidence-based interventions, multisectoral partnerships and legislation as a public health tool. All Signature Initiatives are also interlocked with the Regional Office’s flagships on mental health, behavioural insights and digital health, and the Pan-European cancer movement, “United Action Against Cancer”.

Some of the suggested solutions in the concept notes will enable access to areas of hitherto untapped potential, such as the proposal to develop a safe, privacy-protecting mechanism for voluntary sharing of anonymized health data from personal devices. Others are focused on engaging with stakeholders, including creating a network of focal points with ministries of finance to cover alcohol taxation and a pan-European forum to demand action and accountability from the food industry. Establishing networks and platforms to promote policy implementation and exchange best practices is critical to driving progress on childhood obesity, digital marketing and greener cities, on which significant progress has been made with the adoption of the Vienna Ministerial Declaration, “Building forward better by transforming to new, clean, safe and inclusive mobility and transport”.

The Advisory Council is to be congratulated on these achievements in the seven months since the inaugural meeting, particularly given the circumstances and challenges faced in pandemic times. Although it is clear that an ambitious and innovative approach is needed to address challenges in reducing the NCD burden in the European Region, it is important to stay grounded. Now is the time to move from aspirational to realistic.

Of course, WHO may not be able to implement all these actions at once. The next steps are to define what can be achieved with finite resources. There is also a need to explore synergies between initiatives to increase impact and sustainable multistakeholder partnerships that can yield multiple long-term benefits. If the target
indicators set out in the Signature Initiatives can be achieved in the coming years, that will be a tremendous accomplishment.

In conclusion, Dr Kluge invited the NCD Advisory Council to provide guidance and constructive criticism to explore the most suitable avenues and translate the concept notes into tangible outcomes that improve people’s lives.
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
ACTIVATING THE UNTAPPED POTENTIAL: PROPOSED SIGNATURE INITIATIVES OF THE NCD ADVISORY COUNCIL

Dr Carina Ferreira-Borges, Head, a.i., WHO European Office for the Prevention and Control of Noncommunicable Diseases, presented an update on recent progress and an overview of the Signature Initiatives.

At the meeting in March, the Advisory Council provided valuable inputs on the proposed Signature Initiatives that could help to drive the NCD agenda forward. These inputs and the discussion are summarized in a meeting report, and six working groups — one for each Signature Initiative — were created. These working groups held meetings in May and June and, based on their inputs, a concept note has been drafted for each Signature Initiative.

To recap, the themes to build into Signature Initiatives were suggested at the Advisory Council’s inaugural December meeting. This meeting also agreed that Signature Initiatives should draw from the strongest evidence and target areas with maximum potential for impact to address the largest burden. The six proposals of initiatives follow a common set of guiding principles. Some relate to the largest current NCD burden (such as CVD and alcohol), while others, like childhood obesity and digital marketing, are more related to future burden and risk environments. The greener cities initiative addresses both the current burden and risks to sustainability.

Fig. 1. Addressing the largest current and future NCD burdens and ensuring sustainability

The main milestones for the NCD Advisory Council’s work so far in 2021 include the agreement of the main Signature Initiatives at the March meeting, followed by establishment of the working groups and development of the detailed content of the Initiatives. The final products are one concept note per Initiative, outlining the main innovative actions and indicators.

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The rationale and some of the main elements and indicators of each Signature Initiative are outlined below.

ENSURING A HEALTHIER FUTURE FOR EUROPE’S CHILDREN BY TACKLING CHILDHOOD OVERWEIGHT AND OBESITY

Overweight and obesity are known risk factors for diabetes, CVD and cancer, so it is important to tackle them through the life-course. The restrictions associated with the COVID-19 pandemic have resulted in less physical activity, which in turn has influenced weight gain and complications of childhood overweight and obesity. Building strong scientific evidence on the drivers and impact of childhood obesity is key, and the Signature Initiative proposes, among other things, to build “Voices of science”, a young researchers’ and public health practitioners’ incubator initiative. As in the alcohol Signature Initiative, cross-sectoral dialogue is needed to support the social and financial investment case for tackling childhood obesity. As an innovative approach, the Signature Initiative proposes a network of first ladies/gentlemen to raise this issue high on the political agenda. Last but not least, the Signature Initiative proposes to implement a Pan-European drinking-water campaign.

