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

Virtual meeting 23 November 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. To intensify efforts to tackle these diseases, the WHO Regional Director for Europe established an Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council) in December 2020. The Council brings together renowned experts on NCDs and representatives of special interest groups. In the period between December 2020 and July 2021, the Council met three times and, through specific working groups, developed a new energized roadmap for reducing NCDs in the Region, based on a set of six Signature Initiatives. 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. Based on these Initiatives, the draft roadmap proposed actions to increase engagement or accelerate progress by innovating, advancing knowledge or developing new tools. At the fourth meeting of the Advisory Council on 23 November 2021, the key priorities of each Signature Initiative and the priority actions required to achieve impact at country level were presented, and Council members discussed how to take the Initiatives forward and defined next steps.

Keywords
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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 three meetings of the Advisory Council were held virtually between December 2020 and July 2021. In these meetings, 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. At the third meeting, more detailed concept notes for the six Signature Initiatives were discussed and the Council members emphasized the importance of identifying synergies between Signature Initiatives and with other initiatives.

The fourth meeting of the Advisory Council was held virtually on 23 November 2021. Twelve members of the Advisory Council participated, along with four observers and staff from the WHO Regional Office for Europe and WHO country offices.

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1 First meeting of the Regional Director’s Advisory Council on Innovation for Noncommunicable Diseases: virtual meeting, 14 December 2020; meeting report. Copenhagen: WHO Regional Office for Europe; 2021 [https://apps.who.int/iris/handle/10665/339903, accessed 26 February 2022].
3 Third meeting of the Regional Director’s Advisory Council on Innovation for Noncommunicable Diseases: virtual meeting, 1 July 2021; meeting report. Copenhagen: WHO Regional Office for Europe; 2021 [https://apps.who.int/iris/handle/10665/349291, accessed 26 February 2022].
4 See Annex 1 for the programme.
5 See Annex 2 for the list of participants.
PRESENTATIONS ON THE SIGNATURE INITIATIVES

Dr Carina Ferreira-Borges, Director a.i., Noncommunicable Diseases, WHO Regional Office for Europe, introduced the session with working group presentations on each of the six Signature Initiatives. The aims of the session were to understand the key priorities of each Initiative and to better understand how the Initiatives will have an impact on reducing the NCD burden at country level.

ALCOHOL – RAISING THE UNTAPPED POTENTIAL OF HEALTH TAXES FOR ALCOHOL IN THE PAN-EUROPEAN REGION

Professor Franco Sassi, Imperial College London, United Kingdom, presented an overview of the Signature Initiative on alcohol and health taxes on behalf of the working group.

This Signature Initiative focused on taxation because most Member States already tax alcohol to some degree, although not always following a rationale to yield public health benefits. In addition, taxes are often small and inconsistently applied between and within Member States. Importantly, they are not always regularly adjusted for inflation and therefore lose their capacity to influence behaviour of populations and individuals over time, as they account for a decreasing share of income. The effect of taxes is often offset by subsidies on particular alcoholic drinks (such as wine or beer).

There are three key principles underpinning health taxes.

- Though health taxes are meant to act as an incentive for behaviour change, they need to be large enough to motivate the desired change. For taxes to account for a meaningful proportion of alcohol prices, the Signature Initiative is recommending a minimum tax share of 25%.
- Consumption choices are complex, and any change will have knock-on impacts. Taxes therefore must be designed to limit opportunities for unwarranted substitutions. One way to address this issue is to equalize price per unit of alcohol across beverages.
- Manufacturers and retailers can easily manipulate prices. The sale of very cheap alcohol should be prevented, no matter the tax share. It is recommended, therefore, that taxation be combined with regulatory policies (such as minimum unit pricing and a ban on price promotions).

