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REGIONAL OFFICE FOR **Europe**

Second Moscow training course  
on the prevention and control of NCDs  
in countries of central Asia and eastern Europe

18–23 April 2016,  
Moscow, Russian Federation

## **TRAINING COURSE REPORT**

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## Abbreviations

|             |  |
|-------------|--|
| COSI        | WHO European Childhood Obesity Surveillance Initiative     |
| EU          | European Union   |
| GATS        | Global Adult Tobacco Survey                                |
| GYTS        | Global Youth Tobacco Survey                                |
| HBSC        | Health Behaviour in School-aged Children study             |
| NCDs        | Noncommunicable diseases                                   |
| NCD Project | WHO European Project on the Prevention and Control of NCDs |
| STEPS       | WHO STEPwise approach to Surveillance                      |
| UN          | United Nations   |
| UNDAF       | United Nations Development Assistance Framework Assessment |
| WHO         | World Health Organization                                  |
| WHO FCTC    | WHO Framework Convention on Tobacco Control                |
| WHO PEN     | WHO Package of Essential NCD Interventions                 |

## Preface

Regional action is under way to ensure that all countries of the World Health Organization (WHO) European Region:

- set up sustainable systems to achieve the United Nations (UN) General Assembly time-bound commitments for noncommunicable disease (NCD) prevention and control and the relevant Health 2020 targets<sup>1</sup>;
- achieve this on the basis of domestically generated resources; and
- demonstrate results in reduced risk and better disease control over the next two to five years.

Member States have made significant progress in the field of prevention and control of NCDs: mortality from cardiovascular diseases is declining, there is a clear tendency in reducing the prevalence of smoking, and alcohol consumption is also steadily decreasing. However, there are also a number of persisting challenges: the prevalence of obesity among the population is increasing, physical activity level remains low and there remains high rates of cancer and endocrinological diseases. Thus, training of experts responsible for implementing the national policy in the field of prevention and control of NCDs and continued capacity building in this area is a priority.

The second Moscow training course on the prevention and control of NCDs was held within the plan of capacity building activities of the Project on the Prevention and Control of NCDs of the Division (NCD Project) of the WHO Regional office for Europe.

Ensuring coherence with the provisions of Health 2020 and implementation of the WHO Global Action plan for the prevention and control of NCDs (2013–2020)<sup>2</sup>, as well as the more recently adapted European Action Plan (2016–2025)<sup>3</sup>, such training activities do not only raise national capacity, leadership, intersectoral action, but also adapt the best practices and recognized international material into the Russian language and Russian-speaking cultural context. Engaging participation from all countries of the eastern European and central Asian subregion<sup>4</sup>, capacity building activities serve as a unique platform and a tool to further promote national expertise in the area of NCD prevention and control, as well as strengthen networks for Russian-speaking countries, such as the already established community of practice.<sup>5</sup>

This training course is the continuation of joint international educational activities between the WHO Regional Office for Europe and leading specialized training and research centres of the Russian Federation, which began in 2014 with the launch of the first Moscow training course on NCD prevention and control, in which participated 23 health policy-makers from nine countries of the subregion.

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1 Health 2020 European policy framework and strategy for the 21st century. (Regional Committee resolution EUR/RC62/9)  
2 WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (World Health Assembly resolution WHA66.10)  
3 European Action Plan for the prevention and control of NCDs 2016–2025 (Regional Committee resolution EUR/RC66/11)  
4 Twelve countries of eastern Europe and central Asia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.  
5 Prevention and control of NCDs in Central Asia and Eastern Europe: assessment of progress and proposals for the next two years. Meeting report, Bad Gastein, 1–3 October 2014. Copenhagen: WHO Europe; 2014 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0017/270170/Prevention-and-control-of-NCDs-in-Central-Asia-and-Eastern-EuropeGastein\\_ENG.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0017/270170/Prevention-and-control-of-NCDs-in-Central-Asia-and-Eastern-EuropeGastein_ENG.pdf?ua=1), assessed 10 April 2016).

## I. Introduction to the training course

The second Moscow training course on the prevention and control of NCDs was held on 18–23 April 2016 in Moscow, Russian Federation, organized by the WHO Regional Office for Europe and the WHO Collaborating Centre on training and education of health policy-makers in prevention and control of NCDs based at the Higher School of Health Administration of the I.M. Sechenov First Moscow State Medical University, with the support of the Ministry of Health of the Russian Federation.

The course gathered 29 participants of 11 countries of central Asia and eastern Europe: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, and Uzbekistan. A full list of participants is available in Annex 1.

The course was launched with an official ceremony hosted by the Rector of the First Moscow State Medical University, Dr Pyotr Glybochko. Welcoming speeches were made by Dr Igor Kargamanyan, First Deputy Minister of Health of the Russian Federation and Dr Gauden Galea, Director of the Division of Noncommunicable Diseases and Health Promotion across the Life-course.

### I.1 Course modules

The course was designed as a six-day training programme covering four modules towards:

- setting up and/or strengthening a sustainable programme for the prevention and control of NCDs based on national resources;
- setting up and/or strengthening a system of NCD surveillance capable of assessing progress towards the UN time bound commitments (2018) and the Sustainable Development Goals (2030);
- making progress on population risk reduction with measurable results; and
- making progress on clinical preventive and high-risk approaches to the control of NCDs.

## 2. About the course

This training course was designed to support health policy-makers and managers responsible for national NCD programmes from countries of the WHO European Region in their effort to implement the package of 15 priority interventions for the prevention and control of NCDs. The six-day programme allowed countries to share the lessons learnt on the ground and their main vision on how to strengthen the national response to NCDs.

### 2.1 Course structure

The entire programme was built around the 15 interventions of the country package (see Box 1) and aligned to WHO strategic documents and frameworks in the area of preventing and controlling NCDs focused on:

- assessment of progress implementing the country package;
- exchange of national achievements and results;
- analysis of barriers, obstacles and difficulties in implementation; and
- development of recommendations and next steps for national health systems to strengthen their integrated approach to the prevention of NCDs throughout the life-course.

The interactive training course programme consisted of lectures, round tables and moderated discussions. As part of the group work course participants developed presentations containing a set of cross-sectoral measures aimed at overcoming barriers and difficulties in the implementation of the country package interventions.

The course included two demonstrations of best practices from the Russian Federation, one of which presented the successful tobacco quit line based at the St. Petersburg Research Institute of Phtisiopulmonology. The second introduced the Russian population-based cancer register, based at the National Medical Radiological Research Center of the Ministry of Health of the Russian Federation. Through a live video connection with three federal subjects of the Russian Federation course participants were demonstrated the reporting mechanisms for statistical data on morbidity in children and adults to the federal cancer register according to the International Classification of Diseases for Oncology.

The course concluded with a final evaluation by the participants, which illustrated that the course was of high quality and all participants achieved their training goals.

The programme of the course is presented in Annex 2.

### **Box 1. The country package of 15 interventions**

In the planning of the NCD work with countries, the WHO Regional office for Europe is concerned with concrete deliverables and implementation of a package of interventions in the prevention and control of NCDs, a package that is consistent with evidence and mandates, adapted to national needs and circumstances, implemented using national resources in a sustainable fashion, and evaluated to show an impact on the risk factors and burden of NCDs and an improvement in health status as a result.

The success of this country package will be demonstrated on three dimensions.

- At national level, the NCD burden will decline both at national level as well as within lower socioeconomic groups: both absolute and relative indicators of NCD mortality, morbidity, and risk will improve.
- At Regional level, this will be compliant with the provisions of Health 2020, including evidence of improved participatory governance and reduced inequity – demonstrated through the adoption of key policies within the country package.
- At Global level, the improvements will form part of the contribution made by Europe to the implementation of the UN High-level Meeting Political Declaration on the Prevention and Control of NCDs<sup>6</sup> and the Global NCD Action Plan (2013–2020) as well as the targets and indicators of the Global Monitoring Framework<sup>7</sup>.

