WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020

Ashgabat, Turkmenistan, 3- 4 December 2013

Report of the Conference
ABSTRACT

During 3–4 December 2013, 127 participants including representatives of 35 Member States (including 11 health ministers), six intergovernmental organizations, seven nongovernmental organizations and one WHO collaborating centre as well as special guests, temporary advisers, observers from the Ministry of Health and Medical Industry of Turkmenistan and WHO met to take stock of their achievements in preventing and controlling noncommunicable diseases (NCDs) in the previous two years and to commit to joint action in this area in the short and long term. The Conference comprised three main themes: NCDs and development; the vision of a tobacco-free Europe; and national responses to NCDs. Several products were launched at the Conference and contributed to discussions: a progress report on preventing and controlling NCDs in the WHO European Region; the European tobacco control status report for 2013; and a country assessment guide on health system challenges and opportunities for better NCD outcomes. Finally, the Conference ended by adopting the Ashgabat Declaration.

Keywords
CHRONIC DISEASE
HEALTH POLICY
HEALTHCARE SYSTEMS
PREVENTION & CONTROL
TOBACCO SMOKING

Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europe
UN City
Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

© World Health Organization 2014

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening session</td>
<td>2</td>
</tr>
<tr>
<td>NCDs and development</td>
<td>3</td>
</tr>
<tr>
<td>Keynote</td>
<td>4</td>
</tr>
<tr>
<td>Discussion of the Ashgabat Declaration 1</td>
<td>4</td>
</tr>
<tr>
<td>Panel discussion</td>
<td>5</td>
</tr>
<tr>
<td>Tobacco-free Europe</td>
<td>5</td>
</tr>
<tr>
<td>Keynote</td>
<td>6</td>
</tr>
<tr>
<td>Discussion of the Ashgabat Declaration 2</td>
<td>6</td>
</tr>
<tr>
<td>Panel discussion</td>
<td>7</td>
</tr>
<tr>
<td>Discussion</td>
<td>7</td>
</tr>
<tr>
<td>Health system challenges and opportunities</td>
<td>8</td>
</tr>
<tr>
<td>Keynote</td>
<td>8</td>
</tr>
<tr>
<td>Discussion of the Ashgabat Declaration 3</td>
<td>9</td>
</tr>
<tr>
<td>Discussion</td>
<td>9</td>
</tr>
<tr>
<td>Strengthening national responses: health systems including multisectoral responses 1</td>
<td>10</td>
</tr>
<tr>
<td>Moderated discussion on national responses on NCDs</td>
<td>11</td>
</tr>
<tr>
<td>Strengthening national responses: health systems including multisectoral responses 2</td>
<td>13</td>
</tr>
<tr>
<td>Panel discussion</td>
<td>13</td>
</tr>
<tr>
<td>Discussion</td>
<td>15</td>
</tr>
<tr>
<td>Lunch session</td>
<td>15</td>
</tr>
<tr>
<td>Closing session</td>
<td>16</td>
</tr>
<tr>
<td>Presentation of the Ashgabat Declaration</td>
<td>16</td>
</tr>
<tr>
<td>Signing of the Declaration</td>
<td>17</td>
</tr>
<tr>
<td>Closing remarks</td>
<td>17</td>
</tr>
<tr>
<td>Annex 1</td>
<td>18</td>
</tr>
<tr>
<td>Programme</td>
<td>18</td>
</tr>
<tr>
<td>Annex 2</td>
<td>22</td>
</tr>
<tr>
<td>List of participants</td>
<td>22</td>
</tr>
</tbody>
</table>
Opening session

A ministerial conference of WHO European Member States was held on 3–4 December 2013 in Ashgabat, Turkmenistan, hosted by the Government of Turkmenistan. It brought together 127 registered participants comprising representatives of 35 Member States, including 11 health ministers, as well as representatives of six intergovernmental organizations, seven nongovernmental organizations and one WHO collaborating centre, with the First Lady of Estonia and other special guests, temporary advisers, observers from the Ministry of Health and Medical Industry of Turkmenistan and WHO. The main goal was to take stock of achievements in preventing and controlling noncommunicable diseases (NCDs) in the previous two years and to commit to joint action in this area in the short and long term. The Conference comprised three main themes: NCDs and development; the vision of a tobacco-free Europe; and national responses to NCDs.

The opening session of the Conference took place at the Ryhyyet Palace. Gurbanguly Berdimuhamedow, the President of Turkmenistan, welcomed participants and spoke of the urgent issues countries are facing. The health of the people is important for the prosperity of a country, and he outlined some of the important programmes in place in Turkmenistan. He acknowledged the support of WHO in accomplishing work on NCDs. Turkmenistan has been active in tobacco control for more than a decade, and further priorities now include nutrition and preventing the spread of obesity. He saw the Health 2020 policy joining with their efforts: for example, in pushing for full realization of the WHO Framework Convention on Tobacco Control and a smoke-free territory. He thanked WHO, and the WHO Regional Director for Europe personally, for their contributions in preparing the Conference.

Zsuzsanna Jakab, WHO Regional Director for Europe, added her words of welcome. Much had been achieved in the previous two years since meeting in Moscow at the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, including the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 and the European policy on health and well-being, Health 2020. Now it is time to be vigilant and to not lose the gains already made in this field. At the end of the first decade of the WHO Framework Convention on Tobacco Control, it is time to think of the next steps: for example, will our children’s children be able to enjoy a Europe free of tobacco? She expressed her gratitude to Turkmenistan for hosting the meeting and noted that it was the first time that the Ryhyyet Palace had hosted a health conference. Outlining the agenda, she looked forward to a successful meeting.

Hans Troedsson, Executive Director of the Office of the WHO Director-General followed, speaking on behalf of the Director-General. He thanked Turkmenistan for hosting this first WHO European ministerial conference on NCDs. This is an important topic, with many people affected personally, and with huge disparities within and between countries in the probability of dying from these diseases. A global strategy and target of 25% reduction by 2025 has been agreed, and the European Region has an opportunity to take leadership and for countries to set their own national targets. Every cabinet minister has the role of health minister given the contributions their sector has to make in meeting this challenge. He hoped that the tool on overcoming health systems barriers that was launched at the Conference would also serve as a guide for other regions. In 2014, progress made against the Political Declaration of the High-level Meeting of
the General Assembly on the Prevention and Control of Non-communicable Diseases will be reported back to the United Nations General Assembly, and he hoped that the Conference would help address gaps, especially since the WHO Framework Convention on Tobacco Control is far from completely implemented.

**Evelin Ilves**, First Lady of the Republic of Estonia, spoke next. As a physician, mother and wife, she has publicly and privately dealt with NCDs. She recounted her recent experience in speaking out against trans-fats, the media storm faced and the need for perseverance to bring about change. She expressed her concern about the quality of food offered and marketed to children and asked whether the food industry is interested in feeding people or enriching itself. Lifestyle choices are largely determined by social norms, and deaths from alcohol and lifestyle-based diseases can reflect failure in social policy. In this respect, she was happy that the Conference would discuss a vision for a tobacco-free Europe, believing our health and that of our children depends on our wisdom and courage.

The President of Turkmenistan then concluded proceedings with his hope for fruitful collaboration. The participants then reconvened at the Oguzkent Hotel for the remainder of the Conference.

**NCDs and development**

**Nurmuhammet Amanepesov**, Minister of Health and Medical Industry, Turkmenistan chaired the first plenary and introduced the session, which aimed to set the scene for the Conference by highlighting the relevance of NCDs for public health and development.

**Margaret Chan**, Director-General of WHO, joined the Conference by video and wished the Conference every success. Since NCDs place huge burdens on population health, economies and health systems, profound changes in the mindset and practice of public health are called for as well as going back to basics on such issues as people-centred primary care. Nevertheless, she considered that the European Region has much to build on and already leads the world in reducing risk factors. A tobacco-free Europe would strongly contribute to preventing NCDs. The agreed global action plan, indicators and targets provide a solid foundation for further joint action.

Following this, **Zsuzsanna Jakab**, WHO Regional Director for Europe, presented the relationship between Health 2020 and NCDs. She indicated that Turkmenistan had gone beyond merely hosting the event but had also been working intensively on NCDs with WHO in the previous 18 months. She gave an overview of the epidemiological situation for NCDs, particularly diseases of the circulatory system, in the European Region. There are significant disparities across the Region in years of life lost, with countries in the eastern part of the Region having a greater burden of premature mortality. Further, people are living longer with NCDs, which presents challenges for health care systems. Although significant gains have been made in reducing mortality from cardiovascular diseases in many countries, the economic challenge experienced by many countries could compromise the gains made in previous decades. Nevertheless, Health 2020 encourages innovative thinking, and for many countries, there are opportunities to invest in health systems and to benefit from the accumulated experience of the past 30 years. Zsuzsanna Jakab highlighted some of the support available, such as subregional networks, the milestone conferences of 2013, the tools and reports to be launched and the opportunities provided by the Conference itself.
Keynote address

Pekka Puska, Director General, National Institute for Health and Welfare, Finland, addressed NCD prevention: the historical perspective and vision for the future. There are obvious problems: a heavy burden from NCDs and inequalities within and between countries. Many myths about disease prevention persist but can be overturned. NCDs can be prevented, and the great potential lies at the population level. The effects of disease prevention can be seen rapidly and can be substantial, such as the 10–17% reduction in acute myocardial infarction rates following the introduction of smoke-free restaurants. NCD prevention is relatively inexpensive and can be cost-effective, even generating revenue through such means as alcohol and tobacco taxation. Many strategies have been produced, from the global NCD strategy in 2000 to the more recent global NCD action plan in 2013, as well as the WHO Framework Convention on Tobacco Control and global strategies on diet and physical activity and on alcohol, but there is a gap in implementation. Societal changes, with health in all policies as well as health service action are needed, and there are both personal and public responsibilities. The evidence is there, but political will and strong leadership are needed combined with good partnership if the targets to reduce NCDs are to be met.