The key priorities of the Signature Initiative are as follows:

- recommend a minimum tax share for alcohol prices, as previously described;
- create a platform to share experiences and enhance cross-cutting synergies in health taxation (alcohol, tobacco, sugar and sugar-sweetened beverages) to inform the public and gain public support;
- create a thinktank group of former ministers of health and finance and high-level experts to leverage the untapped potential of taxes for better health and address concerns such as unrecorded consumption; and

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*Advisory Council members: Professor Jürgen Rehm, Professor Franco Sassi, Professor Aurelijus Veryga, Professor Maxim Yermalovich.*
develop a network of focal points in ministries of finance and create a sustainable exchange platform with focal points from ministries of health and partner organizations like the Organization for Economic Cooperation and Development (OECD).

Impact at country level will be achieved by increasing the mean tax share. The working group has already modelled the impact of increasing the tax share of alcohol pricing and a paper has been accepted for publication in *The Lancet Regional Health Europe*. The results suggest that a substantial proportion of alcohol-attributed deaths can be averted by implementation of this Signature Initiative.

Other activities already developed under this Signature Initiative include webinars, meetings and seminars, and a capacity-building workshop in Kazakhstan.

In conclusion, a health rationale for taxation requires an appropriate tax design, but alcohol taxation is one of the most complex areas of consumption taxation. Current taxes are poorly designed and often do not provide meaningful incentives from a public health perspective. This Signature Initiative can therefore stimulate debate on appropriate alcohol taxation.
CHILDHOOD OBESITY – ENSURE A HEALTHIER FUTURE FOR EUROPE’S CHILDREN BY TACKLING CHILDHOOD OVERWEIGHT AND OBESITY

Professor Sanja Musić Milanović, Medical School of the University of Zagreb and Croatian Institute of Public Health, Croatia, presented the Signature Initiative on childhood obesity on behalf of the working group.7

Currently, awareness of obesity as a public health issue is high, but it needs to be higher on the political agenda, both as a risk factor for other diseases and to ensure obesogenic environments are addressed. The key priorities of the Signature Initiative are to:

- halt or reverse the increase in childhood overweight or obesity;
- increase engagement on childhood obesity at different levels; and
- propose novel ways to bring new voices and ideas to the table and to disseminate knowledge and best practices.

A phased implementation is proposed, as it is unrealistic to start all activities simultaneously. The first steps for achieving impact at country level include:

- setting up a network of first ladies/first gentlemen to lobby in favour of actions to prevent and tackle childhood obesity and the creation of a high-level forum on childhood obesity;
- based on data from the WHO European Childhood Obesity Surveillance Initiative (COSI), organizing national-level obesity dialogues with multiple stakeholders covering all areas mentioned in the report of the WHO Commission on Ending Childhood Obesity;8 and
- reformulating food products, labelling of food and beverages and imposing regulations on marketing, including in the digital marketing field, to tackle unhealthy retail environments.

Further steps, to be undertaken in a second phase, include:

- establishing national intersectoral commissions on elimination of childhood obesity under the auspices of the highest leadership of the country;
- collecting scientific papers/briefings on the importance of childhood obesity;
- developing an educational programme on childhood obesity focusing on clinical management; and
- supporting early life nutrition with a focus on breastfeeding and complementary foods.

By implementing this Signature Initiative step-by-step, the intention is that it may be possible to not only halt, but also to reduce, the prevalence of childhood obesity in the European Region.

7 Advisory Council members: Ms Birgit Beger, Professor Sergey Boytsov, Professor Stefano Del Prato, Dr Nathalie Farpour-Lambert, Ms Monique Guyens, Professor Sanja Musić Milanović, Professor Franco Sassi, Professor Benôit Vallet.

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CARDIOVASCULAR DISEASE (CVD) BURDEN – REDUCE INEQUALITIES IN CVD BURDEN AND HIGH BLOOD PRESSURE PREVALENCE THROUGH IMPROVING HYPERTENSION CONTROL IN PRIMARY CARE AND IMPLEMENTING SALT-REDUCTION STRATEGIES

Dr Jill Farrington, WHO Regional Office for Europe, presented an overview of the Signature Initiative related to reducing CVD burden through improved hypertension control and salt reduction on behalf of the working group.9

The key priorities of the Initiative are:

- developing a focused, population-level and individual-level approach through a combination of improving hypertension control in primary care and implementing salt-reduction strategies;
- engaging with high-burden countries;
- tailoring to context through a menu of options, including intercountry and within-country components (resource-dependent);
- forging United Action for Better Health partnerships by:
  - bringing together the relevant councillors, WHO collaborating centres and WHO-accredited non-state actors on CVD, diabetes and salt reduction to support implementation;
  - ensuring meaningful engagement of people with hypertension (and diabetes) in the design and implementation of demonstration projects within countries; and
- closing the gender gap and east–west gap for CVD burden /blood pressure prevalence.