In this concept, this work plan is the extension of a project initiated in 2012 for the strengthening of health systems for the prevention and control of NCDs in eastern Europe and central Asia. The main achievements of the first phase in the selected countries were the following:

- development of a national NCD strategy, policy, and action plan;
- implementation of a health systems assessment and initiation of an essential package of interventions in primary care;
- implementation of a national risk factor survey for a comprehensive risk factor baseline assessment; and
- increased NCD capacity through training of managers and policy makers.

Since 2012 the approach has been successfully developed and is being extended to a larger list of countries and through interventions related to both the prevention (risk reduction) and control (management of NCDs).

While it cannot be anticipated that all interventions will be implemented in all the target countries, an effort will be made to focus on concrete policy change and other deliverables. A country that has fully complied with the entire package would meet the following criteria.

1. A **national intersectoral plan for the prevention and control of NCDs** consistent with Health 2020 has been adopted at the highest level of government.
2. Where appropriate the national **UN Development Assistance Framework (UNDAF)** has been completed and specific NCD results are included in the results matrix.
3. The **national budget** includes specific line items that demonstrate a national commitment to investment in a sustainable NCD prevention and control programme – such a budget uses domestic funds and human resources and is not merely a reliance on aid.
4. **National targets** have been adopted that are directly based on the Global Monitoring Framework.
5. A national **health system assessment** has been conducted, its results published, and clear recommendations adopted.

6 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (UN General Assembly resolution A/RES/66/2)

7 The comprehensive global monitoring framework (World Health Assembly resolution WHA66.10) includes 25 indicators and a set of nine voluntary global targets focusing on the key outcomes, risk factors and national systems response needed to prevent and control NCDs.

6. At least one **national survey on risk factors** (ideally based on WHO STEPwise approach to Surveillance (STEPS)) has been conducted and the results published.
7. A **population-based cancer registry** is operating to standards approved by the International Agency for Research on Cancer.
8. Other more **specialized risk factor surveys** are considered including global youth and adult tobacco surveys (GYTS and GATS), the Childhood Obesity Surveillance Initiative (COSI), and Health Behaviour in School-aged Children (HBSC) study.
9. A clear **assessment of the inequalities** in the risk and burden of NCDs has been conducted and all interventions are designed to minimize inequalities and promote the health of vulnerable groups.
10. A high level of compliance with the **WHO Framework Convention on Tobacco Control** (WHO FCTC) is demonstrated including both measures to reduce demand as well as to control supply of tobacco.
11. Specific improvements in the compliance with the **global and regional mandates on alcohol** with a special emphasis on control of marketing, accessibility, affordability of alcohol, as well as addressing alcohol related harms and injuries.
12. Specific improvements in the compliance with **global and regional action plans on nutrition and physical activity** with a special emphasis on the control of salt in at least one major food product, the control of marketing, and demonstrable reductions in the supply or consumption of fats (including elimination of trans fatty acids, and overall reduction in saturated fats) and sugar. Environmental policies including urban design, public transport, and pricing strategies are adopted to improve physical activity.
13. An **essential package of interventions** in primary care for the prevention and control of NCDs has been adopted, incorporated in the national health system, and is universally accessible. This package includes cardio-metabolic risk assessment and management. Cancer screening is only included in the package after the country has developed the capacity to provide high quality treatment services at scale for cancers that are already recognized.
14. A **system for monitoring and evaluation** of the above has been established and the country publishes a transparent report on strengths and weaknesses, advances and setbacks at least every two years.
15. A comprehensive approach to NCDs is applied across the **life course** (from conception to old age) and in appropriate linkages with mental health and injury prevention.

## 2.2 Course objectives

The following six objectives were defined for the training course participants:

1. Learn to advocate the importance of a step-by-step integrated country package for the prevention and control of NCDs at the national level by the end of 2016.
2. Develop an understanding that the country package should be based on actual data and comply with mandates, tailored to national needs and situations; and be implemented based on the sustainable use of national resources and evaluated for effects on the risk factors and the burden of NCDs.
3. Argue the need for a national health system assessment, adoption of a national intersectoral plan with a national budget and national targets, achieving objective and specific improvements in the compliance with global and regional mandates on the fight against tobacco, alcohol, improving nutrition, increasing physical activity, addressing overweight and obesity and controlling NCDs.

4. Present and discuss the main characteristics, goals, objectives, and specificities of each of the 15 interventions of the country package.
5. Learn to understand the mechanisms of implementation of the country package interventions, to discuss national experiences, including positive and negative aspects of implementation.
6. Develop further recommendations based on the experience of countries to strengthen the comprehensive approach to addressing NCDs across the life course and in appropriate linkages with mental health and injury prevention.

## 2.3 Methodology

The course was developed by a multidisciplinary team consisting of policy-makers and health professionals, epidemiologists, experts in global health and in evidence-based medicine, demographers, specialists in development of integrated prevention programmes, including representatives of the following institutions of the Ministry of Health of the Russian Federation and WHO:

- I.M. Sechenov First Moscow State Medical University;
- National Research Center for Preventive Medicine;
- Federal Research Institute for Health Organization and Informatics;
- National Medical Research Radiological Center;
- St. Petersburg Research Institute Phthisiopulmonology;
- WHO Regional Office for Europe
- WHO country offices; and
- NCD Project office based in Moscow.

Each country package component was introduced by lecture method developed through a drafting group process over a few months' time and aligned to WHO documents. Course content was based on the training needs of participants, which were identified through the assessment of the first Moscow training course (2014), as well as a repetitive needs assessment survey carried out in 2015 of the same participants after they were able to use the acquired capacity and skills in their everyday practice.

A participatory approach was promoted through country presentations and group assignments. Round tables and moderated discussions provided opportunities for participants to share experiences from their countries on implementation of the best practice intervention packages, their national achievements and performance in this area, and to review the barriers and difficulties in realization. Topics for discussion were selected at the discretion of course participants based on their achievements, strengths and challenges.

The course was offered for a Russian-speaking audience, course materials are available in both Russian and English.

A full list of documents used to develop the lectures is presented in Annex 3.

### 3. Country examples

The country experiences illustrated below were developed by participants using the template provided (Box 2). In this report the presentations are cited rather than individual sources.

In general, course participants demonstrated high-performance in sharing their experience and discussion of achievements in various country package interventions, however, not all sessions were covered by a country report.

#### **Box 2. Template for country presentations**

Course participants were asked in advance to select topics in which they would like to make a presentations on their country's experiences using the template outlined below:

- rationale for selecting the relevant intervention as a priority for implementation at national level;
- description of phases, timelines and responsible stakeholders for implementation of the selected intervention;
- barriers, difficulties and obstacles in implementation;
- outcomes of implementation (positive and negative);
- next steps in implementation; and
- conclusions and suggestions.

#### 3.1 National intersectoral NCD action plan

*Examples on the adoption of national intersectoral plans for the prevention and control of NCDs were presented by participants of Belarus and the Republic of Moldova.*

##### 3.1.1 Belarus

The intersectoral *State programme for the public health and demographic security of Belarus 2016–2020*, approved by the Council of Ministers of the Republic of Belarus (Resolution of No. 200 of 12 March 2016), aims to maintain the positive dynamics of demographic indicators and increase life expectancy to at least 74.6 years of age by 2020. It includes a subprogramme on NCD prevention and control, as well as a separate subprogramme on preventing and fighting alcohol abuse.

In order to successfully implement the Programme, the Coordinating Council on NCD prevention was established at the highest level of the government. Furthermore, implementation of the UNDAF is an integral part of the national programme.

The following main barriers to the development and implementation of the programme were identified:

- poor understanding by ministries and agencies of their role in reducing NCD morbidity and mortality at the stage of preparation of the national programme;
- stereotype approaches of financial authorities to NCD preventive measures as those not requiring investment;

- rigidity of potential government clients in terms of interagency cooperation; and
- lack of updated information on the amount of funds allocated for 2016–2020 to address the needs of the regions.

### 3.1.2 Republic of Moldova

*National strategy for the prevention and control of NCDs of the Republic of Moldova 2012–2020* (Parliament Resolution No. 82 of 12 April 2012) serves as an integrating framework for development of policies on the prevention and control of tobacco and alcohol consumption, nutrition and diet, cardiovascular diseases, cancer and health promotion. The following key goals and objectives were highlighted:

- reduce the impact of common modifiable risk factors;
- improve the health system response to NCD prevention and control; and
- increase responsibility of people for their own health.

