

SACHO

MANUAL FOR THE INITIAL MEETING

Ponteo Activity Park Rusovce, 11 June 2013

SLOVAK ALLIANCE FOR NON-COMMUNICABLE DISEASES

INTRODUCTION

Dear Ladies and Gentlemen,

the objective of today's meeting is to present you the idea of forming an alliance for non-communicable diseases (SACHO).

We think that the establishment of such alliance is extremely important since we live in the era of non-communicable diseases and a high percentage of deaths is ascribed to the very non-communicable diseases.

The key mission of SACHO relates to the mission of SACHO's international initiative, that is to contribute to the reduction of the non-communicable disease death rate by 2025. The fulfilment of such mission represents a long-term process and therefore, SACHO aspires to perform its activities in Slovakia in the long term.

One of the Alliance's objectives is to seek options of convergence and synergy of its members' activities in working groups according to individual diseases, to propose options of cooperation so as to enhance the these activities' implications and effects on the society. SACHO wishes to support these activities in the long-term.

The Alliance's task is to regularly communicate outcomes of its members' activities in the public and in the media and thus increase the awareness of non-communicable diseases.

An important Alliance's role is also to support its members in the enforcement of legislative and other proposals at the level of state bodies or professional associations.

Let us make a brief presentation of our proposal of activities that we deem important to perform in the first three years of SACHO's functioning.

In the first year of SACHO's functioning, we would like to:

- obtain comprehensive information about SACHO members' activities that are performed in Slovakia within prevention and treatment of non-communicable diseases
- make an analysis of members' activities as well as state's activities within the prevention and support of the treatment of non-communicable diseases and the analysis of their outcomes
- the outcome of such activity is the report on the non-communicable disease status in Slovakia as well as on the status of activities that are performed with the objective to prevent non-communicable diseases or to provide support during their treatment.

In the second year, we would like to:

- set measurable objectives which the Alliance wishes to achieve by 2020
- identify activities that will be performed under SACHO's auspices and will serve to achieve its goals
- prepare recommendations which the Alliance will enforce at the level of state and professional bodies

In the third year, we would like to:

- launch SACHO's projects identified by the Alliance as having priority for the achievement of its goals
- establish SACHO as a respected authority in the field of non-communicable diseases in Slovakia

Thank you for your attention and we are looking forward to cooperation with you!

SLOVAK ALLIANCE FOR NON-COMMUNICABLE DISEASES

INITIAL MEETING OF THE SLOVAK ALLIANCE FOR NON-COMMUNICABLE DISEASES (SACHO)

PROGRAMME

Date: 11 June 2013, 8:30 – 13:00

Venue: Ponteo Activity Park Rusovce

Schedule	Content	Presenters
8:30 – 9:00	Registration and a morning cup of coffee	
09:00 – 10:00	Why the Slovak Alliance for Non-Communicable Diseases needs to be established?	Darina Sedláková (WHO) Anna Baráková (NCZI) Marián Faktor (Dôvera) Juraj Vančík (Šaca Hospital) Eva Madajová (AOPP) Ladislav Pásztor (Zdravita) Pavol Trnovec (GSK) Pavol Lepey (Medtronic) Tomáš Macháček (Klient Pro SK)
10:00 – 10:30	Refreshment break	
10:30 – 12:00	SACHO's values, mission and vision (proposal) SACHO's activity plan and organizational structure (proposal) Membership in SACHO (proposal) SACHO's legal form, financing and statutes (proposal) SACHO's budget in the following 12 months (proposal)	Coordinated and presented by: Peter Pažitný (HPI)
12:00 – 13:00	Discussion	

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PRESENT EXPERTS' STATEMENTS

“The success of every policy can be measured by its impact on health”, as stated in the WHO’s document for the European region „Health 21“.

Since the publication of this WHO’s document, but in particularly after the entry of the Slovak Republic in the EU, the Slovak Republic has been preparing and gradually approving the concepts for dealing with priority non-communicable diseases as national programmes (with the exception of the not so far submitted oncological programme that is key). Despite the fact that the objectives of existing programmes are also of integration nature within the given field, they appear rather isolated.

There is non-existence of a functional national health programme that would coordinate, based on the principle of integration of common objectives, but in particular that would evaluate the activities of specific national (sub)-programmes. This situation leads to long-term absence of more comprehensive data about specific as well as cumulative effectiveness of such activities, their effects on the development: specific health risk factors, conditioned new cases of particular non-communicable diseases or about their prevalence. For this reason, we lack more valid data not only about health-related, but also about society and economy-related consequences of burdening our society with serious non-communicable diseases.

*However, death cause information continues to be the key indicator of effectiveness of preventive measures at all levels. It has the potential, in comparison with other indicators, to finally analyse more objectively the effects of preventive measures on the population’s state of health and to point out some issues in the health care provision conditions. **The condition** of “employing” (not only) death causes as a “universal” source of all given indicators **is their objectivity.***

In the Slovak Republic, a standardized data checking methodology that was to come under the guarantee of the health care branch (for logical reasons) in the long term and not under the Statistical Office of the Slovak Republic (ŠÚ SR) has been missing in the long term. Several years’ activities of health register staff at the National Health Information Centre (NCZI) by means of which they pointed out the issues related to making death causes more objective lead to complete revision of death causes in the Slovak Republic in 2011 (Baráková, Safaei Diba) which ŠÚ SR sends to EUROSTAT. The revision outcomes were presented to the Ministry of Health of the Slovak Republic (MZ SR) on 2 May 2013: 22 % of the revised data more realistically depicts the death-cause situation in the Slovak Republic that has not been structurally changed in the long term (as a result of routine or belittling their significance).