Sylvie Stachenko, Professor, School of Public Health, University of Alberta, Edmonton, Canada, then launched a progress report on the prevention and control of NCDs in the European Region, drawing on the results of the 2013 NCD country capacity survey. Implementation of the global NCD action plan is progressing in all priority areas, and there is alignment with Health 2020 and the Global Monitoring Framework. Most countries in the Region responded, and trends during the past decade could be determined for some indicators. For most countries, NCDs feature in national health plans, and just over half the countries have multisectoral coordination mechanisms. Risk-factor surveillance has increased overall, although the measurement of salt intake and lipids is less common. Four fifths of countries have fiscal interventions to influence behaviour, largely related to tobacco and alcohol, and there has been progress in the proportion of countries integrating NCDs into primary health care systems. Nevertheless, gaps and challenges still exist, such as the need for disaggregating data.

Discussion of the Ashgabat Declaration 1

Nurmuhammet Amannepesov thanked the previous speakers and then invited country delegations to take the floor and make short interventions regarding the draft Ashgabat Declaration.

Armenia explained that they have been paying more attention to NCDs, a main cause of death in the country, aware that investing in NCDs is an investment for the future. In 2010 a national NCD strategy was adopted, followed by a plan for preventing and controlling NCDs in 2011. In 2014, they plan extensive clinical programmes in primary health care for prevention and early diagnosis of NCDs. They recognize the importance of efficient surveillance systems and are trying to improve national information systems. They are convinced the Ashgabat Declaration is an important step.

Montenegro spoke of the burden of NCDs and their staggering socioeconomic impact. They consider investing in the health of the people to be a way to reduce poverty. In tackling NCDs, they know what works, but it is important to have commitment at the prime minister level and key performance indicators to monitor progress against targets. Intersectoral collaboration is crucial, especially the critical role of the private sector and promotion of corporate social
responsibility. The South-eastern Europe Health Network will hopefully demonstrate that successful solutions are possible.

**Uzbekistan** spoke of the progress made within their country on tackling NCDs, including a law on alcohol, progress on the WHO Framework Convention on Tobacco Control, standards in primary health care and surveillance of risk factors. They have adopted a strategy and developed measures to prevent and control NCDs. They saw the Ashgabad Declaration as historic and gave it their support.

**Panel discussion**

A panel discussion then followed in which experts briefly commented following the countries’ comments.

**Agis D. Tsouros**, Director of the Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe, considered that much is already understood about NCDs, their burden and what needs to be done, and this is supported by Health 2020 with its whole-of-government approach and new evidence. Nevertheless, laws and strategies are not enough, and capacity is needed in leadership and implementation if these are to be realized. Similar to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, countries need the same sense of urgency so that there is not just an Ashgabad Declaration but also declarations for action in individual countries.

**David Stuckler**, Senior Research Leader in Sociology, University of Oxford, United Kingdom, spoke of his pleasure of being in Turkmenistan, a country not just rich in natural resources but also in progress in tobacco control. He reflected on the history of declarations and noted that, just after the Tallinn Declaration in 2008, Europe was engulfed in economic recession and many leaders chose to finance budget deficits with major cuts to disease prevention. He suggested several ways that the Ashgabad Declaration could avoid meeting the same fate. Setting targets is important but will need to be backed by good data collection and differentiation. Resources are needed, and the case needs to be made that cutting disease prevention is false economy, because every euro invested in disease prevention would bring three euros in return. It is important to reach out to other sectors and protect against vested interests. National plans are needed, and the future, fate and promise of the Ashgabad Declaration are in the hands of delegates.

The Chair thanked the Member States and panel for their contributions before closing the session.

**Tobacco-free Europe**

**Ingrīda Circene**, Minister of Health, Latvia, chaired the second plenary session, which considered the vision of a tobacco-free Europe and included a moderated panel discussion on the Ashgabad Declaration.

First, she gave an overview of progress on NCDs in Latvia. A national public health strategy for 2011–2017 was devised, and an action plan for preventing cardiovascular disease 2013–2015 adopted. The Ministry of Health had declared 2013 as the year of heart health, and several activities are underway, including cardiovascular risk assessment in primary care undertaken by general practice nurses. There has not been enough progress on tobacco control, the prevalence
of smoking among adults in Latvia remains relatively high and 20% of children are exposed to environmental tobacco smoke.

**Keynote**

Robert Beaglehole, Professor Emeritus, School of Population Health, University of Auckland, New Zealand, spoke first on tobacco-free Europe: achieving the vision. He mentioned his professional and personal interest in the topic. He wanted to acknowledge the successes in the region as well as the challenges. Parts of the region are experiencing an NCD crisis, and tobacco is a leading cause. In New Zealand, the government has accepted the goal to reduce adult prevalence to less than 5% and to have no new smokers. A further 22 health ministers in the Pacific as well as some other countries in Europe, such as Ireland, have similar ambitions. It is framed as a means of protecting children and well supported by the public. Tobacco control is cheap and can have immediate benefits. Within Europe, much could be achieved if a similar goal to be tobacco-free were adopted.

**Discussion of the Ashgabat Declaration 2**

The chair then invited countries to reflect on the Ashgabat Declaration and introduced the delegations registered to speak.

Estonia considered the outcomes of the Ashgabat Conference to be very important and the potential gains for countries from a smoke-free Europe to be tremendous. They recounted their experience in tobacco control, starting with smoke-free places in 2007 and more recent legislation banning the sale of e-cigarettes to minors. NCDs are socially communicable diseases, and comprehensive tobacco legislation is needed.

The Russia Federation described tobacco control in their country, where the smoking prevalence is 40%. Since acceding to the WHO Framework Convention on Tobacco Control in 2008, they have had a difficult path, but earlier in 2013, federal legislation on tobacco control was adopted that would fully meet all obligations. If all measures were fully put into action, they expected the smoking prevalence to decrease by 30% (to 28%) by 2020 and by 50% (to 20%) by 2025. They gave their full support to the draft Ashgabat Declaration and to implementing the WHO Framework Convention on Tobacco Control to the fullest extent. Finally, they invited countries to the sixth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, which will be held in Moscow on 13–18 October 2014.

There has been significant progress on tobacco control in Turkey in recent years: they are now achieving all six measures of the MPOWER package and have seen smoking prevalence drop by 13.4% and emergency admissions for cardiovascular diseases drop by 33% from 2008 to 2012. Full government support for tobacco control, led by the Prime Minister, had been crucial. Their advice was that, if tobacco control can work in Turkey, which has a long history of tobacco production, it can work anywhere. Turkey supported accelerating full implementation of the WHO Framework Convention on Tobacco Control, working towards a tobacco-free Europe and the draft Ashgabat Declaration.

Norway was pleased to see that the draft Ashgabat Declaration was so fully based on the WHO Framework Convention on Tobacco Control and supported the wording for full implementation of the Convention. The Convention offers practical tools and guidelines to help countries meet their obligations. It also offers protection against industry interference into policy and legal protection if parties are intimidated by the tobacco industry, as Norway had recently
Finally, Norway included the vision of a tobacco-free country in its national legislation and found such a goal to be useful for long-term tobacco work.

Finally, the **United Kingdom** described the actions it has taken to reduce smoking prevalence from more than 50% of adults in the 1970s to less than 20% of adults now. Tobacco control has widespread political support and a whole-of-government approach, with local government also having an important role. In their experience, determination over a long period is needed, as well as evidence-informed policies and close work with nongovernmental organizations and academics. Vested interests need to be protected against, but they expected that, at present rates, a smoke-free country could be expected in 20–30 years.

**Panel discussion**

The chair then invited Clive Needle to moderate the panel discussion that followed the countries’ comments.

First to speak was **Haik Nikogosian**, Head of Secretariat, WHO Framework Convention on Tobacco Control. The first European tobacco strategy was adopted in 2002, and tobacco control was deep in public health thinking in Europe. Nevertheless, it would be naive to believe that decreasing demand will decrease supply, since tobacco is no ordinary commodity. Further, a tobacco-free Europe needs to be more than a smoke-free Europe given the new kinds of products emerging. National action alone is not enough, because there are transnational issues and the industry is very clever. It has started to use different and more aggressive tactics in recent years.

**Kristina Mauer-Stender**, Programme Manager, Tobacco Programme, WHO Regional Office for Europe, presented the *Tobacco control report 2013*, which analysed the implementation of core tobacco-reduction measures from the global, regional and subregional perspectives and presented a possible future scenario and the next steps. Although Europe is a global leader on some issues such as tobacco taxation, it only has low-level implementation across several measures.