Despite the successful implementation of the national strategy, a few major constraints were identified by the reporter:

- socioeconomic and political instability deferred NCD prevention and control from the list of priorities for policymakers;
- insufficient funding to carry out activities and conduct national studies in this field, as only one percent of the compulsory health insurance fund allocated for health promotion and disease prevention;
- fragmentation of the NCD surveillance system and poor data integration; and
- lack of disaggregated data, especially for monitoring indicators by risk factors, resulting in decision-making not always being evidence-based.

## 3.2 National targets

*Successes and challenges of the adoption of national targets directly based on the Global Monitoring Framework were presented by participants from Armenia. During this session a demonstration of the Russian quit line to assist individuals in stopping tobacco use was presented as an example of a national tobacco target built on the global framework (Box 3).*

### 3.2.1 Armenia

In order to enhance the prevention and control of NCDs, Armenia developed a series of national programmes for the period 2016–2020 to promote healthy lifestyles and control the most prevalent NCDs. Special attention was paid to controlling tobacco use and restricting the consumption of unhealthy food among the population.

The following medium-term priorities for health policy, built on the provisions of the Global Monitoring Framework, were outlined:

- ensuring the provision of a practical, effective and more affordable range of interventions and services for people with NCDs;
- supporting activities to address the modifiable NCD risk factors;
- mitigating the negative impact of environmental factors through sustained monitoring of the environment;

- building the capacity of primary health care for the population;
- improving the systems of medical care, early detection and early treatment of NCDs;
- enhancing surveillance and monitoring of NCDs and their risk factors;
- introducing the WHO STEPS approach to monitoring the main NCD risk factors; and
- promoting the mechanisms for interagency and interregional cooperation and partnership.

Despite considerable efforts made by the government in the area of prevention and control of NCDs, significant obstacles to achieving progress remained, including:

- continued implementation of passive surveillance approached without having any active surveillance;
- weak cooperation of public and private sectors;
- shortage of trained specialists in the area of prevention and control of NCDs;
- inadequate funding for epidemiological research; and
- lack of follow-up treatments for patients with NCD conditions.

### **Box 3. Russian quit line 8-800-200-0-200**

The consultative telephone service centre to assist individuals in quitting tobacco consumption was established in accordance with the *Concept of public policy of counter measures against tobacco use 2010–2015* (adopted by the Government of the Russian Federation on 23 September 2010) and has been operating on the basis of Scientific-Research Institute of Phthiopolmonology of the Ministry of Health of the Russian Federation from November 2011. In compliance with WHO FCTC article 14, the main objective of the centre is to reduce the number of smokers in the Russian Federation.

Calling the toll-free phone number 8-800-200-0-200 any citizen of the Russian Federation can get professional support of a psychologist and/or doctor to help quit smoking. Psychologists help prepare for the day of refusal of smoking, find a replacement for the rituals of smoking together with the caller and determine the best way of overcoming addiction, as well as support the caller in difficult moments of the struggle with nicotine. The doctors consult on the most effective ways of quitting based on the existing health problems, give advice to patients on how best to prepare for quitting smoking, and answer questions on drug therapy for tobacco dependence.

For the period 2012–2015, out of 90 thousand individuals that had called the centre 24.3% of applicants quit smoking for more than 6 months, and 42.2% quit for at least 30 days.

## **3.3 National survey on risk factors**

*Presentations on implementation of the WHO STEPwise approach to Surveillance of noncommunicable diseases were made by participants from Georgia, Kyrgyzstan, and the Republic of Moldova. Key findings of the STEPS surveys conducted in Kyrgyzstan and Uzbekistan are presented in Boxes 4 and 5, respectively.*

### **3.3.1 Georgia**

According to the results of the STEPS survey, conducted in Georgia in 2010, 30% of the population had never measured the level of arterial tension, while out of those with hypertension only a third was taking antihypertensive drugs and the rest were untreated.

The government recognized the need to include hypertensive crisis in the list of emergency out-patient services provided under the general public insurance programme. Furthermore, urgent cardiology conditions were also to be covered by hospital care programmes, the so-called reference package.

Based on the findings of STEPS and other population-based studies conducted in 2014, the following challenges were concluded:

- shortage of screening programmes and lack of visits of a preventive nature;
- no active detection of hypertension among asymptomatic persons and in persons with different compositions of risk factors;
- extremely high rates of excessive salt intake due to national dietary habits and the “not enough salt” expression;
- detection of sudden death cases among women of reproductive age; and
- need to prioritize atrial fibrillation as part of cardiovascular disease detection and treatment.

### 3.3.2 *Kyrgyzstan*

Conducting the STEPS survey was of strategic importance for NCD control in Kyrgyzstan. The survey was managed by the Governmental Coordination Council and the Ministry of Health of Kyrgyzstan that developed study regulations, set up a working group, held workshops, and supervised the field work.

The reporter claimed the importance of having WHO strategic documents in place for enhancing the capacity of the Coordination Council to guide the following timely national intersectoral response of the following stakeholders:

- Ministry of Economy to develop technical regulations, such as those on labelling food products and doubling excises taxes on tobacco products;
- Ministry of Education to develop workshops for teachers to promote healthy lifestyles among students;
- Village health committees to continue implementing the *Community Action for Health* programme. Health campaigns already cover 1490 villages, where 1676 communities carry out informational and educational work with the population on health promotion and disease prevention;
- Ministry of Health to create patient registers for the major NCDs, and
- media to promote disease prevention among the population and carry out various campaigns, such as *Hypertension Week* and *Heart Day*.

### 3.3.3 *Republic of Moldova*

The first STEPS survey in the Republic of Moldova was conducted in 2013 and was a starting point for NCD surveillance and control. It was the first comprehensive, standardized study to assess NCD risk factors, providing a deeper understanding of the prevalence of behavioural and biological factors of risk.

STEPS in the Republic of Moldova was carried out by the National Center of Public Health, supervised by the Coordination Committee of the Ministry of Health, with technical support from WHO, European Union, Swiss Agency for Development and Cooperation, and approved by the National Ethics Committee of the Ministry of Health.

The following key challenges were faced:

- financial obstacles to the organization of periodic studies;
- difficulties in the process of preparation and procurement of equipment;
- limited access of conducting the study in urban areas; and
- lower credibility of the study among the respondents, especially men.

In order to extend the study in the future, the following proposals were made:

- seeking domestic financial and human resources to conduct periodic studies of risk factors;
- reviewing the existing set of indicators for NCD monitoring and implementation of STEPS indicators as part of routine surveillance; and
- maintaining cooperation with international organizations as a platform for presenting results and sharing of experiences in conducting STEPS.

#### **Box 4. Key findings of Kyrgyzstan STEPS Survey 2013**

*A population-based survey of adults aged 25–64. A multi-stage cluster sample design was used to produce representative data for that age range in Kyrgyzstan. A total of 2623 adults participated in the survey. Overall response rate was 100%.*

According to the study conducted in Kyrgyzstan almost half of men (48.2%) aged 25–64 smoked and 31.4% of men and women consumed alcohol regularly. 74.5% of the adult population consumed less than five servings of fruit and/or vegetables on average per day, and 26.9% of the population consumed salt in the amount exceeding five grams per day.

Laboratory investigations revealed 23.6% of the respondents had raised total cholesterol and 8.8% with hyperglycemia; 78.4% of those aged 25–44 and 65.3% aged 45–65 never measured their level of blood glucose. The prevalence of overweight among the population was 56% and 23% were obese.

Therefore, the study revealed that almost 94% of the population of Kyrgyzstan had at least one risk factor, and 35% of those aged 25–64 years had three or more of the risk factors.