“Administrative” shortcomings non-objectively evaluated (increased or decreased) the number of deaths caused by non-communicable diseases in the area in which positive changes could be expected thanks to good management. Based on these arguments, MZ SR decided to actively support the process of transformation of deceased persons’ agenda (prepared this year for the pilot project at the Healthcare Surveillance Authority (ÚDZS) /Palkovič and coll./), which is positive.

By the revision of death causes, taking into consideration the epidemiological point of view, the following changes in the share of the selected disease groups in 2011 in the population of the Slovak Republic (51,903 deaths) were identified:

Indicator	Selected disease groups					
	Tumours (Chapter II)	Diabetes (from Chapter IV)	Circulatory system (Chapter IX)	Respiratory system (Chapter X)	Digestive system (Chapter XI)	Injuries, intoxications ... (Chapter XX)
Pre-revision status	12,071	653	27,306	3,269	2,870	2,821
Post-revision status	13,030	822	23,623	3,068	3,267	4,127
Pre-revision share	23.2	1.3	52.6	6.3	5.5	5.4
Post-revision share	25.1	1.6	45.5	5.9	6.3	8.0

Note: NCZI will revise also 2012 and 2013 data until the introduction of e-LoPM as planned for 2014.

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These findings reflected also in the standardized death rate (eur. standard) in the population aged 64 (premature deaths) where the disease groups (from the table) saw approx. 12 % decline in Chapters IX and XI, but a rise of the diabetes death rate (from 2.9 to 3.9 as per 100,000 inhabitants, which is 1/3), in Chapter XI (by 9 %), in Chapter II (by 3 %), in Chapter XX (by 7.5 %). A more objective picture of death causes after the revision could be seen also in the population aged 65+, which is a great contribution for the Slovak Republic within an international comparison.

Finally, I would like to express a hope that SACHO could represent a suitable platform for key subjects among which the NCZI certainly belongs thanks to the information potential.

*One African proverb says: **You don't know the weight of a bag until you carry it...***

While we carry it, we have to help each other, otherwise the objectives set by SACHO cannot be achieved.

MUDr. Anna Baráková

National Health Information Centre

"Since the enthusiasm of volunteers is the most effective tool of the activating of the society in order to deal with non-communicable disease risks. Another reason is the current situation that is to be urgently handled, that is the enormously high percentage of risk persons in non-communicable disease groups that share common risk factors. A disease develops in these risk persons at a certain time, which results in their impaired quality of life, burdening of the society's health system and the economic burdening of their own families as well as the society."

doc. MUDr. Anna Egnerová

Faculty of Public Health, Slovak Medical University

"Effective management of non-communicable diseases? Health care needs to be consistent and continual, not fragmented on independent and isolated episodes. It requires mutual information sharing among doctors that are paid for the result of treatment and for a patient who is adequately informed and motivated to behave in a responsible way."

MUDr. Marián Faktor

Dôvera zdravotná poisťovňa, a.s.

"I anticipate that SACHO as "Alliance" can represent a platform for the cooperation of various citizens', scientific and professional associations whose activities correspond to the conclusions and the United Nations' appeal at its high-level meeting in 2011 (United Nations high-level meeting on non-communicable disease prevention and control) and will help to elaborate and implement, in a practical and systematic manner, the preventive medicine policy. In Slovakia, a number of subjects perform their activities in this field actively or less actively. Certain coordination of these activities and efforts could lead to the increasing of visibility and effectiveness of their effort."

doc. MUDr. Eva Goncalversová, CSc, FESC

Consultant of the Department of Heart Transplantation

National Institute of Cardiovascular Diseases (NÚSCH, a.s.)

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"The cost of health care is an investment, not a cost. Non-communicable diseases represent the most frequent cause of death in modern societies. In Slovakia, these diseases account for almost 90% of death causes. There is a comprehensive approach to handle non-communicable diseases that requires a whole range of care: prevention, early diagnostics, treatment and rehabilitation/monitoring. In this connection, medical technology innovations save lives, enhance productivity and improve the quality of life. Medtronic is the biggest world company in the area of medical technologies and covers a wide treatment portfolio: spine, neuromodulation, cardiovascular diseases, diabetes and surgical technologies. Medtronic's mission is to ease pain, restore health and extend life."

Ing. Pavol Lepey

Medtronic Slovakia, s.r.o.

"In the field of non-communicable diseases there is a high number of citizens' associations active in the Slovak Republic as divided according to individual diagnoses or diagnose groups. For the purpose of joint actions in the handling of certain issues, we established a "parent" organization in 2001 – Association for the Protection of Patients' Rights of the Slovak Republic. At present, more than 70 patients' associations work within this Association."