**Florence Bertelleti Kamp**, Director, European Smoke Free Partnership, believes that the goal of a smoke-free Europe by 2040 could be a visionary tool. Achieving such a dream for Europe, however, should not mean pushing the problem elsewhere globally. She saw it as a “David and Goliath” story, of health against the tobacco industry. She found it helpful to think in terms of John Kingdon’s three streams of problems, policy and politics: the WHO Framework Convention on Tobacco Control defines the problem; regarding policy, the health sector has to be brave and approach each of the other ministries and sectors for support; and in relation to politics, she thanked the health ministers of Ireland and Lithuania for their efforts.

**Discussion**

The moderator thanked the panel and opened the floor for comments.

Speaking in their capacity as President of the Council of the European Union (EU), **Lithuania** read a short statement on behalf of EU countries and gave their support for the Ashgabat Declaration. The sustainability and efficiency of health systems is a key priority of the Lithuanian Presidency. They emphasized the importance of health in all policies and stressed the need to prevent young people from smoking. They announced that the European Council would soon make final conclusions in the debate on the EU Tobacco Products Directive, and he asked for help from countries in uniting forces against the tobacco industry.
Members of the panel added further comments. The tobacco-free concept is not new, but the Ashgabat Declaration could re-energize it and give it more weight in the context of NCD. Europe is no longer the leader in tobacco control, but the gap can be closed, especially given the level of public support, that many smokers want to quit and that the data, evidence and tools are available. Nevertheless, maybe it is time to stop talking about regulating lifestyles and start talking about regulating industries instead. Tobacco control requires a comprehensive approach, and full implementation of the WHO Framework Convention on Tobacco Control therefore needs to be accelerated. Persistence is required to achieve a goal of reducing the smoking prevalence by 30% by 2025. Finally, there is still an opportunity for countries to sign the Protocol to Eliminate Illicit Trade in Tobacco Products, and 20 European countries and the European Union have signed it.

Clive Needle referred back to the chair. Before closing the session, the Chair thanked the moderator and participants for the new ideas and proposals brought, which she believed everyone would find useful. She recognized the efforts of the Lithuanian Presidency in tobacco control and thought the Ashgabat Declaration would be an important conclusion to the meeting.

**Health system challenges and opportunities**

The session was chaired by Nurmuhammet Amannejepsoy, Turkmenistan and co-chaired by Vytenis Povilas Andriukaitis, Minister of Health, Lithuania. The Chair introduced the session, which focused on the ongoing assessments of health systems to ensure equitable access to health care and the need for high-quality outcomes in preventing and controlling NCDs.

**Keynote**

Ilona Kickbusch, Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva, Switzerland, made a presentation on the new challenge for health systems: co-benefits and co-production. Health 2020 expresses that we are at a turning point in how we approach public health. New public governance means democratization of systems and working in new ways, and it is crucial that health be visible and engage in that debate. We are entering the era of co-production of health with other partners and the sharing of care and governance between patients and professionals. Health care, health promotion and public health are no longer seen as separate systems. If we have an NCD challenge, we need a patient-centred health system, built for active patients, their families and caregivers. This dynamic system builds on the knowledge revolution, promoting self-governance with increased health literacy, self-management and self-reliance, and is powered and empowered by the information technology revolution. The health system has a different starting-point and moves beyond its boundaries, with care moving to homes and the places where people live, work and play. Patients are seen as an asset and part of the process not as a problem. Evidence indicates that co-production works, increasing satisfaction, quality and outcomes, and the society at large reaps co-benefits.

The Chair thanked Ilona Kickbusch and then introduced Svetlana Axelrod, Deputy Director, Ministry of Health of the Russian Federation, who presented the vision of the Russian Federation about the collaboration in the Region. The Russian Federation has been increasing its donor potential and has a memorandum of understanding with WHO to use its voluntary donations in cooperation to support NCD work in countries. Various projects are in progress around the globe, including strengthening health systems in low- and middle-income countries and a training course designed and run by Russian and international experts that took place in February 2014. There are plans to open a geographically dispersed office of WHO for NCDs in Moscow.
After thanking the speaker, the Chair then invited the representative from Lithuania to co-chair the session to discuss the draft of the Ashgabat Declaration.

**Discussion of the Ashgabat Declaration 3**

As co-Chair, Vytenis Povilas Andriukaitis thanked Nurmuhammet Amannepesov, introduced himself and then invited Pekka Puska to make some introductory remarks on behalf of the senator group, a high-level scientific group that worked with WHO to draft the Ashgabat Declaration.

Pekka Puska explained that, since this was a very important conference, a declaration was needed to outline the issues of importance. He named the members of the senator group who have worked with WHO in drafting the declaration. The Ashgabat Declaration built on previous strategies, action plans and declarations. The process to draft and consult on the Declaration had been extensive. Many good comments had been received, and most could be accommodated. A new version had been available at the end of the previous week, further changes had been made and a revised version circulated just before the Conference. No further comments had been received by the deadline the day before the Conference opened.

Vytenis Povilas Andriukaitis then opened the discussion on the draft of the Ashgabat Declaration, welcoming reactions to the latest draft.

**Discussion**

First, two countries described recent experience in NCDs. Slovenia described how primary health care, while already strong, is being upgraded to better perform for chronic diseases. Risk factors for cardiovascular diseases are being assessed in community health centres, and health education centres have been established, offering tobacco cessation and lifestyle counselling. More than 9000 adults have received checks and deaths from cardiovascular diseases have declined, with about half attributed to better treatment. Model general practices are being developed with integrated care of chronic diseases and task shifting from physicians to graduate nurses. The plan is also to reduce referrals to secondary care and for increasing the involvement of patients.

The Republic of Moldova told how they were one of four countries that had participated in the health systems assessment project. NCDs cause 87% of mortality in the country. Nevertheless, considering the trends, the 25% reduction by 2025 may be able to be achieved using low-cost interventions. Funding of the health system has been kept at a stable level, with primary health care and public health given priority. Efficiency measures have been introduced, and management of risk factors, acute myocardial infarction and stroke has improved. The previous week, 400 stakeholders had participated in the second national health forum, discussing NCD and tobacco control.

In the discussion that followed, there were contributions from Lithuania (on behalf of the EU), Georgia, Kazakhstan, Montenegro, Turkey and UNICEF. Overall, there was strong support for the Ashgabat Declaration and support for bringing about a tobacco-free Europe. The Declaration is seen as a means of accelerating the implementation of Health 2020, with governance for health a cornerstone. Some examples were given and suggestions made of relevance to implementing the Declaration, such as: the need for system change to include education and cooperation with social systems; increasing the role of nurses; involving individual people in managing their own condition and how nongovernmental organizations can support this; and the need for reforming screening and disease management programmes to ensure more effective use of resources.
Two points in particular were highlighted: the importance of other United Nations organizations including NCDs in their agenda and the need to pay equal attention not just to tobacco but all other risk factors. Responses were made by Pekka Puska, on behalf of the senator group, and by WHO to explain how these were already addressed in the current draft.

After the Co-Chair summarized the discussions, the Chair then invited a statement from the nongovernmental organizations. Katie Dain, NCD Alliance, read a joint statement in which she recommended five areas to support the Ashgabat Declaration: giving priority to and investing in NCDs at the national level; marshalling whole-of-government and whole-of-society responses at all levels, involving civil society; working towards a tobacco-free Europe; championing health and NCDs in the post-2015 agenda; and supporting a comprehensive review and assessment for NCDs in 2014.

The Chair then closed the session.

**Strengthening national responses: health systems including multisectoral responses 1**

The fourth plenary was chaired by Andrei Usatii, Minister of Health of the Republic of Moldova, who opened the session by thanking the WHO Regional Director for Europe for the reception dinner the previous evening.

He then described the NCD burden in Republic of Moldova. His country’s involvement in the health system capacity assessment project has identified several challenges, including poor information systems and coordination. Several health care reforms are underway as well as implementation of the WHO Framework Convention on Tobacco Control and efforts to strengthen physical activity. Other ministries are fully involved in controlling NCDs, and participation in the South-eastern Europe Health Network has been very useful.

The Chair then introduced the session to discuss strengthening national responses in countries, with particular focus on recent actions taken. Member States’ experiences were reported and reviewed, based on lessons learned from health system reviews and the results of WHO country capacity surveys on preventing and controlling NCDs, the fourth of which was conducted in 2013.

He invited Nurmuhammet Amannepesov, Minister of Health and Medical Industry, Turkmenistan to present on strengthening the response of NCDs in Turkmenistan. They have a national NCD strategy for 2011–2016 but have more recently developed a cross-sectoral NCD strategy and action plan for 2014–2020. There is a good primary health care system, but wider supportive changes in the health system are underway including restructuring and modernization, standards of medical care and meeting the demand for family doctors in rural areas. Tobacco control is a feature: for example, they have been part of the WHO Framework Convention on Tobacco Control since 2007, smoking in public places has been prohibited since 2000 and a national law is being adopted. National programmes for nutrition and sports exist, and there are programmes for screening for breast and cervical cancer. There are moves to improve health information system and Turkmenistan has recently become one of the first countries in the region to implement the WHO STEPS survey of NCD risk factors.
Moderated discussion on national responses on NCDs

The Chair thanked the speaker and then invited country delegations to discuss their own national responses to NCDs. In their responses, many countries specifically expressed support for the Ashgabat Declaration, which they believed would give momentum to their efforts.