#### **Box 5. Key findings of Republic of Moldova STEPS Survey 2013**

*A population-based survey of adults aged 18–69. A multi-stage cluster sample design was used to produce representative data for that age range in the Republic of Moldova. A total of 4807 adults participated in the survey. Overall response rate was 83.5%.*

STEP 1 of the study detected that 23.3% of the population of both sexes smoked, 61.9% of the population consumed alcohol on a regular basis, while 19.5% of the population had severe cases of alcohol consumption (six or more doses) over the past 30 days. Both male and female consumed less than two servings of fruit on average per day.

STEP 2 showed that: 22.9% of individuals were obese, with the prevalence of obesity in women (28.5%) rather than in men (17.8%). Overall, 39.8% of individuals had hypertension and received medication, 76.2% had hypertension with no medication.

STEP 3 found that 12.3% of individuals of both sexes had raised levels of blood glucose, while 29.4% of the target population had raised levels of blood cholesterol.

Therefore, the study revealed that 92% of the adult population of the Republic of Moldova had at least one risk factor, and 30% of those aged 18–69 years had three or more of the risk factors.

## 3.4 Population-based cancer registry

*Country experiences on the introduction of a population-based cancer registry aligned to the standards approved by the International Agency for Research on Cancer was shared by the participants of Georgia. In the framework of this session best practices of the Russian Federation in organizing, managing and reviewing the current state cancer registry at both the federal and territorial levels were presented. A live demonstration was organized with three federal subjects of the Russian Federation: the Republic of Udmurtia, the Samara and Lipetsk regions, presented in Boxes 6–8, respectively.*

### 3.4.1 Georgia

Since 2011 the Georgian National Center for Disease Control and Public Health in collaboration with the National Cancer Center and the National Screening Center has successfully been implementing the population-based cancer register. Since then the use of CanReg 5 was certified, the International Classification of Diseases for Oncology was translated into Georgian, the registration forms were developed, and a pilot population-based register was initiated for five cancer sites (breast, lung, colorectal, cervix and prostate).

In 2014 the a list of necessary measures to ensure the operation of the cancer registry was approved at the highest level of the government (Decree No. 1023 from 9 July 2014), and registry forms to be used by cancer institutions and pathology labs (Order of the Ministry of Health of Georgia from 7 October 2014) were introduced.

The main advantages of the national cancer registry in Georgia were identified as follows:

- real view of cancer prevalence in the population and information on cancer distribution in the country;
- assessment of morbidity, mortality and survival rates;
- monitoring of dynamics of health care provided to cancer patients;
- tool to plan, control and supervise cancer prevention programmes;
- provision of scientific research with reliable data; and
- demonstration of the effectiveness of screening and other preventive measures.

The reporter highlighted that the cancer registry was being used by 226 institutions, including 31 pathology labs. Although 86% of the institutions are already covered by the cancer registry, in many of them the registration forms were completed inappropriately and synchronization with other databases was poor. Successful operation of the cancer registry would require in the short term a 100% coverage of all cancer institutions, quality data entered in the register, and ultimately calculating the rate of 5-year relative survival – 5-year relapse-free survival.

### 3.4.2 Russian Federation

The mandatory registration of causes of deaths from cancers has been introduced throughout the territory of the USSR since the 1920s, and in 1953 began the collection of personalized information of all cancer patients in the regional specialized clinics.

Nowadays, the cancer registry uses a single information system consisting of the federal segment based at the National Medical Radiological Research Center in Moscow that collects data from the regional oncological institutions, which in turn receives the information from cancer registries operating at the primary care level.

The cancer registry in the Russian Federation, as defined by regulatory frameworks, addresses the following complex issues:

- registration and maintenance of records of cancer patients in the regional oncological institutions of the Russian Federation;
- monitoring morbidity and mortality from cancer of various categories of the population;
- assessment of the organization of cancer care in the regions of the Russian Federation and the activities of regional oncologic dispensaries; and
- clustering the data from regional registers into a single database of the State Register.

The maintenance of a national cancer registry has provided for reliable analysis of cancer morbidity and mortality in the country. The register data has been used for the assessment of clinical characteristics at the individual level, as well as the quality of health care provided, including the quality of diagnostics and treatment efficiency.

As suggested by the presenter, in the long term the use of register data should be extended to other sectors, for example to conduct an assessment of the economic burden of malignant tumours of various localization to support the programmes of early detection or to forecast and evaluate the health system cost for using new methods of treatment, new drugs and medical technologies.

#### **Box 6. Cancer registry implementation in Udmurt Republic**

In the Udmurt Republic the cancer registry was set up in 1993 and involves the primary health centres that transmit data to the regional oncology centre and later to the federal segment hosted in Moscow.

Functioning on the basis of the regional oncology centre of Udmurtia, a software complex, is in place for processing and verifying the data on morbidity and mortality cases. The work of the software package was demonstrated to the course participants.

The current challenges of the oncology service of the Republic of Udmurtia are to organize palliative care for patients, improving professional training and reducing the staff deficit in the oncology service, as well as improving the efficiency of primary care to identify malignant tumours at early stages.

#### **Box 7. Cancer registry implementation in Lipetsk Region**

In the Lipetsk Region the cancer registry is used for the following objectives:

- operational control of diagnostic indicators, including analysis and development of proposals for the regional health authorities;
- interaction with the regional fund of obligatory medical insurance; and
- personal information on breast cancer patients from the cancer registry is used for quality control of screening.

Particular attention is given to a special programme of preventive examinations for early detection of breast cancer among women. For the development of breast cancer screening, the region has planned to upgrade equipment, provide personnel training, improve information management, and establish a regional centre of preventive studies.

### **Box 8. Cancer registry implementation in Samara Region**

The cancer registry in the Samara region is regarded as an innovative technology for the prevention, surveillance and control of cancer. Great attention is paid not just to the analysis of cancer incidence, but also to the system of cancer risk management. Such approach allows to look at cancer research comprehensively, develop programmes of primary cancer prevention, as well as develop statistical and reference training materials.

Medical care to cancer patients is provided through the integration and cooperation of operational specialists from primary health care, specialized medical care, and cancer prevention institutions. This collaboration was made possible through the use of modern information technologies and innovative methods to register cancer patients and collect not just the traditional data for cancer patients, but also information on the risk factors.

## **3.5 Global and regional action plans on nutrition**

*A country example on the compliance with global and regional action plans on nutrition was presented by the participant from the Russian Federation.*

### **3.5.1 Russian Federation**

The presented country data clearly demonstrated that excessive consumption of high-calorie food, combined with the deficiency of vitamins and minerals lead to increased prevalence of obesity among both adults and children and reduced adaptive capacity of the population of the Russian Federation.

A series of national policy documents on nutrition in compliance with global and regional mandates, have been developed to address the issue, including:

- *Fundamentals of the State Policy of the Russian Federation on Healthy Food for the Period until 2020* (Order of the Government of the Russian Federation of November 25, 2010 No. 1873-r);
- *Food Security Doctrine of the Russian Federation* (Russian Federation Presidential Decree of January 30, 2010 No. 120);
- *Federal Law On Food Quality and Safety* (Federal Law of January 2, 2000 No. 29, as amended July 13, 2015); and
- *Draft Strategy for the Improvement of Food Quality in the Russian Federation until 2030.*

However, application of the policy frameworks in the country has given rise to considerable difficulties, such as:

- industry resistance to changes in food recipes and food technology;
- socioeconomic challenges, for example decline in living standards due to the increase in consumer prices for goods and services;
- increased inequalities in access to healthy foods;
- most of the population not being used to the healthy lifestyle and behaviour and exposed to adverse social norms and traditions; and
- while recognizing the usefulness of physical activity, the harm of smoking and alcohol consumption, majority refrains from the opportunity to preserve their health and neglect the risk of its loss.

Therefore, to address these issues, the possible solutions were presented as follows:

- raising awareness of the importance of a healthy diet, food quality and safety;
- promoting the supply and availability of healthy food products at preschools, schools and other educational institutions, including organized meals for employees.
- establishing a network of healthy diet offices and developing regional nutrition programmes in all federal subjects of the Russian Federation; and
- improving the affordability and promoting the consumption of healthier food products through economic instruments such as taxation, customs fees, excises and subsidies.