JUDr. Eva Madajová

Association for the Protection of Patients' Rights (AOPP)

"The main idea is to deal with the prevention – primary as well as secondary and with the treatment of non-communicable diseases from the point of view of health-care funding sustainability. We find it inevitable."

MUDr. Ladislav Pásztor, MSc.

Association of Private Physicians of the Slovak Republic

PROPOSAL

SACHO'S VALUES, MISSION AND VISION AND GLOBAL OBJECTIVES

Values

SACHO stands up for the following values:

- the right to health protection, support and restoration as fundamental human rights
- strengthening of individuals' and community status
- evidence-based policies
- universal availability of solidary health insurance and health care
- cooperation and establishment of partnerships with the aim to control non-communicable diseases at the national and global levels

Mission

SACHO unites individuals and institutions from the public and private sector that may contribute to the handling of the non-communicable disease issue in Slovakia.

SACHO's mission is to **define burden** represented by non-communicable diseases in Slovakia, to **increase the awareness of** health and economic burden of non-communicable disease and to **support the adoption of measures** aimed at the reduction of the number of premature deaths caused by non-communicable diseases.

Vision

SACHO's vision is to contribute to the achievement of 9 global objectives set in the action plan (2013–2020 Action plan for the prevention and control of non-communicable diseases) that was submitted by the World Health Organisation.

Global objectives

1. a 25% relative decrease of the risk of premature deaths caused by cardiovascular diseases, cancer, diabetes or non-communicable respiratory diseases
2. at least a 10% relative decrease of harmful consumption of alcohol within the national context
3. a 10% relative decrease of lack of physical exercise
4. a 30% relative decrease of salt use (NaCl).
5. a 30% relative decrease of tobacco use in persons aged 15 and more
6. a 25% relative decrease in elevated blood pressure within the national context
7. to stop the dynamics of the increasing occurrence of diabetes and obesity
8. at least 50% of persons potentially endangered by cardiac arrest or apoplexy will receive therapy in form of medicaments and consultancy (inclusive of glycemetic control).
9. 80% availability of basic technologies and medicaments inclusive of generics necessary for the treatment of main non-communicable diseases at public and private health facilities

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PROPOSAL

SACHO'S 2013 – 2020 ACTIVITY PLAN

2013/2014			
<p>Objectives in the 1st year: Identification of the situation in non-communicable diseases in Slovakia</p> <p>Analysis of activities in the field of non-communicable diseases performed by SACHO's members and their results</p>	SACHO's initial meeting	11 June 2013	
	Deadline for filing registration form with SACHO	11 July 2013	
	Alliance establishment, structures, preparation of yearly activities	July - August 2013	
	1 st working groups' meeting (according to diseases)	September - October 2013	
	2 nd working groups' meeting	January – February 2014	
	SACHO's 2014 annual meeting	May – June 2014	
	Outputs		
	Report on non-communicable diseases in Slovakia		
	Report on status of individual members' activities according to groups		
	2014/2015 Activity plan		
	SACHO's 2014/2015 budget		
	2014/2015		
	<p>Objectives in the 2nd year: Identification of measurable objectives which SACHO wishes to achieve by 2020</p> <p>Preparation of activities serving to achieve objectives</p> <p>Consensus on recommendations which SACHO enforce at the level of state and professional bodies</p>	Preparation of approved activities	July - August 2014
1 st working groups' meeting		September - October 2014	
2 nd working groups' meeting		January – February 2015	
SACHO's 2015 annual meeting		May – June 2015	
Outputs			
2014/2015 Activity report			
Presentation of the Alliance's measurable objectives set for individual non-communicable diseases by 2020			
Presentation of SACHO's projects for the achievement of set 2020 objectives			
2015/2016 Activity plan			
SACHO's 2015/2016 budget			

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2015/2016		
Objectives in the 3rd year: Launch of SACHO's projects to achieve set objectives	Preparation of approved activities	July - August 2015
	Working groups' meetings	according to set objectives
SACHO's establishment as a respected authority in the field of non-communicable diseases in Slovakia	SACHO's 2016 annual meeting	May – June 2016
	Outputs	
	2015/2016 Activity report	
	Report on 2020 objectives achievement	
	2016/2017 Activity plan	
	SACHO's 2016/2017 budget	
2016 - 2020		
Objectives by 2020: Permanent support and increase of awareness of health and economic burden of non-communicable diseases	Preparation of approved activities for the given year	July - August
	Working groups' meetings	according to set objectives
Decrease of the number of premature deaths caused by non-communicable diseases	SACHO's annual meeting	May – June
	Outputs	
	Activity report	
	Report on 2020 objectives achievement	
	Activity plan for the following year	
	SACHO's budget in the following year	

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PROPOSAL

SACHO'S ORGANIZATIONAL STRUCTURE

The association's organization structure shall be based on the Alliance's legal form as well as on its internal organization. For the Alliance's functioning, we propose a legal form of a citizens' association with the following bodies:

- a) **General Assembly**
- b) **Working Groups**
- c) **Board of Directors**
- d) **Managing Director**

The citizens' association may establish, if needed, other organizational and specialized units. The General Assembly decides on their establishment.