**Azerbaijan** is determined to combat NCDs. NCDs are included in the national programme for developing health care for 2020, and they have developed a national NCD strategy for 2013–2020 and plan of action until 2016. They are working closely with international partners such as the World Bank and the United States Agency for International Development, and WHO in particular has given assistance at every step.

In **Belarus**, the smoking prevalence among adults is 30%. All NCDs are covered through state-sponsored and controlled programmes such as those for cancer and hypertension. There is an interdepartmental body for tobacco, drugs and alcohol. They have ratified the WHO Framework Convention on Tobacco Control and have a ban on smoking in public places. The national plan of action up to the year 2020 is based on Health 2020.

In **Bosnia and Herzegovina**, NCDs cause more than 80% of deaths, 36% of adults smoke and 51% have high blood pressure. Bosnia and Herzegovina is an active member of the South-eastern Europe Health Network and of international partnerships. For the next four years, they have a project co-funded by the Swiss Agency for Development and Cooperation and implemented by WHO that will include large-scale public health programmes for cardiovascular risk assessment and management to be delivered in a multiprofessional way at the primary health care level.

In September 2013, **Bulgaria** adopted a national NCD programme for 2014–2020 that had been prepared by a multidisciplinary working group of leading experts in consultation with WHO. The targets are based on national conditions and take account of the global monitoring framework for NCDs. The 28 regional health inspectorates will be responsible for health at the local level. Work on NCDs will build on previous experience, including that of the WHO countrywide integrated noncommunicable disease intervention (CINDI) programme and tobacco control. They fully support the Ashgabat Declaration.

NCDs cause 88% of deaths in **Croatia**, and 27% of adults smoke. Croatia has a Health Development Strategy 2012–2020 that is aligned with Health 2020. They have been increasing their tobacco control efforts with new legislation and a focus on young people and schools among other things. Croatia promotes intersectoral cooperation, and there is a national NCD committee under the Ministry of Health and a national coordinating mechanism for tobacco control.

**Georgia** has a new health policy in accordance with WHO recommendations and Health 2020. Health is a priority: the budget was doubled in 2013 and universal health coverage is in place. NCDs cause 91% of the mortality, and 30% of adults are smokers. Cancer screening has been in place since 2011, and a cancer registry will become countrywide next year. Various strategy documents have been elaborated, including NCDs, cancer control, salt, diabetes and obesity, for finalization early next year. Georgia ratified the WHO Framework Convention on Tobacco Control in 2006, but political commitment was initially weak. In 2013, a state commission was created, a national tobacco control strategy was developed in collaboration with WHO, the WHO Framework Convention on Tobacco Control secretariat and the International Union against Tuberculosis and Lung Disease, and the strategy and a five-year action plan were approved.
Kazakhstan said a strong legislative basis is needed for tobacco control, and tobacco-cessation centres are growing in cities. Kazakhstan is developing physical education and sports amenities, improving school nutrition and promoting breastfeeding until six months of age. Early screening is developing, and community-based services with multidisciplinary teams are promoting self-management and patient responsibility.

Kyrgyzstan has developed and confirmed a programme for preventing and controlling NCDs for 2013–2020 with the support of WHO as well as disease-specific guidelines. In the parliament, they are discussing increased taxation of tobacco and alcohol. They have plans to improve primary health care for people with NCDs. Family medicine centres are organized to carry out a package of measures and screen several diseases; they need to involve community organizations and better support rural areas also. They have carried out a WHO STEPS survey of NCD risk factors and are making efforts to upgrade health information systems. They value subregional networks for this and feel that the central Asian republics information network (CARINFONET) should be renewed.

Lithuania, in its capacity of the EU Presidency, announced that a meeting of the Council of Ministers was scheduled for 10 December. Agenda items include the EU negotiations on tobacco directive and products and also health systems. Given the growing burden of chronic disease, they need to raise awareness within Lithuania itself. There is a total ban on smoking in public places, increasing physical activity within schools and community-based prevention programmes. Early detection is impossible without solidarity and universal health coverage.

Romania has embarked on a complex reform of the health system, including health funding to increase access to care. They plan to reverse the pyramid, shifting care from hospitals into the community, and are using evidence-informed guidelines, financial incentives, new models of hospital management and other means to improve care. Programmes for cardiovascular diseases and cancer are being implemented, and there are primary prevention programmes: for example, that for nutrition involves new partnerships with nongovernmental organizations and the food industry. Romania has ratified the WHO Framework Convention on Tobacco Control, and the need to implement continues.

Tajikistan has in place several vertical programmes for diagnosis, prevention and control of specific NCDs. It has also recently developed an NCD strategy for 2013–2023 and plan for 2013–2016. A law on marketing tobacco products is in place. There is a National Nutritional Centre as well as centres to promote healthy lifestyles.

Ukraine has in place some specific programmes for NCDs. Recently, they have been concentrating on the pricing of medicines and access to generic drugs. Previously, people with known disease were unable to access affordable medicines; now Ukraine has seen the proportion of people seeking treatment for hypertension rise from 5% to 50%, ambulance calls for hypertensive-associated disease have fallen and strokes have declined. The government plans to increase the list of medicines covered by this approach.

The Chair thanked Member States and summarized the main points. Many themes had been covered, but he noted in particular the strong support for the Ashgabat Declaration, the multisectoral approaches in place despite different starting-points, the changing paradigm from hospital to community care and family medicine and the importance of tobacco control.
Strengthening national responses: health systems including multisectoral responses 2

Following the break, the session on health systems continued. This second part was chaired by Thomas Ilka, State Secretary, Ministry of Health, Germany. He welcomed strong commitment to preventing and controlling NCDs and started by describing the situation in Germany. Health education and disease prevention are of central importance, and recent successes include the halving of smoking prevalence among young smokers. A new law on cancer is being adopted, and cancer registries and population-based screening are becoming nationwide. Disease management programmes are increasing coordination and the quality of care.

He then invited Taavi Lai, Senior Analyst, University of Tartu, Department of Public Health, Estonia to present on comprehensive health system strengthening for better NCD outcomes: examples from Estonia. Estonia has a wealth of experience in reforming its health system, and four examples demonstrate how several health system barriers are overcome. Primary health care is at the centre of the health care system, serving a gatekeeper function. Structure is not everything, however, and the payment system is used to provide incentives to health professionals and patients to work on chronic diseases. Since 2006, general practitioners have received quality bonuses for focusing on disease prevention, patient monitoring and follow-up of chronic diseases. Indicators have been selected and expanded over time to monitor a range of relevant activities such as vaccination, health checks, diabetes and hypertension and gynaecological procedures. All targets are linked to treatment guidelines, and there are algorithms based on risk score value. The nurse has a key role in family practice, so she sees patients first, triages, uses treatment guidelines for specific cases and assesses risk. This has increased access and consultations and has been a huge success, but it also increases the need for money for testing. eHealth supports the system. All providers contribute case summaries, test results etc. to a central database or electronic health record that is accessible to health professionals and the patient themselves. The learning point is to think comprehensively rather than search for isolated solutions.

Elke Jakubowski, Acting Programme Manager, Public Health Services, WHO Regional Office for Europe, then presented on behalf of Melitta Jakab, Division of Health Systems and Public Health. First she gave an overview of the work in the Division, and between divisions, towards people-centred health systems. Then she described the framework for identifying health system barriers for preventing and controlling NCDs and how this had been piloted through five country assessments. Some common themes had emerged: for example, in most cases cost-effective measures need to be scaled up, and effective mechanisms for intersectoral work are lacking. This work will be followed up in the countries themselves, further country assessments will be carried out and a regional synthesis report is planned for 2015. The country assessment guide on health system challenges and opportunities for better NCD outcomes was formally launched.

Panel discussion

Clive Needle then moderated the panel discussion that followed. After introducing panel members, he invited them to reflect on the discussions so far.

Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation of the WHO Regional Office for Europe, repeated the point that what does not get measured does not get done. Strengthening health information systems is a key part, and she was pleased that this had been regularly mentioned over the two days and is referred to in the Ashgabat Declaration. It requires not just a whole-of-sector approach but also a whole-of-government approach given some of the determinants. Information on vulnerable groups is often missing and
needs to be looked for. She has also heard interest in regional and subregional networks to support the strengthening of health information systems. Finally, she mentioned the importance of translating evidence into action so that outcomes are measured if the Ashgabat Declaration is to become a reality.

José M. Martín-Moreno, Professor of Medicine and Public Health, Medical School, University of Valencia, Valencia, Spain, noted that NCDs are environmentally and sociopolitically conditioned and determined. He emphasized two points: the need for a modern communication strategy to serve as a linchpin; and the need to accelerate action.

Ran Balicer, Director, Health Policy Research and Planning, Clalit Health Services, Tel Aviv, Israel, said that this is a time to bring about changes in health systems and that embracing people-centred care would make better use of limited resources. Multimorbidity is a key concern especially since it lacks an evidence base and the burden on costs, caregivers and systems is high. It requires switching from physician-centred care to multiprofessional teamwork. In shifting emphasis from treatment to prevention, he recommended investing in information technology that would allow decision-makers access to individualized clinical data to better help planning and monitoring without additional reporting and to support the development of prediction-based prevention. He urged not to lose sight of the equity issue, especially since affluent and health-literate people are more likely to benefit from changes and, with incentive-based systems, providers will not target deprived people unless this is included in measurement and incentives. Disease prevention can benefit the whole of government, but health ministries frequently bear the costs. New financial tools and examples are available to support new avenues for funding preventive care.