### 3.6 Essential package of interventions

*A discussion on the adoption of the WHO package of essential interventions in primary care for the prevention and control of NCDs (WHO PEN) was held by the participants from Kyrgyzstan and Uzbekistan, presenting their countries' experiences on adoption of the WHO PEN protocols to the local context. Overview of WHO PEN implementation in Kyrgyzstan and Uzbekistan is presented in Box 5 and 6, respectively.*

#### 3.6.1 Kyrgyzstan

The successful implementation of WHO PEN protocols in Kyrgyzstan resulted in the achievements listed below:

- improved and optimized prevention and patient management at the primary care level;
- development and enhancement of human resource capacity for NCD prevention;
- early diagnosis and treatment; and
- adaptation and introduction of integrated clinical protocols.

The analysis of barriers and difficulties implementing WHO PEN revealed a number of problems, including insufficient staffing of primary care institutions, lack of motivation among health workers and patients to conduct primary prevention (for example, physicians often disregard recording risk factors and registering changes in blood pressure, height and weight).

To address these issues, the following measures were considered:

- scale up WHO PEN protocols to the Issyk-Kul district and Bishkek;
- review the functional responsibilities of nurses and increase the scope of their work;
- introduce financial incentives to motivate health workers and include WHO PEN protocol indicators in the examination of the quality of medical care conducted by the health insurance system; and
- include WHO PEN protocols in the training programme for family doctors and students of medical universities.

#### 3.6.2 Uzbekistan

Owing to the importance of having an effective monitoring and assessment system for implementation of WHO PEN protocols, the following mechanisms were established in the pilot health facilities of Uzbekistan:

- assessment of institutional capacity for NCD prevention and control;
- indicators for monitoring and quality assessment of medical records, including indicators of referral, follow-up, control of blood pressure and blood glucose, prescription of statins and antihypertensive drugs, results of consultation;
- evaluation of consultations;
- interviewing of patients; and
- monthly information collection on the indicators at the institution.

Analysis of the first results of WHO PEN implementation in primary healthcare institutions of Uzbekistan revealed the following:

- increased screening of patients with hypertension and type 2 diabetes;
- improved assessment of risk factors during pre-referral examinations;
- introduced individual patient management system based on WHO PEN, including the assessment of NCD risk factors;
- more attention of health workers devoted to counselling on risk factors and healthy lifestyles; and
- established intersectoral coordinating councils under the local authorities with two regions implementing comprehensive measures to prevent and control NCDs.

Owing to these positive experiences, WHO PEN protocols 1, 2 and 3 would be added to the curricula of undergraduate physicians and nurses, as well as retraining of general practitioners. Moreover, disseminating the work of pilot institutions throughout the country was a priority challenge to which a number of obstacles were considered:

- supplying every institution with essential equipment as per WHO PEN guidelines;
- ensuring the sustainability of an accounting and reporting system on NCDs and their risk factors; and
- collecting evidence on the economic advantage of WHO PEN implementation for additional public funding and further implementation at national level.

### **Box 9. Overview of WHO PEN implementation in Kyrgyzstan**

Experiences of the WHO PEN pilot project were presented on the example of Family Practice Centre No. 4 in Bishkek. In 2014 a working group was formed to assess the capacities of the primary health care system, followed by the development of a training programme for physicians and nurses. In June 2015 the protocols and system to monitor their implementation were introduced.

In the course of the project, the pilot family practice centre was equipped with pre-referral examination offices, necessary equipment, and patient medical cards. An allowance was introduced for nurses conducting the pre-referral examinations, whose role was to define cardiovascular disease risk factors (for patients aged over 40) and provide guidance on NCDs. In July 2015 new clinical records were introduced with the following entries to be made for each patient: risk factors, blood pressure measurement, tobacco use, any other significant diagnosis, and whether the patient was placed under medical care.

### **Box 10. Overview of WHO PEN implementation in Uzbekistan**

Four primary health care institutions of Fergana (3.38 million people) and Kashkadarya (3 million) were selected as pilot sites for implementation of WHO PEN interventions in Uzbekistan, additionally WHO PEN Protocol 3 was launched in the Family Polyclinic No. 1 in Tashkent. Implementation of the project was carried out by the Intersectoral Coordination Council under the local authorities and regional health administrations.

Over the three-year period substantial progress at the national level was made in adaptation and implementation of WHO PEN protocols. A number of technical meetings were held and the assessment of capacity to prevent and manage NCDs was conducted based on the WHO questionnaire, in which participated 50 primary care institutions. Furthermore, leading specialists of the republican, regional and district levels, general practitioners and nurses of the pilot institutions, and professors of eight medical universities had been trained.

## 4. Group work

The main objective of the group work assignment was to exercise the competencies for analyzing the barriers, obstacles and difficulties implementing one of the country package interventions at national level.

Participants from different countries were divided into the following three groups:

- Group 1: Armenia, Georgia, Turkmenistan, Uzbekistan;
- Group 2: Azerbaijan, Kyrgyzstan, Tajikistan; and
- Group 3: Belarus, Kazakhstan, Republic of Moldova and the Russian Federation.

The participants performed daily group activities according to the proposed sequence, forming a logical cause and effect relationship, and presented the main results of discussion in the form of a final interactive presentation.

The barriers and proposed measures conveyed are the results of the impressions and experiences of the course participants.

### 4.1 Group 1: WHO PEN

*Group 1 chose implementation of WHO PEN as the most problematic and complex intervention to adopt and incorporate into the national health system.*

#### *Barriers to implementation*

In the opinion of the group, the main barriers that prevent countries from effective implementation of WHO PEN at the national level, include:

- treatment-orientated primary health care, rather than prevention-oriented;
- unequal access to health care services for residents of villages and cities;
- human resources barrier;
- financial constraints; and
- inadequate regulatory framework.

#### *Proposed measures*

A set of measures described below was considered to overcome these barriers:

- Revise the responsibilities of doctors and nurses and develop financial incentives for providing preventive care.
- Reduce the inequality of access to primary care services by increasing the amount of capacity building activities for medical workers and non-medical specialists.
- Eliminate financial barriers in several phases: costs analysis for WHO PEN implementation, business plan write-up, political dialogue and consultation with donors, scientific research on the economic benefits of WHO PEN implementation, and development of mechanisms and regulations on the target financing.

- Improve the regulatory framework required to conduct an inventory of the current legal framework and to reveal gaps.
- Develop a system of monitoring and assessment of WHO PEN implementation in the pilot areas, and eventually replicate the experience all over the country.

## 4.2 Group 2: Assessment of inequalities

*According to Group 2, promoting the health of vulnerable groups and designing interventions to minimize inequalities in the risk and burden of NCDs require the greatest amount of resources and efforts on the part of national health systems.*

### *Barriers to implementation*

The following five barriers to implementing a clear assessment of inequalities at national level in the risk and burden of NCDs were identified by the group:

- lack of ownership and support from different sectors in determining health inequalities;
- lack of evidence-based arguments at country level, as well as the absence of a common approach and indicators for the assessment of inequalities;
- major inequalities beyond the health sector;
- insufficient interagency and intersectoral cooperation and coordination in addressing the problem; and
- strong and long-term interests of global tobacco, alcohol and food industries.

### *Proposed measures*

Below is a list of possible measures proposed by the group to target the barriers listed above.

- Present evidence-based data related to economic development of the country for decision-making and resource allocation to national authorities, businesses and civil society, compare with data of other countries and carry out thematic dialogues.
- Enhance research capacity by revising the package of health and socioeconomic indicators by analyzing the available data and revealing weaknesses, as well as involving national experts. Conduct additional studies of specialized risk factors surveys to identify the social gradient.
- Improve intersectoral and interagency interaction by disseminating data among other sectors, the Parliament, engaging leaders and celebrities to cover this topic through media. Constant media focus on topics of public concern related to inequities, such as migrants, orphans, or disabled children.
- Enhance the development of public and private partnerships in infrastructure development, construction of recreation grounds, wheelchair access and create an environment for people with limited mobility; through the use of evidence-based data on education, employment, social security services, disability, and physical activity.
- Strengthen state regulation of taxes, restrictions, advertising, labelling, and protect all sectors of the population from the impact of unhealthy food marketing. Promote and use international legal tools as arguments, such as conventions, agreements, UN resolutions, FCTC and the International Health Regulations (2005).