Regarding the last point, the gender gap can be seen at each stage of the hypertension cascade in the Region. Hypertension is more prevalent among male adults aged 30–79 years (40.4% versus 33.4%), while females are more likely to have had a previous diagnosis of hypertension (71.5% versus 61.4%), be receiving treatment (58.5% versus 48.1%) or have their hypertension controlled (29.4% versus 23.4%). Similarly, there are major differences in hypertension prevalence between countries in the Region – prevalence in Belarus, for example, is more than twice the prevalence in Switzerland.

The approach will be to invite high-burden countries to attend a launch event to introduce the Signature Initiative and to identify countries that are interested and ready to proceed, then provide these countries with a menu of options. Participation will depend on countries’ capacity and willingness to get involved. Intercountry events on hypertension and on salt will be held and in-country demonstration projects will be set up. The Initiative will build on existing WHO tools and other work that is already underway.

To achieve impact at country level, the Initiative will have the following deliverables:

- WHO European regional report on hypertension (prevalence, treatment and control), including gender/inequalities (2022);
- country profiles (2022–2023);
- country case studies (2022–2023);
- intercountry consensus meeting on hypertension guidelines (2022); and

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9 Advisory Council members: Professor Rifat Atun, Ms Birgit Beger, Professor Sergey Boytsov, Dr Jen Cohn (Dr Tom Frieden), Professor Paul Dendale, Dr Nathalie Farpour–Lambert, Professor Amiran Gamkrelidze.
• country demonstration projects in reducing CVD burden through hypertension control (including for people with diabetes) and salt reduction, with implementation research (2022–2024).

The Initiative’s impact will be assessed according to the following indicators of progress. By 2025:

• participating Member States will have implemented the key elements of a salt-reduction strategy;
• participating Member States will have demonstrated a reduction in average population sodium intake using the gold-standard 24-hour sodium urinary excretion methodology; and
• participating Member States will have demonstrated progressive improvement in hypertension cascade analysis by identification, treatment and control of hypertension as measured through clinical audit, health-care information and/or STEPwise surveys.

Professor Paul Dendale, European Society of Cardiology (ESC), added some comments and highlighted that the ESC and the European Association of Preventive Cardiology are ready and willing to help achieve these deliverables. One example of this could be supporting the establishment of links between high-burden countries and best-practice countries that have managed to reduce prevalence.

Ms Birgit Beger, European Heart Network (EHN), also added some reflections. The EHN appreciates the population-based approach of this Signature Initiative, the importance of changing policies as well as aiming to change behaviour, and the close link to the childhood obesity Initiative. Front-of-pack labelling was highlighted as an important tool to change the food environment and motivate food manufacturers to reformulate their products to reduce salt levels. The gender-specific approach of the Initiative is also welcome. EHN stands ready to help by sharing success stories and building alliances.
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The key priorities are to leverage use of data and digital technologies to tackle NCDs and achieve sustainable change over time, and increase uptake of recommended interventions in the area of NCD surveillance.

The key deliverables for achieving impact at country level include:

- by 2021, tackling NCDs through the digital solutions conference (Digital4NCD conference) with the aims of:
  - taking stock of developments: good practices at country level in use of digital technologies to tackle NCDs and selected examples from other stakeholders;
  - exploring how WHO can best support countries; and
  - paving the way for the other two deliverables;
- by 2023, implementing two innovative digital health/big data demonstration projects for monitoring, prevention and management of NCDs and developing a proposal for a safe, ethical and privacy-protecting mechanism for sharing of anonymized NCD data; and
- by 2024, and drawing on the first two deliverables, deploying a reference implementation example of digital health of for NCDs, with results, best practices and lessons learnt being made public.