Tatiana Elmanova, WHO consultant, described work carried out in Kyrgyzstan, Tajikistan and Uzbekistan to develop intersectoral strategies in cooperation with WHO. A whole-of-government approach has been used with the active involvement of sectors in working groups developing the strategies. In November, both Kyrgyzstan and Tajikistan had formally adopted their NCD action plans. There was interest for the approach to be taken up by other WHO regions.

Christoph Hamelmann, United Nations Development Programme (UNDP) Regional Office, Bratislava Regional Centre, recalling the comments of the previous day highlighting the need for a joint United Nations response to NCDs, wished to reassure delegates that a United Nations Interagency Task Force on the Prevention and Control of NCDs is working on this, and a report is going to the United Nations Economic and Social Council on the proposed division of labour between United Nations agencies for implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Second, he drew attention to UNDP’s recent discussion paper addressing the social determinants of NCDs and suggested that NCD action could be planned and implemented to take account of the economic, social and environmental modifiers of health. While acknowledging that multisectoral action can be an uphill struggle, he drew attention to the opportunities inherent in a United Nations development assistance framework: the strategic programme framework for collective United Nations response to national development priorities. This involves 12 countries in the WHO European Region, including Turkmenistan, and is next due in 2014. Finally, he pointed out that 2014 and 2015 would be critical years for developing new United Nations goals and targets post-2015 and that Member States would decide which prevailed.

Armin Fidler, Adviser, Health Policy and Strategy, Human Development Network, World Bank, added his comments. How to achieve a whole-of-government approach is not clear. This
entails turning a new lens on some of the problems for which the health ministry is not necessarily the lead. He gave the example of Austria’s Finance Ministry including a target for intersectoral work among those in the budget for sectoral ministries. Ageing societies and multimorbidity requires an entirely different service mix in countries. Many of the ministries represented in the Conference are active in the global arena and can potentially influence the international development agenda. Although health ministries clearly recognize the shifting burden of disease, this is not the case in development ministries, which still often do not give priority to NCDs. The concept of shared prosperity should be considered in whatever we do, so that the least privileged people also benefit. Finally, the World Bank covers 20 sectors and has the expertise and willingness to work in partnership.

**Discussion**

The moderator thanked the speakers and opened the floor for further comments. There were comments from the Russian Federation and Turkey. There was praise for the composition of the panel, with its impressive line-up of panellists, and gratitude for the new assessment guidance. Although the Ashgabat Declaration is considered a great step forward, the struggle against NCDs is complex and will be advanced if certain preconditions are met. Objective information is needed about NCDs. Activities at the national level and proper investment are needed, but implementation also needs to involve the regional and local levels as well as health workers to be successful. Multisectoral approaches are needed to bring about disease prevention and healthy lifestyles collectively and individually. All actions planned and indicative plans and guidelines need to be measured quantitatively.

The moderator summarized the main points, using the picture of a bridge spanning multiple rivers to represent the task ahead. He offered the support of the organization he represents, EuroHealthNet, to support Member States in taking forward action from Ashgabat and in building multiple bridges.

The Chair thanked the moderator and panel, commenting that an important point is obtaining and using data to cooperate and zero in on vulnerable people with NCDs. He then called forward WHO staff members to say a few words on the Ashgabat Declaration.

**Zsuzsanna Jakab**, WHO Regional Director for Europe, said that the various presentations and interventions during the past two days expressed strong support for the Ashgabat Declaration. This was due to the fact that there had been a lot of consultation in the preceding period. There was a small translation issue in the German version of the document to be rectified but otherwise she was of the impression that heads of delegations and partners were supporting the Declaration. Nevertheless, she asked the Chair if he might confirm this.

The Chair then formally asked the Member States and Conference whether they agreed to formally adopt the Declaration. There was unanimous applause in response, which he understood to be their support. He thanked everyone involved in the process for their hard work in bringing matters to this point and announced that the formal signing ceremony would take place in the final session of the day.

**Lunch session**

**Douglas Bettcher**, Technical Officer, Division of Noncommunicable Diseases and Health Promotion, WHO Regional Office for Europe, chaired the lunchtime session.
George Alleyne, Director Emeritus, WHO Regional Office for the Americas, presented on the role of civil society. He shared his thoughts on the nature of civil society and the role it can and does play in preventing and controlling NCDs in the context of participatory governance. He stressed three critical roles for civil society: advocacy; being a watchdog and holding government to account; and directly providing services. These are facilitated by capacity-building and forming strategic alliances, and he referred to toolkits that can support and enhance civil society in its roles. He used various examples, including that of the NCD Alliance at the global level and the Healthy Caribbean Coalition (of which he is a patron) at the local level. In a pluralist state, civil society is one of the actors alongside government, the public sector and the private sector and engages in intersectoral partnership. Accurate information is important, as is transparency, and a function of civil society in its watchdog role is to monitor interactions between its own organizations and also between government and the private sector to guard against vested interests and actions inimical to NCD control. This is an important period being entered: the follow-up to the Ashgabat Declaration; ensuring a proper place for NCDs in the post-2015 development agenda; and developing the Global Coordination Mechanism to be housed by WHO if approved by the World Health Assembly in 2014.

The Chair thanked George Alleyne for his very rich description of the role of civil society and then invited questions and comments from the floor.

In the discussion that followed, there were contributions from Norway, Slovenia and the NCD Alliance, all of which commented on the inspiring words, as well as WHO staff. These were a clear message and timely reminder not just of the contribution that civil society can make but also the necessity to engage them in policy-making. Norway, institutionalizes consultation and cooperation with civil society in policy-making. The government instruments of taxation, regulation and legislation work well for tobacco and alcohol control but less well for obesity and physical activity, and civil society can be especially valuable in overcoming these limitations. Youth associations and alliances are important both because young people listen to their peers and because young people can make the case for action: for example, in advocating for smoke-free places in Slovenia. Holding the session within the same room in which the Declaration would be signed was symbolically significant. It will be useful to keep in mind and put into action the three critical roles of civil society when developing NCD strategies and action plans in the coming biennium.

The Chair thanking everyone for their contributions, summarized the main points and closed the session.

Closing session

In his role as Chair, Gauden Galea, Director, Division of Noncommunicable Diseases and Life-course, WHO Regional Office for Europe, opened the session and explained how the session would be organized. In this important session, the final version of the approved Ashgabat Declaration would be read aloud in three official languages by delegates representing different countries. The purpose was to achieve a thorough understanding and agreement on the Declaration and to express the support and commitment to implementing its follow-up actions.

Presentation of the Ashgabat Declaration

The Chair introduced the reading of the declaration and each reader in turn. The preamble (paragraphs 1 to 2) were read first in Russian by Turkmenistan. Lithuania continued with the next three paragraphs of the preamble, this time in English, then Latvia read in English the section on envisioning a tobacco free Europe. The Republic of Moldova read the section acting
across the whole of government in English and, finally, Germany read in German the section on accelerating national action.

**Signing of the Declaration**

The Chair then invited the WHO Regional Director for Europe and Minister of Health and Medical Industry, Turkmenistan to open the signing of the Declaration.

**Closing remarks**

The hosts of the Conference made closing remarks.

First, Nurmuhammet Amannepesov, Minister of Health and Medical Industry, Turkmenistan, spoke. The outcome of the Conference was a very important document, and Turkmenistan will take specific action and leadership in fulfilling its commitments. They will work towards a tobacco-free Europe and to stimulate the improvement of health and well-being of present and future generations.

Then Zsuzsanna Jakab, WHO Regional Director for Europe, added her comments. The President of Turkmenistan had committed to hold the Conference in the summer of 2011, and the two-year journey in preparing it had ended. Member States were engaged from the beginning, and the outcome of the Conference would go to the WHO Regional Committee for Europe for endorsement in 2014. The journey has been hand in hand with Health 2020, and the parallel processes will support and strengthen each other: for example, the evidence-informed products from the Health 2020 preparatory process will facilitate the follow-up from Ashgabat. She raised three issues. First, everyone had affirmed the importance of the Health 2020 principles, the global NCD action plan and global monitoring framework and regional policy commitments. Second, there was a deeper understanding of country responses to NCDs, and the progress since the European NCD action plan was agreed two years before, and the Ashgabat Declaration will further strengthen this growing momentum. Third, the disjunction between the high-level WHO Framework Convention on Tobacco Control ratification and low-level implementation had come as a surprise: this paradox in the European Region needs to change, and the Declaration could be a great help in this regard. There is close collaboration within the United Nations family, with Lithuania as President of the European Council and alignment with the European Commission, across Europe and within subregional groupings. Consequently, she was full of hope that the Ashgabat Declaration will be implemented and will enter the annals of important public health documents in the European Region. Finally, she expressed her thanks to everyone involved in hosting, preparing and participating in the Conference.