1. General Assembly (all SACHO's members)

An individual or institution that agrees with SACHO's values, mission, vision and strategic objectives may become the Alliance's member by subscribing SACHO's registration form. Members shall be divided, upon their own decision, in 5 working groups according to non-communicable diseases:

- I. cardiovascular diseases
- II. non-communicable respiratory diseases
- III. oncological diseases
- IV. metabolic diseases
- V. mental diseases

Activities, rights and obligations of the General Assembly's members shall constitute an integral part of the draft Statutes of Citizens' Association SACHO.

2. SACHO's working groups

SACHO shall have 5 working groups according to non-communicable disease groups: cardiovascular diseases, oncological diseases, non-communicable respiratory diseases, metabolic diseases and mental diseases. Every working group shall not have less than 5 members.

The association's members shall choose a working group in which they wish to be active based on their specialization, selecting a working group in SACHO's registration form.

A working group's members shall elect its leader by a majority vote for a two-year term of office. The leader shall automatically become a member of SACHO's Board of Directors.

A member may change a working group upon request submitted in writing to the Managing Director not less than 30 days prior to the intended change date.

Activities, rights and obligations of working groups' members shall constitute an integral part of the draft Statutes of Citizens' Association SACHO.

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3. SACHO's Board of Directors

SACHO's Board of Directors shall consist of the following 6 members:

- chairmen of five working groups (elected by a working group for the period of 2 years),
- Board of Director's permanent member shall be a WHO's representative.

Activities, rights and obligations of Board of Director's members shall constitute an integral part of the draft Statutes of Citizens' Association SACHO.

4. SACHO's Managing Director

The Managing Director shall be the association's statutory representative, shall act on SACHO's behalf and shall represent SACHO in relation to third parties.

The Managing Director's term of office shall be two-year, with the re-election option.

The Managing Director shall be elected by the General Assembly.

The Managing Director's activities, rights and obligations shall constitute an integral part of the draft Statutes of Citizens' Association SACHO.

PROPOSAL

MEMBERSHIP IN SACHO

1. Membership in SACHO shall be voluntary.
2. SACHO's member may be any individual or a legal entity that agrees with SACHO's mission and shares the basic values, vision, mission and objectives.
3. Any individual or a legal entity shall become a SACHO's member by undersigning the registration form.
4. Membership in SACHO may be individual or institutional.
5. Membership in the association shall be terminated by:
 - a) a member's departure from the association,
 - b) an individual member's death or by pronouncing the member dead,
 - c) cessation of an institutional member not having a legal successor and/or if liquidation or bankruptcy proceedings with regard to assets of the association's institutional member have been instituted,
 - d) decision of a two-third majority of the General Assembly if concerning a member who ceased to perform his/her duties as stated in SACHO's Statutes and/or harms good reputation of the citizens' association, while the Managing Director informed the member in writing of breaching his/her duties and of the potential exclusion from the citizens' association,
 - e) member's free decision on membership cessation,
 - f) the citizens' association cessation.
6. SACHO's member shall have the right to:
 - a) use SACHO's trademark/logo on own internal and external materials free of charge,
 - b) be the member of a chosen working group upon own free decision,
 - c) elect and be elected leader of a working group, while such working group's leader shall automatically become a member of the Board of Directors,
 - d) be represented in the voting of the General Assembly based on a submitted power of attorney in writing,
 - e) take part in workshops organized by SACHO,
 - f) convene the General Assembly if at least one-third of the General Assembly's members approved its convocation,
 - g) have access to data prepared by SACHO and submitted once a year at the General Assembly's meeting,
 - h) express opinions on activities of SACHO's bodies,
 - i) make proposals for the improvement of SACHO's activities,
 - j) propose a member's exclusion, viz. by means of a proposal in writing addressed to the Managing Director; the written proposal shall contain reasons behind the exclusion proposal,

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- k) withdraw from the membership in the citizens' association by reporting such intention to the Managing Director, stating the date of the requested withdrawal, viz. 14 days before the requested date of withdrawal from the membership.

7. SACHO's member shall:

- a) respect and follow SACHO's Statutes as well as all internal regulations, rules and decisions of SACHO's bodies, in particular the organizational, procedural, financial and operating ones,
- b) choose a working group whose member it/he/she wishes to become,
- c) report any changes in the data as stated in the list of SACHO's members; the member shall report such changes within 7 days from the day of their occurrence,
- d) protect SACHO's assets and good reputation,
- e) take part in SACHO's annual meeting once a year and in own working group's meeting not less than twice a year,
- f) provide cooperation in the preparation of SACHO's materials by agreement with the Managing Director,
- g) perform all duties as imposed by SACHO's bodies.

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PROPOSAL

SACHO'S LEGAL FORM

For SACHO's functioning, we are proposing the legal form of a citizen's association.