- Educate the population on the healthy lifestyle across the life-course approach with involvement of civil society and non-profit organizations.

### 4.3 Group 3: Nutrition action plans

*Group 3 identified implementation of global and regional action plans on nutrition at the national level as the most problematic and complex intervention of the country package.*

Named *Nutrition is life* the dedicated poster of this group symbolically depicted a colorful tree, which had the root system divided into two parts: half fed from healthy products growing into flowering branches that bring longevity, the other one fed from unhealthy products with high content of trans fats, salt and sugar grew into dry lifeless branches.

#### *Barriers to implementation*

Based on the underlying high prevalence of unhealthy nutrition among population of the participating countries in this group, the following barriers were identified:

- national customs and habits;
- socioeconomic barriers, such as poverty, unemployment, and migration;
- promotion of fast food, circulation of myths and false information through the media for the population, especially young people;
- confrontation of the industry; and
- low literacy of population in matters of healthy nutrition.

#### *Proposed measures*

Emphasizing that only intersectoral measures and active involvement of all stakeholders can promote and support healthy diets, the priority measures listed below were identified.

- Create a favorable environment that promotes healthy nutrition, for example subsidy assistance to national agricultural producers to grow healthy, environmentally sound products.
- Reduce access to unhealthy products through heavy legislative regulations and tax measures on the content of salt, trans fats, free sugars, as well as appropriate labelling of products, changes in the formulation. Adopt technical regulations in terms of quality and safety of food products.
- Create a favorable and transparent information environment through advertising. Form a sustainable attitude of the population towards the bad foods and fast food, promotion of the slogan “Fruit and vegetables all year round!”, including the media.
- Consolidate knowledge and skills about healthy nutrition at all stages of the life-course, offering counselling on healthy nutrition in health care facilities, prevention centres, primary health care institutions, involving nursing staff and non-medical workers.

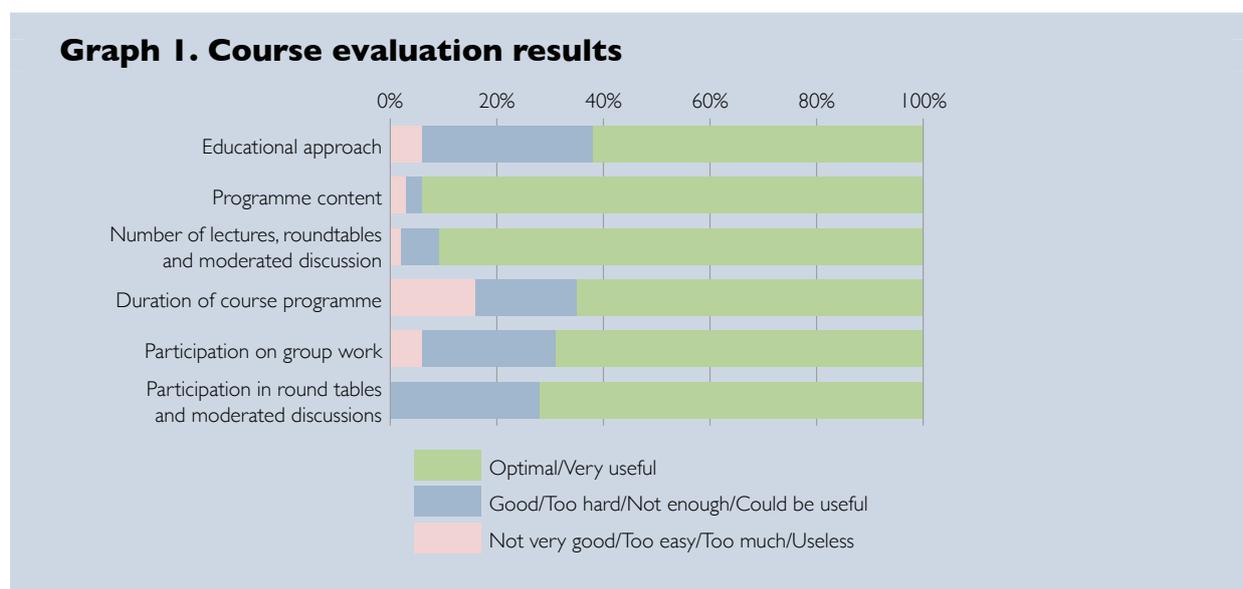
As a result, according to the group members, the above measures can contribute to establishing policy and leadership at national level, introducing harmonized WHO standards and strategies, and developing a system of monitoring and supervision of compliance with legislation in the field of nutrition.

## 5. Course evaluation

The course evaluation used a practical methodology to gather the information directly from the course participants on satisfaction with the course content, the organization and suggestions for future courses. Immediate feedback was gathered from all 29 participants on the last day of the course.

The evaluation revealed that 72% of participants rated the course at the highest level (excellent), 25% as very good, and 3% as satisfactory.

Graph 1 below gives an overview of the course evaluation results.



Overall 90% of the participants were completely satisfied with the **educational approach** to teaching of the course programme (61% considered it optimal and 32% as very good). Analysis of the course programme revealed that 94% of participants considered the **programme content** optimal, more than 90% of respondents believed the **number of lectures, roundtables, moderated discussions** was optimal, however 16% of respondents emphasized that the **amount of group work** was insufficient. 65% of the respondents evaluated the **duration of the course programme** as optimal, 19% as not long enough, 16% as too long. 94% of the course participants considered the **participation in group work** as useful or very useful; and 100% of the participants considered the **participation in roundtables and moderated discussions** as useful or very useful.

Among the main elements of the programme, that the participants liked the most, the following could be emphasized:

- favorable atmosphere of the course;
- balanced programme in terms of the ratio of number of lectures to moderated discussions and to roundtables;
- opportunity for countries to share their experience and best practices;
- opportunity for countries to discuss their obstacles and difficulties with representatives of the WHO Regional Office for Europe;
- participation in group work;
- level and competence of the course developers;
- quality and availability of training materials; and
- teaching in Russian language.

Elements of the programme that the participants liked least included:

- too much sitting down;
- duration of the training day from 9:00–18:00;
- insufficient activity of several country participants;
- lack of time for discussion and presentation of the national experience; and
- too common presentations from country participants without practical examples.

At the same time, 69% of participants did not indicate any elements of the programme, which they did not like or which have caused a negative impression in them.

The majority of course participants highly appreciated the **interactive sessions** proposed to them within the framework of the course: 97% of the participants considered useful the cancer registry demonstrations with online broadcasting from regions of Russian Federation, and 94% enjoyed the presentation on the Russian tobacco quit line. Majority of participants indicated that this experience would be of demand in the future and considered for implementation at the national level.

**Group work** analysis revealed that 97% of respondents found it useful to perform specific daily tasks for the group work, and 100% of the participants enjoyed working in groups with representatives of different countries.

The questionnaire also contained a block of questions on organizational and logistical aspects of the course which showed overall satisfaction of participants. More than half of the respondents rated the **quality of training materials** and the **participant folder** as very good, and 90% of respondents were satisfied with the easy access to training on the website of the Higher School of Health Administration.

The last block of questions of the questionnaire was aimed at evaluation of views and wishes of the course participants on future development and improvement of the course programme. Majority of participants agreed that holding the course on an annual basis was essential, with the possibility of extending the target audience via an online-based training.

A number of constructive suggestions were received from participants on how to improve the training course, which would certainly be considered by the course developers in holding future educational activities.

Individual feedback from course participants is presented in Box 11.

### **Box 11. Feedback from participants**

“The Belarusian delegation expresses its sincere gratitude to the Second Moscow training course for an interesting, constructive and useful education in the prevention and control of NCDs! Thank you for the warm atmosphere and excellent facilities for study and creativity in our classroom!”

– Participants of Belarus

“With this visit we were once again convinced that the Russian medical school remains to be leading, classical and fundamental. We admire the professionalism of trainers, the interesting group assignments and, most importantly, the human qualities of the mentor team.”