The Chair thanked the speakers and formally closed the Conference.
# Annex 1

## Programme

### Monday, 2 December 2013

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00–13:30</td>
<td>Lunch&lt;br&gt;Restaurant Altyn Yildiz</td>
</tr>
<tr>
<td>13:30–16:00</td>
<td>Guided tour</td>
</tr>
<tr>
<td>10:00–21:00</td>
<td>Registration</td>
</tr>
<tr>
<td>19:30</td>
<td>Welcome reception hosted by the Government of Turkmenistan&lt;br&gt;Hotel Oguzkent</td>
</tr>
</tbody>
</table>

### Tuesday, 3 December 2013

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00–08:00</td>
<td>Transport from Oguzkent to Ryhyyet Palace</td>
</tr>
<tr>
<td>08:00–09:00</td>
<td>Welcome</td>
</tr>
<tr>
<td>09:00–09:45</td>
<td>Opening of the Conference&lt;br&gt;The Ministerial Conference will be officially opened by the host country, Turkmenistan and by WHO</td>
</tr>
<tr>
<td></td>
<td>Speakers</td>
</tr>
<tr>
<td></td>
<td>Gurbanguly Berdimuhamedow, President of Turkmenistan</td>
</tr>
<tr>
<td></td>
<td>Zsuzsanna Jakab, WHO Regional Director for Europe</td>
</tr>
<tr>
<td></td>
<td>Hans Troedsson, Executive Director, WHO Director-General’s Office</td>
</tr>
<tr>
<td></td>
<td>Evelin Ilves, First Lady, Republic of Estonia</td>
</tr>
<tr>
<td>09:45–10:45</td>
<td>Transport from Ryhyyet Palace to Oguzkent</td>
</tr>
<tr>
<td>10:45–11:15</td>
<td>Break</td>
</tr>
<tr>
<td>11:15–13:00</td>
<td>Plenary session I</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>NCDs and development</strong></td>
<td>This session will provide the opportunity to consider ways to: reduce the burden of NCDs and avoid compromising on the public health gains made during the past three decades; examine the close connections between NCDs and development in epidemiological, social, political and historical terms; present the need for investment and return within a policy cycle; and seek possibilities for regional action and cooperation on preventing and controlling NCDs as well as national drives to address them.</td>
</tr>
<tr>
<td><strong>Chair</strong></td>
<td>Turkmenistan</td>
</tr>
<tr>
<td><strong>Health 2020 and NCDs</strong></td>
<td>Zsuzsanna Jakab, WHO Regional Director for Europe</td>
</tr>
<tr>
<td><strong>NCD prevention: the historical perspective and vision for the future</strong></td>
<td>Pekka Puska, Director General, National Institute for Health and Welfare, Finland</td>
</tr>
<tr>
<td><strong>Launch of the progress report on the prevention and control of noncommunicable diseases in the European Region</strong></td>
<td>Sylvie Stachenko, Professor, School of Public Health, University of Alberta, Edmonton, Canada</td>
</tr>
<tr>
<td><strong>Panel 1: Reflections on the Ashgabat Declaration</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Panel</strong></td>
<td>Experts, partners and representatives of Member States</td>
</tr>
</tbody>
</table>

| 13:00–14:00 | Lunch |

<table>
<thead>
<tr>
<th>14:00–15:30</th>
<th>Plenary session II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A tobacco-free Europe</strong></td>
<td>This session will pose several questions. Can Europe aim for stronger implementation of the WHO Framework Convention on Tobacco Control? How is evidence linked to policies? Are mechanisms for accountability and monitoring in place? Can we consider setting a target for an eventual tobacco-free Europe? In the face of increasing interference by the tobacco industry, does Europe have the courage to choose health and act accordingly?</td>
</tr>
<tr>
<td><strong>Chair</strong></td>
<td>Russian Federation</td>
</tr>
<tr>
<td><strong>A tobacco-free Europe: achieving the vision</strong></td>
<td>Robert Beaglehole, Professor Emeritus, School of Population Health, University of Auckland, New Zealand</td>
</tr>
<tr>
<td><strong>Launch of the European tobacco control status report 2013</strong></td>
<td>Kristina Mauer-Stender, Programme Manager, Tobacco Control, WHO Regional Office for Europe</td>
</tr>
<tr>
<td><strong>Panel 2: Moderated discussion on the Ashgabat Declaration</strong></td>
<td>Moderator</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>15:30–16:00</td>
<td>Break</td>
</tr>
<tr>
<td>16:00–18:00</td>
<td><strong>Plenary session 3</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Health system challenges and opportunities</strong></td>
</tr>
<tr>
<td></td>
<td><em>This session will focus on the ongoing assessments of health systems to ensure equitable access to health care and the need for high-quality outcomes in preventing and controlling NCDs.</em></td>
</tr>
<tr>
<td></td>
<td><strong>Chair</strong></td>
</tr>
<tr>
<td></td>
<td>Turkmenistan</td>
</tr>
<tr>
<td></td>
<td>The new challenges for health systems: co-benefits and co-production</td>
</tr>
<tr>
<td></td>
<td><em>Ilona Kickbusch, Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva, Switzerland</em></td>
</tr>
<tr>
<td></td>
<td><strong>Panel 3: Discussion on the draft of the Ashgabat Declaration</strong></td>
</tr>
<tr>
<td></td>
<td><em>The Declaration will serve as an instrument of concrete commitment to joint action for preventing and controlling NCDs in the European Region and as an important step in implementing Health 2020 and the WHO global action plan for the prevention and control of NCDs 2013–2020.</em></td>
</tr>
<tr>
<td></td>
<td><strong>Co-chair</strong></td>
</tr>
<tr>
<td></td>
<td>Lithuania</td>
</tr>
<tr>
<td>19:30</td>
<td><strong>Reception hosted by the WHO Regional Director for Europe</strong></td>
</tr>
<tr>
<td></td>
<td><em>Hotel Ashgabat</em></td>
</tr>
</tbody>
</table>

**Wednesday, 4 December 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00–10:30</td>
<td><strong>Plenary session IV</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Strengthening national responses: health systems, including multisectoral responses</strong></td>
</tr>
<tr>
<td></td>
<td><em>In this session, Member States’ experiences in this area will be reported and reviewed, based on lessons learned from health systems’ reviews and the results of WHO country capacity surveys on preventing and controlling NCDs, the fourth of which was conducted in 2013.</em></td>
</tr>
<tr>
<td></td>
<td><strong>Chair</strong></td>
</tr>
<tr>
<td></td>
<td>Republic of Moldova</td>
</tr>
<tr>
<td></td>
<td><strong>Strengthening the response of noncommunicable diseases in Turkmenistan</strong></td>
</tr>
<tr>
<td></td>
<td><em>Nurmuhammet Amannepesov, Minister of Health and Medical Industry, Turkmenistan</em></td>
</tr>
<tr>
<td></td>
<td><strong>Panel 4: Reflections on national responses to NCDs</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Panel</strong></td>
</tr>
<tr>
<td>Time</td>
<td>Session/Activity</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10:30–11:00</td>
<td>Break</td>
</tr>
<tr>
<td>11:00–12:30</td>
<td><strong>Plenary session 4</strong></td>
</tr>
<tr>
<td></td>
<td>Strengthening national responses: health systems including multisectoral responses (continued)</td>
</tr>
<tr>
<td></td>
<td><strong>Chair</strong></td>
</tr>
<tr>
<td></td>
<td>Germany</td>
</tr>
<tr>
<td></td>
<td>Comprehensive health systems strengthening for better NCD outcomes: examples from Estonia</td>
</tr>
<tr>
<td></td>
<td>Taavi Lai, Senior Analyst, Department of Public Health, University of Tartu, Estonia</td>
</tr>
<tr>
<td></td>
<td>Launch of the country assessment guide on health system challenges and opportunities for better NCD outcomes</td>
</tr>
<tr>
<td></td>
<td>Elke Jakubowski, Acting Programme Manager, Public Health Services, WHO Regional Office for Europe</td>
</tr>
<tr>
<td></td>
<td><strong>Panel 4: Moderated discussion on national responses to NCDs</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Moderator</strong></td>
</tr>
<tr>
<td></td>
<td>Clive Needle, Director and European Union Policy Advisor, EuroHealthNet</td>
</tr>
<tr>
<td></td>
<td><strong>Panel</strong></td>
</tr>
<tr>
<td></td>
<td>Experts, partners and representatives of Member States</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td><strong>Lunch, including presentation, in the Round Table Hall of Hotel Oguzkent</strong></td>
</tr>
<tr>
<td></td>
<td>The role of civil society</td>
</tr>
<tr>
<td></td>
<td><strong>Guest speaker</strong></td>
</tr>
<tr>
<td></td>
<td>George Alleyne, Director Emeritus, WHO Regional Office for the Americas</td>
</tr>
<tr>
<td>14:00–15:30</td>
<td><strong>Closing ceremony in the Round Table Hall of Hotel Oguzkent</strong></td>
</tr>
<tr>
<td></td>
<td>Presentation of the Ashgabat Declaration</td>
</tr>
<tr>
<td></td>
<td><strong>Chair</strong></td>
</tr>
<tr>
<td></td>
<td>Gauden Galea, Director, Division of Noncommunicable Diseases and Life-course, WHO Regional Office for Europe</td>
</tr>
<tr>
<td></td>
<td><strong>Signing ceremony</strong></td>
</tr>
<tr>
<td></td>
<td>Closing of the Conference</td>
</tr>
<tr>
<td>16:00–18:00</td>
<td><strong>Guided tour</strong></td>
</tr>
<tr>
<td>19:30</td>
<td><strong>Reception hosted by the Ministry of Health and Medical Industry of Turkmenistan</strong></td>
</tr>
<tr>
<td></td>
<td>Hotel Yildiz</td>
</tr>
</tbody>
</table>
Annex 2