Form	Citizens' association
Act	83/1990 Coll.
Characterisation	Associations are legal entities. State bodies may interfere with their status and activities merely within the limits of law. Rights and obligations of the association's member shall be regulated by the Statutes of the Citizens' Association.
Establishment	The association shall be established upon registration. The application for registration may be filed by not less than three citizens of whom one must be over the age of 18. The application for registration shall be filed with the Ministry of the Interior of the Slovak Republic. Within 7 days after the registration, the association's establishment, name and registered office shall be reported by the Ministry to the Statistical Office that keeps records on associations engaged in activities on the territory of the Slovak Republic.
Dissolution	The association shall be dissolved: a) voluntary dissolution or merger with other association, b) the Ministry's effective decision on its dissolution The property settlement shall take place during the association's dissolution.
Cessation	The association's cessation shall be reported by the Ministry the Statistical Office within 7 days from the day on which the Ministry learnt about it.
Bodies	The bodies of the citizens' association are following: a) General Assembly b) Working Groups c) Board of Directors d) Managing Director
Representation	The Managing Director act on behalf of the citizens' association.

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Financial management	<p>The association's funding may be effected through:</p> <ul style="list-style-type: none">a) membership fees whose amount shall be fixed by the Board of Directors,b) gifts and other benefits from legal entities and individuals,c) sponsorship,d) incomes from activities,e) return on assets,f) incomes from other financial sources,g) non-repayable funds from the EU and the state budget of the Slovak Republic
Accounting	<p>The citizens' association shall conduct bookkeeping according to a special regulation.</p>
Annual report	<p>The Managing Director shall submit the annual report to the General Assembly.</p>
Supervision	<p>Members of the Board of Directors perform supervision over activities of the citizens' association.</p>

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PROPOSAL

SACHO'S FINANCING

1. The association's funds shall in particular be:
 - a) a) membership fees whose amount shall be fixed by the General Assembly (if introduced), Board of Directors,
 - b) gifts and other benefits from individuals and legal entities,
 - c) sponsorship,
 - d) incomes from activities generated in the achievement of SACHO's objectives,
 - e) return on SACHO's assets,
 - f) incomes from other financial sources,
 - g) non-repayable funds from the European Union and the state budget of the Slovak Republic
2. All the funds as stated in (1) (a), (b), (c), (f) may not be anonymous.
3. These funds shall be used exclusively in accordance with SACHO's line of business and for its functioning.
4. The funds shall be intended to cover:
 - a) administrative costs of SACHO's functioning,
 - b) preparation of SACHO's outputs,
 - c) implementation of projects of SACHO's members,
 - d) implementation of SACHO's projects.
5. The scope of SACHO's functioning is closely connected with available funds and the performance of SACHO's individual activities requires financial backing of each activity.
6. The association's members shall not be liable for any SACHO's liabilities.

DRAFT

STATUTES OF THE CITIZENS' ASSOCIATION SACHO

ARTICLE I

General provisions

1. The name of the Citizens' Association is: Slovenská aliancia pre chronické ochorenia/ Slovak Alliance for Non-communicable Diseases (hereinafter referred to as the "SACHO" or "Citizens' Association" or "Association").
2. The registered office of the Citizens' Association is.....
3. The Citizens' Association is a legal entity under Act No. 83/1990 Coll. on Association of Citizens as amended.

ARTICLE II

Main objective of SACHO

1. The main objectives of SACHO are:
 - a) to contribute to improvement of health of citizens of Slovakia by fulfilling the global objectives set in Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020 presented by the World Health Organisation,
 - b) to raise awareness on health and economic burden of non-communicable diseases,
 - c) to support adoption of measures the aim of which is to reduce the number of premature deaths caused by non-communicable diseases in Slovakia.

ARTICLE III

Activities of SACHO

1. To achieve its objectives, SACHO shall perform mainly the following activities:
 - a) elaboration of status reports on non-communicable diseases in Slovakia,
 - b) development of SACHO projects for individual non-communicable diseases and definition of measurable goals by 2020,
 - c) organization of events, conferences, trainings, discussions, and seminars for professionals and general public to promote fulfilment of the goals set,
 - d) publication and expert activities,
 - e) continual promotion of the topics related to prevention and control of non-communicable diseases in the media,
 - f) fundraising for the purpose of implementation of the projects and activities of SACHO members,
 - g) establishment of partnerships with domestic and foreign entities, the aim of which is to prevent and control non-communicable diseases.

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ARTICLE IV

Bodies of SACHO

1. The bodies of SACHO shall be:
 - a) General Assembly
 - b) Working groups
 - c) Board of Directors
 - d) Managing Director
2. The Citizens' Association may, if needed, establish also other organizational and professional units. The General Assembly shall decide on their establishment upon proposal of the Board of Directors.
3. The bodies of the Association shall take decisions within the scope of their competencies defined by the Statutes if the Association or they shall report their activities to the body by which they are elected, appointed or established.