In the build-up to the conference in December 2021, several other activities were programmed. These included the WHO Regional Office for Europe:

- hosting an expert meeting on video games and noncommunicable diseases called “Exploring future opportunities and challenges” on 15–16 November 2021;
- launching the WHO European NCD Dashboard on 22 November 2021; and
- holding a webinar on “Improving digital food environments: why do we need to act now?” on 7 December 2021.

Other products in preparation include:

- conducting a systematic review of scientific literature on use of big data and artificial intelligence (AI) for NCDs since the start of the COVID-19 pandemic, prepared jointly with the International Association for Medical Informatics using an AI tool for analysis;
- collecting data on disruption to NCD services due to COVID-19 as of September/October 2021, potentially including a comparison with May 2020, if possible;
- carrying out a stocktake to assess whether the Region and Member States are on track to reach NCD targets in Europe 10 years after the Moscow Declaration; and
- collecting preliminary data on levels of implementation of recommended NCD progress monitor indicators in 2021.

Advisory Council members: Professor Rifat Atun, Ms Birgit Beger, Ms Mariona Borell Arrasa, Professor Adalberto Campos Fernandes, Professor Stefano Del Prato, Professor Paul Bendale, Professor Amirian Gamilreidez, Ms Monique Goyens, Dr Iveta Nagyova, Professor Jürgen Rehm, Professor Franco Sassi, Professor Benoit Vallet.
DIGITAL MARKETING – PROTECT CHILDREN AND YOUNG PEOPLE FROM EXPOSURE TO UNHEALTHY PRODUCTS IN DIGITAL CONTEXTS

Ms Monique Goyens, the European Consumer Organisation (BEUC), presented the digital marketing Signature Initiative on behalf of the working group.\(^1\)

The key priorities are to:

- protect children from exposure to marketing of unhealthy products, including foods high in fats, sugars and/or salt, alcohol and tobacco;
- monitor marketing exposure of children; and
- implement mandatory restrictions on digital marketing (including brand marketing).

A number of activities are proposed to achieve impact at country level:

- developing a clear roadmap for legislation and legal frameworks for restricting digital marketing to children, as it is clear that industry self-regulation does not deliver;
- developing and implementing national and international frameworks;
- facilitating country-level dialogues to build an ambitious agenda for policy action; and
- fostering political engagement for protecting the most vulnerable groups from harmful digital marketing practices for unhealthy products.

In addition, it is very important that governments work collaboratively on legislative arrangements to robustly tackle the merged repertoires of marketing channels, techniques and platforms (including social media influencers) and to regulate user-generated content, communication-sharing and consumer engagement.

This is a priority issue for BEUC, which published a report on digital marketing of food to children in September 2021.\(^2\) This report described how children are exposed, from morning to night, to digital marketing on their phones, tablets and laptops, and that parents are unable to control what children see.

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\(^1\) Advisory Council Members: Ms Birgit Beger, Ms Mariona Borell Arrasa, Ms Monique Goyens.

Air pollution is a major environmental risk factor for NCDs, and multisectoral actions and multilevel governance are needed to reduce air pollution and prevent negative health impacts. This Signature Initiative aims to enhance Member States’ development of national cycling policies, strategies and/or programmes.

The key priorities are to:

- support Member States to develop conditions for safe non-motorized transport;
- promote cycling and walking in cities to deliver multiple benefits through improving air quality, reducing noise, reducing risk of road-traffic injuries and overall promote conditions that are more conducive to practising physical activity outdoors;
- provide support for regional, subregional and national networks and exchange platforms, enhancing the knowledge base and developing evidence-based materials for city authorities and leadership; and
- build on the experiences and framework created by the Transport, Health and Environment Pan-European Programme (THE PEP) platform.

THE PEP aims to strengthen intersectoral collaboration to achieve green, healthy transport and mobility for all in Europe. A plan with Member State commitments was adopted at the first high-level meeting in May 2021. This presents a very good opportunity to define the indicators for the Signature Initiative, as they are anchored in the commitments of the THE PEP policy.