– Participants of Georgia

“The participants of the Second Moscow training course on the prevention and control of NCDs from sunny Kyrgyzstan express their deep appreciation for the excellent organization of the course, the delightful welcome and the great contribution to improving the national capacity of countries to address NCDs.”

– Participants of Kyrgyzstan

“We, the participants of the Second Moscow training course on the prevention and control of NCDs from Tajikistan, thank the organizers for the interesting sessions. In all aspects this course represents an innovative approach to the capacity building process. Having extensive experience in conducting training courses in Tajikistan, we have received a lot of valuable knowledge in this course.”

– Participants of Tajikistan

“The delegation of Turkmenistan thanks for the successful organization of the seminar. Only by uniting together we will make a contribution to the control of noncommunicable diseases at the global level.”

– Participants of Turkmenistan

## 6. Annexes

## Annex I List of participants

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## Annex 2 Programme of the training course

| Time        | Monday<br>18 April   | Tuesday<br>19 April  | Wednesday<br>20 April  |
|-------------|--|--|--|
| 9:00–9:30   | 9:00–9:45 Opening Ceremony<br><br>-Welcome from Ministry of Health, WHO/Europe, Sechenov University<br>-Introduction of the course   | Feedback from previous day   | Feedback from previous day   |
|             | 9:45–10:15 Transfer to the course venue  |  |  |
| 9:30–10:30  | 10:15–11:15 Presentation<br><br>Global strategies on NCD prevention and control<br>-Country package: 15 interventions<br>-Time bound commitments<br>-Sustainable development goals<br><br>Gauden Galea           | Presentation<br><br>Goals, objectives, approaches, experiences of conduct of specialized risk factors surveys (GYTS, GATS, COSI, HBSC), indicators of progress of the Global Monitoring Framework and Time-bound commitments<br><br>Enrique Loyola | Round table<br><br>Incorporating WHO PEN in primary care of national health systems<br><br>Maria Avksentieva                                 |
|             | 11:15–11:45 Coffee break   | Coffee-break 10:30–11:00   |  |
| 11:00–12:00 | 11:45–12:45 Round table<br><br>Making the case for NCDs as part of the development agenda<br><br>Gauden Galea  | Moderated discussion<br><br>Experience of the conduct of the specialized risk factors surveys GYTS, GATS, COSI, HBSC<br><br>Enrique Loyola   | Presentation<br><br>Assessment of the inequalities in the risk and burden of NCDs<br><br>Irina Ilchenko                                      |
|             | Lunch 12:45–13:30  |  |  |
| 12:00–13:00 | 13:30–14:30 Moderated discussion<br><br>National intersectoral NCD plan in context Health 2020: analysis of achievements, barriers, obstacles and difficulties realization<br><br>Ruslan Khalfin, Sergey Boytsov | Presentation<br><br>Assessment of national healthcare system: main results of the conduct<br><br>Anna Korotkova  | Moderated discussion<br><br>Experience in the conduct of assessment of the inequalities in the risk and burden of NCDs<br><br>Irina Ilchenko |
|             |  | Lunch 13:00–14:00  |  |
| 14:00–15:00 | 14:30–15:15 Presentation<br><br>National surveys on risk-factors<br>-Strength of survey on risk factors based on WHO STEPS<br><br>Irina Kosagovskaya   | Moderated discussion<br><br>Experiences from health system assessment<br><br>Anna Korotkova  | Presentation<br><br>Experience of the Russian Federation in population-based cancer registry<br><br>Olga Gretsova                            |
|             | Coffee break 15:15–15:45   | Coffee-break 15:00–15:30   |  |
| 15:30–16:30 | 15:45–17:00 Moderated discussion<br><br>Experience and main results of WHO STEPS<br><br>Irina Kosagovskaya, Enrique Loyola   | Round table<br><br>Examples of national budgets including specific line items that demonstrate a national commitment to NCDs<br><br>Ruslan Khalfin   | Round table<br><br>Experience of countries in the population-based cancer registry<br><br>Olga Gretsova, Valery Starinsky                    |
| 16:30–18:00 | Group work<br>Feedback   | Group work<br>Feedback   | Group work<br>Feedback   |
|             | 18:00–21:00<br>Gala Dinner   |  |  |
|             | Group photo  |  |  |

| Thursday<br>21 April   | Friday<br>22 April   | Saturday<br>23 April  |
|--|--|---|
| Feedback from previous day   | Feedback from previous day   | Group presentations<br>-Final discussion.<br>-Recommendations for countries and experts<br>-Next steps.                 |
| Presentation<br>Analysis of results of implementation and compliance with WHO FCTC<br>-Best practices and effective interventions in the WHO European Region<br>Andrey Demin | Presentation<br>Global and regional action plans on nutrition and physical activity<br>Marina Popovich   | Collective review of the course<br>-Feedback<br>-Questionnaire  |
| Coffee-break 10:30–11:00   |  |   |
| Moderated discussion<br>National achievements and progress in eliminating tobacco smoke<br>Andrey Demin  | Moderated discussion<br>National progress, achievements and difficulties in the compliance with global and regional action plans on nutrition and physical activity<br>Marina Popovich | Official closing ceremony<br>-Closing remarks from Ministry of Health, WHO/Europe, Sechenov University<br>-Certificates |
| Presentation p.1<br>Global and regional mandates on reducing alcohol consumption<br>Artem Gil  | Presentation<br>Establishment of a system for monitoring and evaluation of the country package<br>Elena Tsoyi  |   |
| Lunch 13:00–14:00  |  |   |
| Presentation p.2<br>Global and regional mandates on reducing alcohol consumption<br>Boris Gorniy   | Moderated discussion<br>Examples of national targets that have been adopted and directly based on the Global Monitoring Framework<br>Tatyana Elmanova                                  |   |
| Coffee-break 15:00–15:30   |  |   |
| Moderated discussion<br>National progress and improvements in reducing alcohol consumption<br>Artem Gil,<br>Boris Gorniy   | Round table<br>Realization of the comprehensive approach to NCDs across the life course in appropriate linkages with mental health and injury prevention<br>Elena Yurasova             |   |
| Group work<br>Feedback   | Group work<br>Feedback   |   |

- Presentation
- Moderated discussion
- Round table
- Group work, feedback
- Administrative

## Annex 3 List of global and regional documents on NCD prevention and control aligned to the 15 country interventions of the country package

### 1. National NCD Plan

- Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: WHO; 2013 ([http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf), accessed 10 April 2016).
- Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Europe; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/199532/Health2020-Long.pdf](http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf), accessed 10 April 2016).
- Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. New York: UN General Assembly; 2011 ([http://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf), accessed 10 April 2016).
- NCD progress monitor 2015. Geneva: WHO; 2015 ([http://apps.who.int/iris/bitstream/10665/184688/1/9789241509459\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/184688/1/9789241509459_eng.pdf?ua=1), accessed 10 April 2016).
- Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice. Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/284260/65wd16e\\_PromotingIntersectoralAction\\_150619.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0004/284260/65wd16e_PromotingIntersectoralAction_150619.pdf?ua=1), accessed 10 April 2016).
- Global status report on noncommunicable diseases 2014. Geneva: WHO; 2014 ([http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf), accessed 10 April 2016).
- Prevention and control of noncommunicable diseases in the European Region: a progress report. Copenhagen: WHO Europe; 2014 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/235975/Prevention-and-control-of-noncommunicable-diseases-in-the-European-Region-A-progress-report-Eng.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0004/235975/Prevention-and-control-of-noncommunicable-diseases-in-the-European-Region-A-progress-report-Eng.pdf?ua=1), accessed 10 April 2016).
- Country experiences in integrated policy development for the prevention and control of noncommunicable diseases. Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/282936/Country-experiences-integrated-policy-development-prevention-control-NCDs.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/282936/Country-experiences-integrated-policy-development-prevention-control-NCDs.pdf), accessed 10 April 2016).
- Noncommunicable diseases country profiles 2014. Geneva: WHO; 2014 ([http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509_eng.pdf?ua=1), accessed 10 April 2016).
- Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases. New York: UN general Assembly, 2014 (<http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>).
- Meeting report: Launch Conference for the Project on the Prevention and Control of Noncommunicable Diseases (NCDs) (1 December 2014, Moscow, Russian Federation). Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/276186/Launch-Conference-Project-Prevention-Control-NCDs.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/276186/Launch-Conference-Project-Prevention-Control-NCDs.pdf), accessed 10 April 2016).
- Meeting report: Prevention and control of NCDs in Central Asia and Eastern Europe: assessment of progress and proposals for the next two years (1–3 October 2014, Bad Gastein, Austria). Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0017/270170/Prevention-and-control-of-NCDs-in-Central-Asia-and-Eastern-EuropeGastein\\_ENG.pdf](http://www.euro.who.int/__data/assets/pdf_file/0017/270170/Prevention-and-control-of-NCDs-in-Central-Asia-and-Eastern-EuropeGastein_ENG.pdf), accessed 10 April 2016).