Part IV.1

General Assembly

- a) The General Assembly is a body consisting of all members of the Citizens' Association. Meeting shall be convened by the Managing Director at least once a year, however, until 30 June at the latest.
Extraordinary General Assembly shall be convened by the Managing Director always if requested by one-third of all members or SACHO Board of Directors, within one month of the date of such request at the latest. The draft agenda shall form a part of the request to convene Extraordinary General Assembly.
- b) The General Assembly shall be convened by sending a written or electronic invitation to all members of the Citizens' Association at least 14 days before the date of meeting. The invitation shall contain also a draft agenda of the General Assembly. This period may be shortened if approved by all members.
- c) The General Assembly shall have a quorum if the majority of all members is present.
- d) The General Assembly shall adopt decisions by two-thirds of the majority of votes of the members being present.
- e) The proxy of the absent member of the General Assembly who shall submit the power of attorney to represent the member of the General Assembly, shall represent such member at the General Assembly; in such a case the respective member shall be considered present.
- f) The General Assembly shall be chaired by the Managing Director.
- g) The sessions of the General Assembly shall not be open to public; the chairperson of the session shall draw up the minutes from each session, which shall be available to members of the Association.
- h) The General Assembly shall have the following exclusive competencies:
 - to elect the Managing Director from the members of the Citizens' Association for the period of two years and dismiss the Managing Director,
 - to approve a framework budget,
 - to decide on dissolution of the Association by voluntary dissolution or merger with other Citizens' Association,
 - in case of dissolution of the Citizens' Association to decide on liquidation, assets transactions, and liquidation balance,

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- to decide in all other matters reserved for the General Assembly by these Statutes and internal regulations of the Association.

Part IV.2

Working groups

- SACHO shall have 5 working groups according to the groups of non-communicable diseases: cardiovascular diseases, oncological diseases, chronic respiratory diseases, metabolic diseases, mental diseases.
- A working group must consist of at least 5 members.
- The Association's members shall choose a working group in which they wish to be active based on their specialization, selecting a working group in the Registration Form of SACHO.
- Individual member may be a member of one working group only.
- Institutional member may be a member of several working groups and he/she can appoint no more than one deputy for each working group of which he/she is a member.
- Members of working group shall appoint a leader of a working group by majority of votes for the functional period of two years. Ten shall automatically become a member of SACHO Board of Directors.
- Once a year a leader of a working group shall develop Activity Report of a working group, which he shall submit to the Managing Director by 30 April at the latest for the preceding calendar year,
- Working groups shall meet on a regular basis, at least twice a year, and the meeting shall be convened by a leader of a working group 14 days before the date of meeting.
- Meeting of a working group may be convened also upon request of at least one-third of members of the group by a notice sent to the leader of working group and the Managing Director.
- Members of a working group shall share information on their projects. They shall propose cooperation among members of a group as well as out of a group. They shall develop project proposals both within and outside the group.
- Members of a working group shall adopt decisions at the level of working group. These decisions shall be further presented to the Board of Directors by a leader of a working group.
- Members of a working group shall propose financial frameworks of the projects prepared within the group.
- A member may change a working group upon his own request filed in written form to the Managing Director at least 30 days prior to the date of intended change.
- A leader of a working group may be dismissed upon approval of two-thirds of all members of a working group. A proposal for dismissal may be filed by at least one-third of members of the group by a notice sent to the Managing Director.

Part IV. 3

Board of Directors

- The Board of Directors shall consist of 6 members.
- The leaders of working groups elected by working groups for the two-year term of office shall be the members of the Board of Directors.
- WHO Representative shall be a permanent member of the Board of Directors.

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- d) The Board of Directors shall appoint and dismiss the Chairman of the Board of Directors from its members
- e) Managing Director of the Association may not be a member of the Board of Directors.
- f) Institutional member may have maximum one representative in SACHO Board of Directors.
- g) Competencies and duties of the Board of Directors shall be as follows:
 - to assess and control activities of the Managing Director in terms of adherence to the Statutes and other internal regulations of the Association and to control performance of resolutions and regulations of the General Assembly,
 - to determine the amount of membership fees (if any),
 - to approve an annual plan of revenues and expenditures of the Citizens' Association and to decide on a framework budget of SACHO before it is submitted to the General Assembly,
 - to approve a report of the Managing Director on management of the Citizens' Association,
 - to approve a strategy and direction of SACHO submitted by the Managing Director once a year,
 - to control whether proposals, initiatives, remarks, complaints, and protests are handled in a correct and timely manner,
 - to control management of the Citizens' Association.

Part IV.4

Managing Director

- a) Only an individual member of SACHO may become the Managing Director.
- b) The Managing Director is a statutory representative of the Association acting on behalf of SACHO and representing SACHO towards the third parties.
- c) If the Managing Director is not present, the Chairman of the Board of Directors shall act on his behalf, without an additional power of attorney needed.
- d) The Managing Director shall be elected for a two-year term of office, with the re-election option.
- e) The Managing Director shall be elected by members of the General Assembly upon proposal of the Board of Directors and two-thirds of the votes of the members present are necessary to appoint and dismiss the Management Director.
- f) The Managing Director shall convene and chairs the meetings of the General Assembly in accordance with the terms of these Statutes.
- g) The Managing Director shall report to the General Assembly. In the period between the meetings of the General Assembly the activities of the Managing Director shall be controlled by the Board of Directors
- h) Competencies and duties of the Managing Director shall be as follows:
 - to bear responsibility for management of activities of the Citizens' Association,
 - to ensure administration and logistics support for the Association,
 - to submit written statements with respect to activities of the Association,
 - to monitor activities of members of the Citizens' Association (reports, communication),
 - to represent the Citizens' Association,
 - to bear responsibility for operative tasks of the Citizens' Association,
 - to keep a list of members of the Association and its supporting registers,

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- to administer the assets of the Association,
- to convene the General Assembly and chair the General Assembly in accordance with and under conditions of these Statutes,
- to prepare SACHO Annual Activity Report and a written report on management and financial situation of SACHO, which he shall submit to the Board of Directors at least once a year by 31 May at the latest, for the preceding calendar year,
- to carry out other activities stipulated herein or in internal regulations of the Association,
- to take actions necessary to ensure proper performance of activities of the Citizens' Association as well as performance of other activities unless they fall under competence of other bodies of the Citizens' Association.