To achieve impact at country level, a variety of activities has been proposed. These include:

- making multilevel communication and advocacy efforts on the public health benefits of green and sustainable urban development;
- sharing success stories and best practices;
- supporting intersectoral policy dialogues to strengthen capacities and promote uptake of tools and other instruments relating to transport, environment and health;
- conducting studies on the impact on NCDs of policies relating to clean air;
- modelling the impact of good practice examples of green urban interventions;
- developing high-quality indicators for greener cities, including the need for concerted action on multiple elements; and
- developing evidence-based materials on greener cities for city authorities and leadership.

It is important to strengthen the connections between the Signature Initiatives and with other related initiatives, taking into account learning on behavioural insights, making use of existing platforms and promoting intersectoral dialogues.
REGIONAL DIRECTOR’S ADDRESS

Dr Hans Henri P. Kluge, WHO Regional Director for Europe, warmly welcomed Advisory Council members and other participants to the fourth meeting. On behalf of the Regional Office, he thanked the councillors for their continued commitment and ability to drive innovation in NCDs and congratulated them on the progress achieved so far.

The Council has passed a notable milestone by defining the priority actions and indicators in the draft roadmap and the Signature Initiatives, which will enable the realization of rapid, tangible impacts at Member State level.

The roadmap remains a living document and it is now time for the Secretariat to reflect on how to take forward the Signature Initiatives and to further explore links with WHO’s European Programme of Work. It will be important to make sure that synergies between the different proposed initiatives are maximized. There will also be an opportunity to discuss these issues in more depth with some councillors during the Digital4NCD conference in December.

MOVING FORWARD: DISCUSSION AND VIEWS FROM THE COUNCIL

Dr Gauden Galea, WHO Representative to China, facilitated discussion on how to progress the Signature Initiatives. Councillors’ enthusiasm for taking these Signature Initiatives forward is impressive. The Initiatives comprise a combination of technical, political and enabling interventions. It is now important to identify which partners can be brought in to support this work and to consider the ongoing role of the Advisory Council in 2022.

COMMENTS ON THE SIGNATURE INITIATIVES

In relation to the Signature Initiative on CVD (hypertension and salt), the important link with obesity was highlighted, given that a proportion of hypertension prevalence is attributable to obesity and the importance of people with obesity receiving early identification and control of hypertension.

The focus within multiple Signature Initiatives on commercial determinants of health was welcomed.

The potential to use the co-benefits of action on climate for health and the environment was stressed, and it was suggested that there could be greater emphasis on these co-benefits going forward. A stronger emphasis on e-mobility to lower the barriers to physical activity was also proposed, as there is emerging evidence that oxygen uptake when using an e-bike is almost comparable to that of using a regular bike because of the ways the e-bikes are used (commuting distances of 5–10 km). A note of caution on e-mobility was expressed, however, given the energy consumption of e-vehicles. There is a need to bear in mind that electricity generation usually has a cost to carbon budgets and, eventually, to health. An emphasis on increasing walking and cycling in urban environments would be preferable.
Another important area with co-benefits is healthy, sustainable diets, and this is already a workstream for WHO in the Region.  

The focus on engagement with medical students and future health professionals was also welcomed. The potential to conduct a pilot intervention was noted, with the ESC having good connections with the Belgian medical students’ association.

The importance of assessing the efficacy of all the Initiatives by using the defined progress indicators was emphasized. The potential to make more use of science relating to omics (such as genomics and metabolomics) was also stressed. The inclusion of insights on behavioural science in some Signature Initiatives was welcomed, and links to the WHO Behavioural and Cultural Insights flagship will be particularly important going forward.

There was a reminder that it is important to bear in mind the big picture of multiple networks affecting NCDs and for actions to be guided by a hypothesis-driven logic model. It was noted that the draft roadmap is now clearer on the synergies between Signature Initiatives and how different elements can come together.

The European Public Health Association congress was suggested as an opportunity to disseminate information about the Signature Initiatives and the roadmap. Potential collaboration through the congress and/or a specific journal supplement should be explored.