The proposed indicators for this Signature Initiative are that by 2025, at least:

- 35 Member States have a national intersectoral commission under the auspices of the highest leadership of the country;
- 20 Member States have engaged in a Pan-European drinking-water campaign, with participation from public figures; and
- 15 countries have halted or reversed the increase in childhood overweight and obesity.

PROTECTING CHILDREN AND YOUNG PEOPLE FROM EXPOSURE TO UNHEALTHY PRODUCTS IN DIGITAL CONTEXTS

The WHO CLICK monitoring framework has highlighted that children regularly are exposed to many advertisements for unhealthy products, including through online advertising; this can increase their consumption of these products. It therefore is important to protect children and young people by implementing reliable age-verification solutions and tags that are enforced by national legislation. To assist countries, a tool for legal landscape
assessments and a model legal and regulatory package on digital marketing has been proposed. Similar to other Signature Initiatives, political engagement is crucial to protecting the most vulnerable groups.

The main indicators proposed for this Signature Initiative are that:

- by 2023:
  - Member States have developed a clear roadmap for legal frameworks for restricting digital marketing to children;
  - the major digital platforms have agreed to the use of tags for paid advertisements to identify the product group; and
- by 2025, Member States have established reliable age-verification solutions, certified and enforced by national legislation, for all paid adverts for unhealthy products in digital contexts.

**MAKING CHOICES TO REDUCE INEQUALITIES IN CVD BURDEN: IMPROVING HYPERTENSION CONTROL IN PRIMARY CARE AND IMPLEMENTING SALT-REDUCTION STRATEGIES**

High blood pressure is the leading risk factor for CVD, and hypertension alone was responsible for 24% of all deaths from CVD in 2019. Cost-effective interventions that are fully implemented are needed. This Signature Initiative proposes to foster engagement at country level, with political commitment, institutional support and stakeholder involvement. It also includes patient involvement in design and implementation of projects in this area. Demonstration projects of hypertension control interventions in primary health care are needed urgently.

The main indicators of this Signature Initiative include baseline, monitoring and post-intervention evaluation of:

- salt intake (24-hour urine analysis survey) and implementation of key elements of the salt-reduction strategy;
- progressive improvement in hypertension cascade analysis; and
- measures to close the gender gap and east–west gap for CVD burden and high blood pressure prevalence.

**REDUCING AIR POLLUTION AND IMPROVING AIR QUALITY BY URBAN PLANNING TO SUPPORT CYCLING AND WALKING AND USE OF SUSTAINABLE TRANSPORT**

Air pollution alone is responsible for 550 000 premature deaths per year in the WHO European Region. Increased car dependency leads to physical inactivity, resulting in 1 million deaths each year in the Region alone. The Greener Cities initiative proposes the creation of multistakeholder platforms and facilitation of intersectoral dialogue between health, environment and transport at several policy levels, from local to national. Communication with the wider public is key, as is making healthier choices easier by implementing safe and enabling environments.

The main indicators of this Signature Initiative are that by 2025, Member States will:

- have national cycling policies, strategies and/or programmes;
- apply the WHO Health Economic Assessment Tool to cycling and walking; and
- have at least a minimum set of indicators for monitoring the level of cycling and start regular collection of data.
RAISING THE UNTAPPED POTENTIAL OF HEALTH TAXES – A WHO BENCHMARK TO REDUCE ALCOHOL AFFORDABILITY AND SAVE LIVES

Despite health taxation being one of the WHO best buys, it is the least implemented measure across the entire Region. It nevertheless has the potential to play a key role in achieving the goal of a 25% relative reduction in premature mortality from NCDs by 2025. Reducing alcohol affordability will save lives: this Signature Initiative therefore proposes a WHO benchmark for a minimum tax share in retail prices of alcoholic beverages. Country case studies illustrating the impact of increased taxation on unrecorded alcohol consumption, workforces and unemployment would be an important advocacy tool for undermining arguments that taxation does not yield health benefits. Multistakeholder dialogue through creating dialogue platforms with civil society and the finance and health sectors is also strongly desired, as they all play a key role in bringing taxation forward.

The main indicators of this Signature Initiative are that:

- by 2021, a scientific paper has been published in a high-impact journal;
- by 2022:
  - a standardized excise tax-share indicator for the WHO European Region has been created;
  - WHO guidance for minimal excise taxation for alcohol has been developed; and
- by 2025, 26 Member States (50%) have implemented alcohol taxation at a level of a minimum tax share of at least 25%.