ARTICLE V

Membership in SACHO

1. Any natural person or legal entity that meets conditions regulated by these Statutes or other internal regulations and documents of SACHO, agrees with the mission of the Citizens' Association and shares the essential values regulated by the Statutes which are common for all members, may become a member of the Association. The basic shared values are:
 - a) the right to health protection, support and restoration as fundamental human rights
 - b) strengthening of individuals' and community status
 - c) evidence-based policies
 - d) universal availability of solidary health insurance and health care
 - e) cooperation and establishment of partnerships with the aim to control non-communicable diseases at the national and global levels
2. Membership in the Association is voluntary and unlimited in time.
3. The Citizens' Association distinguishes between two types of members:
 - a) individual members
 - b) institutional members
4. Membership in the Association shall be terminated by:
 - g) a member's departure from the Association,
 - h) an individual member's death or by pronouncing the member dead,
 - i) cessation of an institutional member not having a legal successor and/or if liquidation or bankruptcy proceedings with regard to assets of the Association's institutional member have been instituted,
 - j) decision of a two-third majority of the General Assembly if concerning a member who ceased to perform his/her duties as stated in SACHO Statutes and/or harms good reputation of the Citizens' Association, while the Managing Director informed the member in writing of breaching his/her duties and of the potential exclusion from the citizens' association,
 - k) member's free decision on membership cessation,
 - l) cessation of the Citizens' Association.

ARTICLE VI

Rights and obligations of a member

1. A member of SACHO shall have the right to:

- l) use the trademark/logo of SACHO on own internal and external materials free of charge,
- m) be the member of a chosen working group upon own free decision,
- n) elect and be elected a leader of a working group, while such working group's leader shall automatically become a member of the Board of Directors,
- o) be represented in the voting of the General Assembly based on a submitted power of attorney in writing,
- p) take part in workshops organized by SACHO,
- q) convene the General Assembly if at least one-third of the members of the General Assembly approves its convocation,
- r) have access to data prepared by SACHO and submitted once a year at the session of the General Assembly,
- s) express opinions on activities of the bodies of SACHO,
- t) make proposals for the improvement of activities of SACHO,
- u) propose exclusion of a member by means of a proposal in writing addressed to the Managing Director; the written proposal shall contain reasons behind the exclusion proposal,
- v) withdraw from the membership in the Citizens' Association by reporting such intention to the Managing Director, stating the date of the requested withdrawal, 14 days before the requested date of withdrawal from the membership.

2. A member of SACHO shall:

- h) respect and follow the Statutes of SACHO as well as to all internal regulations, rules and decisions of bodies of SACHO, in particular the organizational, procedural, financial and operating ones,
- i) choose a working group whose member it/he/she wishes to become,
- j) report any changes in the data as stated in the list of SACHO members; the member shall report such changes within 7 days from the day of their occurrence,
- k) protect assets and good reputation of SACHO,
- l) take part in the annual meeting of SACHO once a year and in own working group's meeting not less than twice a year,
- m) provide cooperation in the preparation of SACHO's materials by agreement with the Managing Director,
- n) perform all duties as imposed by bodies of SACHO.

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ARTICLE VII

Financial management principles

1. The financial resources of the Citizens' Association shall in particular be:
 - a) membership fees the amount of which shall be approved by the General Assembly (if introduced)
 - b) gifts and other benefits from individuals and legal entities,
 - c) sponsorship,
 - d) income from activities generated in the achievement of SACHO objectives,
 - e) return on assets of SACHO,
 - f) income from other financial resources,
 - g) non-repayable funds from the European Union and the state budget of the Slovak Republic.
2. All the funds as stated in 1 (a), (b), (c), (f) may not be anonymous.
3. These funds shall be used exclusively in accordance with the line of business of the Citizens' Association and for its functioning.
4. The aim of activities of the Citizens' Association shall not be to make a profit. The profit made shall be used in the following period according to the framework budget approved by the General Assembly.
5. Members of the Association shall not be liable for obligations of SACHO.
6. Management of the Citizens' Association shall be governed by internal regulations of the Association and generally binding legal regulations.
7. Annual accounts for the previous calendar year must be approved by the Board of Directors by 30 May at the latest; annual accounts shall form an integral part of SACHO Annual Activity Report and a written report on management and financial situation of SACHO members.
8. The Managing Director shall submit the report on results of management for the preceding period to the Board of Directors for approval and he shall also inform the General Assembly on the report.