Dr Galea thanked Council members for their further input into this excellent collaboration, and again congratulated all involved in the work achieved so far.

**FINAL REFLECTIONS**

Dr Ferreira-Borges thanked the Council members who had agreed, at short notice, to present their Signature Initiatives and for having presented such diverse, yet interlinked, priorities for each. These will certainly contribute to achieving tangible impact at country level and support delivery of the targets of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025.

It is encouraging to see the interlinkages emerging more clearly and further ideas for next steps being generated. Delivering the targets in the roadmap will only be possible if all involved are committed to taking this work forward together.

In the coming months, the NCD roadmap – which will remain a living document – will be operationalized, focusing on keeping a realistic balance between ambition and implementation. The contributions of councillors and support of the Council will be important at every step of the road.

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14 Healthy and sustainable diets: key workstreams in the WHO European Region. factsheet 2021. Copenhagen: WHO Regional Office for Europe; 2021 [https://apps.who.int/iris/handle/10665/340295, accessed 26 February 2022].
CLOSING ADDRESS

Dr Kluge thanked and congratulated the Council for having achieved the milestone of defining priority actions and indicators in the roadmap.

To recap, the roadmap has two objectives. One is closing the gap between knowledge and implementation through evidence-based practices and tools to boost implementation. The other is fostering innovation and leveraging resources through partnering with external institutions and stakeholders.

It is now important to move forward, taking into account which actions can have the greatest impact. Many things are already happening, such as the publication of a scientific article in *The Lancet Regional Health Europe* on advancing alcohol taxation, developing a new partnership with the WHO Region of the Americas and the forthcoming conference on digital health for NCDs. Initiatives like these, in turn, inspire greater commitment to act.

The Council can count on the Regional Director’s ongoing commitment to this work. The Region is experiencing a difficult period with the ongoing COVID-19 pandemic. Nonetheless, it remains the case that nine out of 10 people in the Region die because of NCDs. That is why it is important to stay steadfast and determined, and hold on to the ambition expressed at the outset of this process.
ANNEX 1. PROGRAMME

Virtual meeting (Zoom) Tuesday 23 November 2021 14:00–15:30 CEST

14:00–14:05 Welcome and opening address
Dr Hans Henri P. Kluge, WHO Regional Director for Europe

14:05–15:05 Presentations on the Signature Initiatives (10 minutes per group)
- Alcohol (Raising the untapped potential of health taxes for alcohol in the pan-European region)
- Childhood obesity (Ensure a healthier future for Europe’s children by tackling childhood overweight and obesity)
- CVD burden (Reduce inequalities in CVD burden and high blood pressure prevalence through improving hypertension control in primary care and implementing salt-reduction strategies)
- Data and digital health (The big unlock: harnessing the power of data and digital health in NCDs)
- Digital marketing (Protect children and young people from exposure to unhealthy products in digital contexts)
- Greener cities (Improving air quality through urban planning to support cycling, walking and sustainable transport)

Facilitator: Dr Carina Ferreira Borges, Director a.i., Noncommunicable Diseases, Division of Country Health Programmes, WHO Regional Office for Europe

15:05–15:20 Moving forward: discussion and views from the Council
Facilitator: Dr Gauden Galea, WHO Representative to China

15:20–15:25 Final reflections
Dr Carina Ferreira-Borges, Director a.i., Noncommunicable Diseases, Division of Country Health Programmes, WHO Regional Office for Europe

15:25–15:30 Closing address
Dr Hans Henri P. Kluge, WHO Regional Director for Europe
ANNEX 2. PARTICIPANTS

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

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and
European Society of Cardiology

Nathalie Farpour Lambert
Past-President
European Association for the Study of Obesity

Gauden Galea
WHO Representative
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Monique Goyens
Director General
The European Consumer Organisation

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² Veronika Skvortsova was represented at the meeting by Daria Kryuchko and Sergey Kiparisov, Federal Medical–Biological Agency, Russian Federation.
³ Benoît Vallet was represented at the meeting by Hinde Tizaghti, Regional Health Agency Hauts-de-France, France.
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