THE BIG UNLOCK: HARNESSING THE POWER OF DATA AND DIGITAL HEALTH IN NCDs

Reliable, accurate and timely data are vital to support decisions. Digital health has tremendous potential to drive the fight against NCDs by providing support for monitoring risk factors, socioeconomic factors, and processes and outcomes in the management of NCDs. This Signature Initiative aims to propose a safe and ethical mechanism for data-sharing and build a comprehensive example of how digital health can be used for NCD surveillance, prevention and control. As in the Signature Initiative for CVD/hypertension, demonstration projects also feature in this Initiative.

The main indicators of this Signature Initiative are that:

- by 2021, a conference on big data, artificial intelligence (AI) and digital health for NCDs has been organized; and
- by 2023:
  - two innovative digital health/big data demonstration projects are underway;
  - a proposal has been developed for a safe, ethical and privacy-protecting mechanism for voluntary sharing of anonymized data related to NCDs.

The Signature Initiatives will also be useful in the development of the new global NCD implementation roadmap for 2023–2030. The Initiatives are at different stages of development, but each presents innovative solutions. While some of the steps, such as the network of first ladies/gentlemen on childhood obesity, are very specific, others feature in multiple Signature Initiatives (including building political support, multistakeholder dialogue and better surveillance). It is now time to pave the way to the NCD roadmap.
In conclusion, Dr Ferreira-Borges invited Council members to provide their inputs to the following questions.

- In building the roadmap:
  - What is the impact of the Signature Initiatives on the NCD agenda?
  - Which Signature Initiatives or elements of them are feasible and realistic?
- How can the Signature Initiatives be improved?
- What other resources/partners should be explored?
Dr Gauden Galea, WHO Representative to China, facilitated discussion on the proposed Signature Initiatives. The working groups have produced a very inspirational set of activities that would help to reduce the NCD burden. The challenge, however, is to stay grounded, and the meeting could be seen as an inflection point in the transition from a wish list to a roadmap.

**IMPACT AND FEASIBILITY OF PROPOSED SIGNATURE INITIATIVES: RANKING EXERCISE**

Mr Anton Nielsen Bjerg facilitated a ranking exercise using the Mentimeter tool. This exercise was not intended to be interpreted as a formal quantitative analysis. Rather, its aim was to prompt further reflection and discussion. Councillors were invited to answer the questions, “Which of the initiatives do you find the most impactful?” and “Which of the initiatives do you find most feasible?”

The Signature Initiative considered to have the most impact was greener cities, followed by data and digital health then childhood obesity. The Initiative considered most feasible was childhood obesity, followed by CVD/hypertension and salt reduction, then data and digital health. The results were plotted to show how they ranked for impact and feasibility (Fig. 2).

*Fig. 2. NCD Advisory Council ranking of proposed Signature Initiatives for impact and feasibility*

*There was a problem with the earlier version of the ranking plot – this version correctly reflects the Advisory Council ranking.*

Dr Galea invited Advisory Council Members to provide feedback on the results obtained.
COMMENTS ON THE RANKING EXERCISE METHODOLOGY

The difficulties in answering the questions, given the difference in scope and ambition of the steps included in the Initiatives, were acknowledged. There was lack of clarity about the meaning of "impact" and "feasibility" and whether they applied to specific steps in the Signature Initiatives or achievement of better health outcomes. The challenge of answering with objectivity also was acknowledged, given that many Advisory Council members have specific areas of expertise and interest.

Councillors were reminded that originally it had been suggested that the Signature Initiatives should be so-called low-hanging fruits for which results could relatively easily be achieved. At the same time, it was suggested that Signature Initiatives that do not rank high for feasibility should not necessarily be discontinued. It remains important to pursue results that would have a major impact on NCDs, and the roadmap should include creative, visionary objectives for the long term.

COMMENTS ON THE RESULTS OF THE RANKING EXERCISE

There was considerable concern about the low ranking for feasibility in relation to the Signature Initiative on greener cities. Recent progress has included an increasing number of cities banning circulation of exhaust-producing vehicles, shifting towards electric mobility and promoting walking and cycling. Many people may be more concerned about the future of the planet than about their own health. Concerns about environmental sustainability create a positive political environment for change and it is likely that great strides will be made in improving urban environments in the coming years. Lifestyle changes brought about by the COVID-19 pandemic have also created a supportive environment for change.