LIST OF PARTICIPANTS

Member States

Armenia

Derenik Dumanyan
Minister of Health, Ministry of Health

Hayk Grigoryan
Director, Department of Foreign Relations, Ministry of Health

Azerbaijan

Jeyhun Mammadov
Director of Public Health and Reforms Centre, Ministry of Health

Belarus

Tatyana Migal
Deputy Head, Department of Medical Care Organization, Ministry of Health

Irina Novik
Deputy Director, Belarusian Center for Medical Technologies, Computer Systems, Administration and Management of Health

Belgium

Stephanie Langerock
Attaché, International Relations, Belgian Federal Public Service on Health, Food Chain Safety and Environment

Bosnia and Herzegovina

Dragan Bogdanic
Minister of Health and Social Welfare, Ministry of Health and Social Welfare, Republika Srpska

Sredoje Nović
Minister of Civil Affairs, Ministry of Civil Affairs, Bosnia and Herzegovina

Aida Pilav
Assistant Minister, Ministry of Health, Federation of Bosnia and Herzegovina

Dunja Smitran
Interpreter
Bulgaria
Chavdar Slavov
Deputy Minister of Health, Ministry of Health

Plamen Dimitrov
Head, Department Health System Performance, National Centre of Public Health and Analyses, Ministry of Health

Croatia
Marijan Cesarik
Deputy Minister of Health, Ministry of Health

Krunoslav Capak
Head, Environment and Health Department, Croatian National Institute of Public Health

Estonia
Taavi Rõivas
Minister, Ministry of Social Affairs

Kristel Abel
Head of Communication, Ministry of Social Affairs

Maris Jesse
Director, National Institute for Health Development

Finland
Eero Lahtinen
Counsellor, Permanent Mission of Finland, Geneva

Sirpa Sarlio-Lähteenkorva
Ministerial Adviser, Ministry of Social Affairs and Health

France
Brigitte Arthur
Head, Department of International affairs, Ministry of Health

Georgia
Amiran Gamkrelidze
Director General, National Center for Disease Control and Public Health

Lela Sturua
Head of Department, National Center for Disease Control and Public Health

Tamar Chitashvili
Director, URC Branch Office in Georgia
Germany

Thomas Ilka
State Secretary, Ministry of Health

Galina Manthei
Referent, Ministry of Health

Peter Pompe
Head of Protocol, Ministry of Health

Dagmar Reitenbach
Head, Ministry of Health

Hungary

Hanna Páva
Deputy Secretary of State, Ministry of Human Resources

Italy

Antonio Federici
Senior Medical Officer, Ministry of Health

Kazakhstan

Maksut Kulzhanov
Director, Republican Healthcare Development Center, Ministry of Health

Seitkarim Tastanbayev
Deputy of Director General, Republican Centre of Health Development

Kyrgyzstan

Marat Kaliev
Deputy Minister, Ministry of Health

Rosa Dzhakipova
NCD Focal Point, Ministry of Health

Ainagul Dzhumagulova
Director, National Centre of Cardiology and Internal Medicine

Damira Niazalieva
Chair, Committee on Social and Health Policy, Parliament

Latvia

Ingrīda Circene
Minister of Health, Ministry of Health

Inga Šmate
Director, Centre for Disease Prevention and Control

**Lithuania**

Vytenis Povilas Andriukaitis  
Minister of Health, Ministry of Health

Vilius Jonas Grabauskas  
Chancellor, Medical Academy of Lithuanian University of Health Sciences

Mindaugas Pauliukas  
Adviser to the Minister, Ministry of Health

Inga Preikšienė  
Adviser to the Minister, Ministry of Health

**Montenegro**

Miodrag Radunović  
Minister of Health, Ministry of Health

Drazen Ljumovic  
Head, Minister of Health Cabinet, Ministry of Health

Boban Mugosa  
Director, National Institute of Public Health

**Norway**

Thor Erik Lindgren  
Senior Adviser, Ministry of Health

**Portugal**

Fernando Leal da Costa  
Deputy Secretary of State to the Minister of Health, Ministry of Health

Rui Portugal  
Coordinator, National Health Plan, Directorate-General of Health

**Republic of Moldova**

Andrei Usatîi  
Minister of Health, Ministry of Health

Valentina Stratan  
Member of Parliament, Parliament of the Republic of Moldova

**Romania**

Francisk Iulian Chiriac
Secretary of State, Ministry of Health
Roxana Rotocel
Head of EU Affairs and International Relations Department, Ministry of Health

**Russian Federation**

Veronika Skvortsova
Minister of Health, Ministry of Health

Svetlana Axelrod
Deputy Director, Ministry of Health

Ekaterina Saitgarieva
Third Secretary, Ministry of Foreign Affairs

Pavel Esin
Chief Expert, Ministry of Health

Natalia Kostenko
Deputy Director, Department of Health and Sanitary-epidemiological Well-being of the Person, Ministry of Health

Yulia Mikhaylova
First Deputy Director, Federal Research Institute for Health Organization and Informatics

Tatiana Yakovleva
Vice-Minister, Ministry of Health

**Slovakia**

Mario Miklosi
General Director, Department of Health, Ministry of Health

Ivan Poprocky
General Director, Institute for Health Policy, Ministry of Health

**Slovenia**

Pia Vračko
Head, Department for Chronic Diseases, National Institute of Public Health

**Spain**

Maria Isabel Sáiz Martinez-Acitores
Directorate General of Public Health, Quality and Innovation, Ministry of Health, Social Services and Equality

**Switzerland**

Muriel Peneveyre
Head, Global Health Unit, Deputy Head of Division of International Affairs, Federal Office of Public Health

**Tajikistan**

Sohibnazar Rahmonov  
Deputy Minister, Ministry of Health and Social Protection  

Shaidullo Sharipov  
Head, Department of Medical Health Care, Ministry of Health and Social Protection

**The former Yugoslav Republic of Macedonia**

Jovica Andovski  
Deputy Minister, Ministry of Health  

Sanja Sazdovska  
Adviser in the Sector for Preventive Health Care, Ministry of Health

**Turkey**

Cevdet Erdöl  
Member, Grand National Assembly of Turkey  

Hakkı Yeşilyurt  
Deputy Undersecretary, Ministry of Health  

Ekrem Atbakan  
Deputy Undersecretary, Ministry of Health  

Öner Güner  
General Director of Foreign and EU Affairs, Ministry of Health  

Yusuf Irmak  
Expert  

Rana Kahraman  
Interpreter  

Bekir Keskinkılıç  
Deputy Head, Public Health Institution of Turkey  

Hacı Ömer Tontuş  
General Director of Health Promotion, Ministry of Health

**Turkmenistan**

Nurmuhammet Amannepesov  
Minister of Health and Medical Industry, Ministry of Health and Medical Industry  

Maral Achilova  
Head, Red Crescent Society of Turkmenistan
Dzhennet Adakova
Head, Health Department of Ashgabat

Bahar Agaeva
Head, Statistics and Information Department, Ministry of Health and Medical Industry of Turkmenistan

Chary Agamuradov
Head, Health Department of Dashoguz Velayat

Ludmila Amanniyazova
Deputy Head, State Committee on Statistics

Tachnabat Annadurdyeva
Chief Specialist, Center for Statistics and Informatics, Ministry of Health and Medical Industry of Turkmenistan

Sona Annaniyazova
Director General, Directorate of International Medical Center, Ministry of Health and Medical Industry of Turkmenistan

Altymuhammet Annayev
Chief Specialist, Health Department, Cabinet of Ministers of Turkmenistan

Maksat Annayev
First Year Resident Physician of the Hospital with Research Center of Cardiology

Merdan Annayev
Deputy Head, the Main Public Service Turkmenstandartlary

Dzhemal Ashirova
Chief Specialist, Health Department, Cabinet of Ministers of Turkmenistan

Ashir Atayev
Deputy Minister, Ministry of Health and Medical Industry of Turkmenistan

Serdar Atayev
Deputy Minister, Ministry of Economy and Development of Turkmenistan

Sulgun Atayeva
Chief Specialist, Department of Statistics and Information, Ministry of Health and Medical Industry of Turkmenistan

Nurmyrat Bayramov
Deputy Minister of Education of Turkmenistan

Gurbangul Bayramova
Deputy Chairman of the Medjlis of Turkmenistan

Mive Berdymuradova
Director of Research and Clinical Oncology Center, Ministry of Health and Medical Industry of Turkmenistan

Maya Dovletova
Deputy Director, Center for Statistics and Informatics, Ministry of Health and Medical Industry of Turkmenistan
Kurban Dzhehilov  
Head, Health Department of Akhal velayat

Ovezmurat Enermuradov  
Head, Central Committee, Youth Organization of Turkmenistan named after Mahtumkuli

Muhammet Ergeshov  
Head, Treatment and Prevention Department, Ministry of Health and Medical Industry of Turkmenistan

Ylham Gaipov  
Deputy Head, State Sanitary and Epidemiological Service, Ministry of Health and Medical Industry of Turkmenistan

Nazar Garryev  
Director, Medical Advisory Center named after S. Niyazov

Gul Garryeva  
Chief Specialist, Treatment and Prevention Department, Ministry of Health and Medical Industry of Turkmenistan