Implementing a Health 2020 vision: governance for health in the 21st century. Making it happen. Copenhagen: WHO Europe; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf](http://www.euro.who.int/__data/assets/pdf_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf), accessed 10 April 2016).

Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016. Copenhagen: WHO Europe; 2012 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/170155/e96638.pdf](http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf), accessed 10 April 2016).

Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025. Copenhagen: WHO Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/315398/66wd11e\\_NCDActionPlan\\_160522.pdf](http://www.euro.who.int/__data/assets/pdf_file/0011/315398/66wd11e_NCDActionPlan_160522.pdf), accessed 30 September 2016).

## 2. *UN Development Assistance Framework*

Transforming our World: The 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>, accessed 10 April 2016).

Addis Ababa Action Agenda of the Third International Conference on Financing for Development. New York: United Nations; 2015 ([http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/69/313&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313&Lang=E), accessed 10 April 2016).

UN Inter-Agency Task Force on the Prevention and Control of NCDs. How NCDs are reflected in governing body policies, strategies and plans. Geneva: WHO; 2016 (<http://who.int/ncds/un-task-force/NCDS-governingbodypolicies-feb2016.pdf?ua=1>, accessed 10 April 2016).

Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals. Geneva: WHO; 2015 ([http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1), accessed 10 April 2016).

Guidance note on the integration of noncommunicable diseases into the UNDAF. Geneva: WHO and UNDP; 2015 (<http://www.who.int/nmh/ncd-task-force/guidance-note.pdf>, accessed 10 April 2016).

## 3. *National Budget*

Promoting health, preventing disease: is there an economic case? Copenhagen: WHO Europe and European Observatory on Health Systems and Policies; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/235966/e96956.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0004/235966/e96956.pdf?ua=1), accessed 10 April 2016).

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Health in times of global economic crisis: implications for the WHO European Region. Copenhagen: WHO Europe; 2009 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/132958/Oslo\\_report.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/132958/Oslo_report.pdf), accessed 10 April 2016).

## 4. *National Targets*

NCD Global Monitoring Framework. Geneva: WHO; 2013 ([http://www.who.int/nmh/global\\_monitoring\\_framework/en/](http://www.who.int/nmh/global_monitoring_framework/en/), accessed 10 April 2016).

Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases: Report of the 2010 Global Survey. Geneva: WHO; 2012 ([http://www.who.int/cancer/publications/national\\_capacity\\_prevention\\_ncds.pdf](http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf), accessed 10 April 2016).

## 5. *National Health system assessment*

Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness. Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/282963/65wd13e\\_HealthSystemsStrengthening\\_150494.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/282963/65wd13e_HealthSystemsStrengthening_150494.pdf), accessed 10 April 2016).

Better noncommunicable disease outcomes: challenges and opportunities for health systems.

Country assessment guide. Geneva: WHO; 2014 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/247649/HSS-NCDs\\_Guide\\_WEB\\_Version\\_20-11.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0005/247649/HSS-NCDs_Guide_WEB_Version_20-11.pdf?ua=1), accessed 10 April 2016).

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WHO STEPS Instrument (Core and Expanded). Geneva: WHO; 2013 ([http://www.who.int/chp/steps/instrument/STEPS\\_Instrument\\_V3.1.pdf?ua=1](http://www.who.int/chp/steps/instrument/STEPS_Instrument_V3.1.pdf?ua=1), accessed 10 April 2016).

## 7. *Cancer registry*

Planning and Developing Population-Based Cancer Registration in Low- and Middle-Income Settings, IARC Technical Publication No. 43. Lyon: International Agency for Research on Cancer, 2015 ([http://www.iarc.fr/en/publications/pdfs-online/treport-pub/treport-pub43/IARC\\_Technical\\_Report\\_No43.pdf](http://www.iarc.fr/en/publications/pdfs-online/treport-pub/treport-pub43/IARC_Technical_Report_No43.pdf), accessed 10 April 2016).

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## 8. *More specialized risk factor surveys (GATS, GYTS, COSI, HSBC)*

Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey. Copenhagen: WHO Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/303438/HSBC-No7-Growing-up-unequal-full-report.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No7-Growing-up-unequal-full-report.pdf?ua=1), accessed 10 April 2016).

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European child health services and systems. Lessons without borders. Copenhagen: WHO Europe; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/254928/European-Child-Health-Services-and-Systems-Lessons-without-borders.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/254928/European-Child-Health-Services-and-Systems-Lessons-without-borders.pdf), accessed 10 April 2016).

## 9. *Assessment of the inequalities*

Obesity and inequities. Guidance for addressing inequities in overweight and obesity. Copenhagen: WHO Europe; 2014 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/247638/obesity-090514.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/247638/obesity-090514.pdf?ua=1), accessed 10 April 2016).

Review of social determinants and the health divide in the WHO European Region. Final report. Copenhagen: WHO Europe; 2013 (updated 2014) ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf?ua=1), accessed 10 April 2016).

## 10. *WHO Framework Convention on Tobacco Control*

WHO Framework Convention on Tobacco Control. Geneva: WHO; 2003 (updated 2004, 2005) ([http://www.who.int/tobacco/framework/WHO\\_FCTC\\_english.pdf](http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf), accessed 10 April 2016).

Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: making tobacco a thing of the past. Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/282962/65wd10e\\_Tobacco\\_150475.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/282962/65wd10e_Tobacco_150475.pdf?ua=1), accessed 10 April 2016).

Empower women: Facing the challenge of tobacco use in Europe. Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/271162/EmpowerWomenFacingChallengeTobaccoUse1.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0019/271162/EmpowerWomenFacingChallengeTobaccoUse1.pdf?ua=1), accessed 10 April 2016).

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Tobacco industry interference in the WHO European Region. Copenhagen: WHO Europe; 2012 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/166748/Tobacco-Industry-Interference-In-the-WHO-European-Region.pdf](http://www.euro.who.int/__data/assets/pdf_file/0005/166748/Tobacco-Industry-Interference-In-the-WHO-European-Region.pdf), accessed 10 April 2016).

## 11. *Global and regional mandates on alcohol*

Global Status Report on Alcohol and Health. Geneva: WHO; 2014 ([http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1), accessed 10 April 2016).

Status report on alcohol and health in 35 European countries 2013. Copenhagen: WHO Europe; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf](http://www.euro.who.int/__data/assets/pdf_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf), accessed 10 April 2016).

Alcohol in the European Union. Consumption, harm and policy approaches. Copenhagen: WHO Europe; 2012 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/160680/e96457.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/160680/e96457.pdf), accessed 10 April 2016).

European action plan to reduce the harmful use of alcohol 2012–2020. Copenhagen: WHO Europe; 2012 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/178163/E96726.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf); accessed 10 April 2016).

Global strategy to reduce harmful use of alcohol. Geneva: WHO; 2010 ([http://www.who.int/substance\\_abuse/alcstratenglishfinal.pdf?ua=1](http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1), accessed 10 April 2016).

## *1.2. Global and regional plans on nutrition and physical activity*

Physical activity strategy for the WHO European Region 2016–2025. Copenhagen: WHO Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/282961/65wd09e\\_PhysicalActivityStrategy\\_150474.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_150474.pdf), accessed 10 April 2016).

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