Some of the specific elements of the Signature Initiative — such as development of a checklist for mayors and other city leaders — clearly are feasible. It was acknowledged, however, that it will be challenging to obtain the necessary investment and ensure infrastructure development. There are many levels of decision-making in cities, particularly in very large cities (megalopolises), that can make it difficult to bring about change.

The Signature Initiative on childhood obesity had been ranked as the most feasible, but a note of caution was sounded: it should not be inferred that while it is feasible, it will be an easy issue to tackle. Childhood obesity is a complex, multifactorial health challenge, but there are grounds for optimism that this challenge can be addressed, and a scaling up of efforts clearly is required. It was noted that there is now even greater awareness of the importance of tackling this issue, given the links between obesity and severity of COVID-19 illness. The potential for several other Initiatives to have an impact on childhood obesity was also noted. Childhood obesity is a common denominator that lays the foundation for many NCDs later in life, so tackling it should be a priority. It was suggested that now is a very good time to drive progress on the foundational issue of childhood obesity.

It was suggested that for some middle- or low-income countries the Signature Initiative on hypertension and salt would have the most impact and be the most feasible, followed by childhood obesity.
GENERAL COMMENTS ON THE SIGNATURE INITIATIVES

Interlinkages between the Signature Initiatives and the potential for synergies emerged strongly from the discussion. It was suggested that all the Initiatives are interlinked to some extent – indeed, some are sufficiently interlinked to be considered cross-cutting themes. The next steps should be fully to identify the interlinkages and synergies between the steps of the Initiatives, then work out how, in concrete terms, the Signature Initiatives can be linked and harmonized.

There was a reminder that the earlier discussions had emphasized countries’ need for support on how to implement policies and how to build political will for their implementation, rather than receiving more guidance on which policies to implement.

It was noted that the final evaluation of the Initiatives and the roadmap would relate to reducing NCDs, and that success will be measured by reduction in deaths and disability-adjusted life-years. The current goals of some of the Signature Initiatives, it was suggested, are not sufficiently linked to these final outcomes and the timeline of the roadmap; the focus for each working group therefore should be on achieving more tangible results in terms of morbidity and mortality. Data on the burden of disease associated with NCDs and the potential health impact of the Signature Initiatives were highlighted as being very important to informing decisions about the Signature Initiatives and the roadmap (see alcohol, below). It was suggested that these data (and a logic model for the generation of estimates) are needed especially for the four Signature Initiatives relating to childhood obesity, alcohol, greener cities and hypertension/salt, but are less relevant for the digital marketing and data and digital health Initiatives.

In addition, there were some comments on specific Signature Initiatives.

- **Greener cities** – it was noted that many tools already are available for this Signature Initiative, but there is a gap in communicating the concrete health co-benefits with mayors and city leaders. It was suggested that European Union (EU) resilience and recovery funding could potentially provide investment. The potential benefits of partnering with other professional groups (such as architects and behavioural insight experts) was highlighted, given the importance of supportive environments and psychological rewards, and partnerships with local authorities. The Daily Mile initiative in St Ninian’s School in United Kingdom (Scotland) was cited as an example of an intervention that combined these aspects.

  The potential to leverage the benefits of using innovative molecular techniques such as genomics, metabolomics and exposomics with population studies was highlighted. The problem of heat islands in urban areas was suggested as one parameter of the health of cities that is easily measurable by heat maps. Many other digital tools exist to enable measurement of, for example, transportation/mobility habits and pollution, so there is clear synergy with the data and the digital health Initiative. Links with the EU “Farm to fork” strategy, part of the EU Green Deal, which also covers connections between human health and climate, were highlighted.7

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6 The Daily Mile programme was developed to normalize physical activity to ensure healthy lifestyle habits are developed and passed down to future generations, relieving health-care systems all over the globe.

7 Comment received by email after the meeting.
• **Data and digital health** – as with greener cities, this Initiative presents an opportunity to work with new partners and engage citizens. It will be important to engage with these stakeholders.