Aina Gashimova  
Chief Specialist, Treatment and Prevention Department, Ministry of Health and Medical Industry of Turkmenistan

Guzel Gazizova  
Head, Department of Public Health Surveillance of the State Sanitary and Epidemiological Service, Ministry of Health and Medical Industry of Turkmenistan

Ogulmyahri Geldyeva  
Director, Information Service, Ministry of Health and Medical Industry of Turkmenistan

Aina Gurbanova  
Deputy Minister of Trade and Foreign Economic Relations of Turkmenistan

Cherkez Hannyev  
Chief Physician, Sanatorium "Archman", Ministry of Health and Medical Industry of Turkmenistan

Maral Ilmammedova  
Chief Specialist, Treatment and Prevention Department, Ministry of Health and Medical Industry of Turkmenistan

Gurban Kuleev  
Deputy Head, State Association "Turkmengallaonumleri"

Murat Mammedov  
Director General, Directorate of Infectious Centers, Ministry of Health and Medical Industry of Turkmenistan

Muhammet Muhammedov  
Deputy Minister of Finance of Turkmenistan

Halimberdy Niyaztuvakov  
Head, Health Department of Balkan velayat
Aidzhemal Orazalieva  
Rector, State Medical University of Turkmenistan

Seitli Orazberdyev  
Chief Specialist, Health Department, Cabinet of Ministers of Turkmenistan

Batyrl Orazov  
Head, State Committee on Sports

Byashim Orazov  
Head, Health Department of Mary velayat

Yusup Orazov  
Director, Central Treatment and Health Promotion Hospital, Ministry of Health and Medical Industry of Turkmenistan

Agamurat Ovezov  
Head, Health Department of Lebap velayat

Surai Ovezova  
First-year resident physician, State Medical University of Turkmenistan

Leyli Shamuradova  
Deputy Minister of Health and Medical Industry of Turkmenistan, Chief, State Sanitary and Epidemiological Service, Ministry of Health and Medical Industry of Turkmenistan

Maysa Yazmukhammedova  
Head, Central Committee of the Women’s Organization of Turkmenistan

**Ukraine**

Raisa Bogatyryova  
Minister of Health, Ministry of Health

Liudmyla Khariv  
Assistant to the Minister, Press Secretary of the Executive Support Service of the Minister of Health, Ministry of Health

Vasyl Netyazhenko  
Member, Academy of Medical Sciences of Ukraine; Chief General Practitioner, Ministry of Health; and Head, Department of Internal Medicine Propaedeutics, O.O. Bohomolets’ National Medical University

Valentyn Sheval’ov  
Ambassador Extraordinary and Plenipotentiary to Turkmenistan

Oleksii Shulga  
Deputy Head, Executive Support Service of the Minister of Health, Ministry of Health

Mykhailo Statkevych  
Head, Department of International Relations and European Integration, Ministry of Health

**United Kingdom**
Andrew Black
Tobacco Programme Manager, Department of Health

Uzbekistan
Anvar Alimov
Minister of Health, Ministry of Health
Doniyor Mirazimov
Head, Treatment and Prevention Department, Ministry of Health

Representatives of intergovernmental organizations

United Nations Resident Coordinator, Turkmenistan
Jacinta Barrins
United Nations Resident Coordinator and UNDP Representative in Turkmenistan

European Commission
Alberto Volpato
Counsellor for Health, Consumers and Agriculture
Delegation of the European Union to Russia

Albrecht Werner
Desk Officer, Directorate of Health and Consumer Protection
Programme Management and Diseases C1

United Nations Children’s Fund
Oyunsaikhan Dendevnorov
UNICEF Representative Turkmenistan

Shafag Rahimova
Health and Nutrition Specialist, UNICEF Turkmenistan

United Nations Development Programme
Christoph Hamelmann
Regional Team Leader HIV, Health and Development of UNDP Europe and CIS

Cao Lin
UNDP Deputy Resident Representative in Turkmenistan

United Nations Population Fund
Bayramgul Garabayeva
UNFPA Assistant Representative

Karl Kulessa
Country Director for Tajikistan and Turkmenistan

World Bank
Armin Fidler
Adviser, Health Policy and Strategy, Health, Nutrition and Population
Human Development Network

Nedim Jaganjac
Senior Health System Specialist

Guests and temporary advisers

Taavi Lai
Speaker

Clive Needle
Moderator

Senator group

George Alleyne
Ran Balicer
Robert Beaglehole
Ilona Kickbusch
Pekka Puska
David Stuckler

Planning Committee

Bahargul Agayeva
Katie Dain
Tatiana Elmanova
Jill Farrington
Anna Korotkova
Viktoria Madyanova
José Maria Martin-Moreno
Alexey Novozhilov
Sylvie Stachenko
Mikko Vienonen
Lawrence Von Karsa

Special guests

Evelin Ilves
Spouse of the President of the Republic of Estonia

Roman Dovgan
Maimu Sibrits
Toomas Sildam
Toomas Tirs

Observers

Representatives of nongovernmental organizations

European Association for the Study of Obesity
Volkan Demirhan Yumuk
European Public Health Association
Iveta Rajnicova

European Respiratory Society
Brian Ward

European Smoke Free Partnership
Florence Berteletti Kemp

International Union against Tuberculosis and Lung Disease (the Union)
Irina Berezhnova
Manuela Coletti

National Cancer Institute, Center for Global Health
John Flanigan

Standing Committee of European Doctors
István Éger

**WHO collaborating centres**
National Research Center for Preventive Medicine, Russian Federation
Galina Maslennikova

**WHO**

**Convention Secretariat, WHO Framework Convention on Tobacco Control**
Haik Nikogosian
Head of Convention Secretariat, WHO Framework Convention on Tobacco Control

**Headquarters**
Hans Anders Troedsson
Executive Director, Office of the Director-General

Douglas Bettcher
Director, Prevention of Noncommunicable Diseases

Nicholas Banatvala
Senior Adviser, Office of the Assistant Director-General, Noncommunicable Diseases and Mental Health

**Regional Office for Europe**
Zsuzsanna Jakab
Regional Director

Gauden Galea
Director, Division of Noncommunicable Diseases and Life-course
Translator, Division of Information, Evidence, Research and Innovation

Anna Roepstorff
Technical Assistant, Corporate Communications and Country Relations

Monika Ruegg
Technical Officer, Division of Noncommunicable Diseases and Life-course

Olga Safronova
Programme Assistant, Office of the Regional Director

Anita Strandsbjerg
Programme Assistant, Division of Noncommunicable Diseases and Life-course

Liza Villas
Secretary, Division of Noncommunicable Diseases and Life-course

Andrei Volkau
IT Technical Assistant, Division of Administration and Finance

Faith Vorting
Communications Officer, Office of the Regional Director

Country Offices

Mina Brajovic
Head, WHO Country Office, Montenegro

Kamran Garakhanov
Head, WHO Country Office, Azerbaijan

Jarno Habicht
WHO Representative, WHO Country Office, Republic of Moldova

Tatul Hakobyan
Head, WHO Country Office, Armenia

Asmus Hammerich
Head, WHO Country Office, Uzbekistan

Marijan Ivanusa
Head, WHO Country Office, Slovenia

Dorit Nitzan Kaluski
Head, WHO Country Office, Ukraine

Bahtygul Karriyeva
Head, WHO Country Office, Turkmenistan

Rusudan Klimiashvili
Head, WHO Country Office, Georgia

Sergey Litvinov
Driver, WHO Country Office, Turkmenistan

Jahan Nurmuhammedova
Administrative Assistant, WHO Country Office, Turkmenistan

Marge Reinap
Head, WHO Country Office, Estonia

Mahriban Seytliyeva
Secretary, TB Project, WHO Country Office, Turkmenistan

Alena Steflova
Head, WHO Country Office, Czech Republic

Pavel Ursu
Head, WHO Country Office, Tajikistan

Melita Vujnovic
Head, WHO Country Office, Kazakhstan

Egor Zaitsev
Head, WHO Country Office, Belarus

Ingrida Zurlyte
Head, WHO Country Office, Lithuania

Technical staff, Ministry of Health and Medical Industry of Turkmenistan

Ata Atayev
Entrepreneur

Batyр Atayev
Technician Installer

Sergey Avagimyan
Company "Inteck" technical specialist

Samvel Gurdzhiev
Company "Inteck" technical specialist

Gummanov Guvanch
Entrepreneur

Sergey Korovin

Dmitry Musatov
Technician Installer

Seyran Novruzov
Technical Equipment Engineer, Hospital with Clinical Research Center of Physiology

Kerim Rakhmanov
Operator, Center for Statistics and Informatics, Ministry of Health and Medical Industry of Turkmenistan

Artem Sivash
Company "Intech" technical specialist
Interpreters

Dominique Baz
Pavel Cherednik
Hélène Ciolkovitch
Valérie Tuppin épouse Fontaumard
Catherine Ganson
Christel Goumaz
Elena Gurkina
Dorothee Hofer Oldenbruch
Christian Koderhold
Markus Mettler
Jean Christina Murray
Claudia Naimer-Groothaert
Olga Rakhovskaya
Natalia Redchenko
Elisabeth Schwarz
Andrey Taranichev
Adelheid Esther Temnewo-Mori