• **Digital marketing** – it was suggested that this is relevant to all the Initiatives and could be seen as a cross-cutting issue. The potential impact of actions in this Initiative on childhood obesity was emphasized, and aspects other than advertising – such as gamification and influencer-marketing, which entail longer engagement with children – were highlighted. Many solutions have been identified, but political will for their implementation often is lacking. It was pointed out that adoption of regulatory initiatives, rather than self-regulatory pledges, to ban advertising of unhealthy food to children is feasible and does not require large investment. It was suggested that digital marketing and overuse of steroids and food supplements among young people participating in sports and competition in another growing problem.7

• **Alcohol** – the modelling work completed for this working group to enable it to estimate the health impact was cited as a good example of how to approach revision of the Signature Initiatives. Estimates of health impact provide strong backing for governments that want to implement measures.

• **Hypertension and salt reduction** – establishing blood pressure measurement during all primary care consultations would be very feasible if general practitioners and other primary care professionals were made aware of its importance and were provided with clinical guidelines.

It was suggested that the European Society of Cardiology (ESC)/European Association of Preventive Cardiology (EAPC) could help with implementation of many of the Signature Initiatives, as the Initiatives align very well with ESC/EAPC priorities.8

In summary, Dr Galea noted that the ranking exercise had provoked discussion and that, in general, the Councillors had pushed back against the notion of competition between Signature Initiatives to emphasize the interlinkages and potential for synergies. It was also noted that they had highlighted the potential for seeking new partnerships and resources, a key element in fostering implementation. Further development of the logic model and consideration of its potential impact are considered necessary. Foundational steps across multiple Signature Initiatives have been emphasized as important, while the desire to exploit the opportunities of new scientific technologies (such as exposomics) remains. Planetary health and the fall-out of the COVID-19 pandemic repeatedly were emphasized as important strands of the current context for NCD reduction. Further work to identify the synergies and commonalities is needed in the short term to be able to develop a roadmap that is not based on six vertical programmes developed through a silo approach, but rather on interwoven programmes and foundational activities, logic models and overall criteria for achievement.

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7 Comment received by email after the meeting.

8 Comment received by email after the meeting.
Dr Ferreira-Borges thanked the participants for their input and invited Advisory Council members to provide further feedback on the Signature Initiative documents, particularly in light of the meeting discussion, by email.

Dr Kluge noted that tackling NCDs means achieving a delicate balance between ambition and realism. He reminded participants that there is a need for disruptive thinking coupled with transformative action, while taking care not to undermine effective approaches that already exist. There is always a need to prioritize, but this is a difficult challenge for WHO, given the often competing and conflicting priorities of Member States. The NCD Advisory Council therefore has an important role in supporting prioritization.

There has been much progress since the first Advisory Council meeting, and it will be helpful for the Council to meet again and further tap into the synergies between the Signature Initiative areas.

Dr Kluge thanked the NCD Advisory Council members for their contributions and the WHO Secretariat for all its work on the Signature Initiatives and organizing the meetings. He also expressed sincere gratitude to the Russian Federation for its ongoing support of WHO’s work on NCDs, which enables WHO to remain at the forefront of efforts to reduce NCDs.

It remains unacceptable that nine out of 10 people in the European Region die because of NCDs. It is also unacceptable that cancer mortality will increase because of disruption to cancer screening due to COVID-19, cases of which recently have started to increase again after weeks of declining case numbers. He concluded the meeting with an appeal for NCD Advisory Council members to continue with their efforts and input into the development of the roadmap.
ANNEX 1. PROGRAMME

Thursday 1 July 2021 (13.00–14.30 CEST)

PROVISIONAL PROGRAMME

13:00–13.05  Welcome and opening address  
Dr Hans Henri P. Kluge, WHO Regional Director for Europe

13.05–13.15  The proposed Signature Initiatives of the NCD Advisory Council  
Dr Carina Ferreira Borges, Head a.i., WHO European Office for the Prevention and Control of Noncommunicable Diseases

13.15–14:20  Moving forward on the NCD Signature Initiatives: discussion and views from the Council  
Facilitator: Dr Gauden Galea, World Health Organization, China

14:20–14:25  Final reflections  
Dr Carina Ferreira Borges, Head a.i., WHO European Office for the Prevention and Control of Noncommunicable Diseases

14:25–14:30  Closure  
Dr Hans Henri P. Kluge, WHO Regional Director for Europe
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The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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