ARTICLE VIII

Cessation of SACHO

1. The Citizens' Association shall be dissolved upon decision of two-thirds of the members of the General Assembly on voluntary dissolution of the Association or on merger with other association.
2. Method of settlement of assets in case of dissolution of the Citizens' Association shall be decided by the General Assembly. Receivables of the creditors of the Citizens' Association shall be satisfied from the surplus assets as the first in order.
3. The Managing Director shall be liable for settlement of assets in case of dissolution of the Citizens' Association and also for performing of all necessary legal acts related to dissolution of the Citizens' Association.

ARTICLE IX

Final provisions

1. For the purpose of his activities, the Managing Director of SACHO may issue internal regulations (Rules of Organization, Rules of Procedure, Financial Rules, Communication Manual) with all their parts and annexes.

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2. These Statues may be amended upon approval of two-thirds of the members of the General Assembly.
3. The validity of these Statutes shall expiry upon dissolution of the Citizens' Association or upon adoption of the new Statutes.

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PROPOSAL

SACHO BUDGET

	2013						2014						Total
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
fixed costs for operation of Alliance													
premises of 50 m ² (office + meeting room) 10 EUR/m ²	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	600 €	7 200 €
telephone/Internet (40 EUR/month)	48 €	48 €	48 €	48 €	48 €	48 €	48 €	48 €	48 €	48 €	48 €	48 €	576 €
remuneration for Managing Director 100 hours/month	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	1 800 €	21 600 €
Accounting	180 €	180 €	180 €	180 €	180 €	180 €	180 €	180 €	300 €	180 €	180 €	180 €	2 280 €
legal counselling	600 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	600 €
office supplies	120 €	120 €	120 €	120 €	120 €	120 €	120 €	120 €	120 €	120 €	120 €	120 €	1 440 €
SACHO web													0 €
registration, development, and launching of SACHO web	2 400 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	2 400 €
web administration	0 €	360 €	360 €	360 €	360 €	360 €	360 €	360 €	360 €	360 €	360 €	360 €	3 960 €
meetings of working groups (budget for 2 meetings/year)													0 €
Refreshment	0 €	0 €	300 €	0 €	0 €	0 €	0 €	300 €	0 €	0 €	0 €	0 €	600 €
printing of materials	0 €	0 €	90 €	0 €	0 €	0 €	0 €	90 €	0 €	0 €	0 €	0 €	180 €
admin meetings	0 €	0 €	600 €	0 €	0 €	0 €	0 €	600 €	0 €	0 €	0 €	0 €	1 200 €
annual meeting (June 2014)	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	12 000 €	12 000 €
													54 036 €

The budget includes SACHO activities from July 2013 to June 2014. All amounts are including VAT.

SUMMARY OF INTERNATIONAL CONTEXT

1. GLOBAL CONTEXT

Initiative in the field of fight against non-communicable diseases represents a natural continuation of the United Nations Millennium Declaration of 2000. The aim of this Declaration is to fulfil eight goals, known as the Millennium Development Goals – MDGs. Three of these goals are directly related to human health (reduction of child mortality, improvement of maternal health, and combat against HIV/AIDS, malaria and other diseases). These goals concerned particularly developing countries and eight goals should be achieved by 2015.

Ahead of the year 2015 the international community has a unique possibility to establish the priorities for the period after 2015. Focusing on priorities of the health and health care system in the 21st century seems a natural objective. Within this sector, the so-called chronic diseases (non-communicable diseases) causing premature mortality have a growing tendency in problems of the international community. And therefore it is still more and more complicated to achieve millennium development goals (MDGs) approved in 2000.

The term non-communicable diseases refer especially to cancer, cardiovascular diseases, chronic respiratory diseases, and diabetes. These diseases represent the main cause of premature mortality and health disabilities leading to deterioration of physical health of population and subsequently to the falling economic development of countries, in particular of economically less and middle developed countries. The main reason of these diseases is human behaviour and high disposition to risk factors, such as smoking, physical inactivity, unhealthy diet, and harmful use of alcohol. These conditions deepen the household and community poverty and also increase inequality among the countries.

In 2008 non-communicable diseases caused the death of 36 million people (63% of all deaths). The majority of them died of cardiovascular diseases (48%), cancer (21%), chronic respiratory diseases (12%) or diabetes (3.5%). If we keep the same trend, according to WHO the number of deaths caused by non-communicable diseases shall reach 55 million people by 2030.

In Slovakia 53,164 people died in 2008, of which 53% of people died of cardiovascular diseases, 23% of cancer, 2% of respiratory diseases, and 1% of diabetes 1%.

2. THE SYNERGIES BETWEEN NON-COMMUNICABLE DISEASES AND SUSTAINABLE HUMAN DEVELOPMENT

As it has been already mentioned above, the human and economic costs influenced by non-communicable diseases are very high. It is mainly due to significant linkage of non-communicable diseases to three pillars of sustainable development: social, economic, and environmental:

- *Economic growth* – non-communicable diseases impede economic growth by impacting on labour productivity, resulting in GDP, and entrenching household poverty.
- *Social equity* – non-communicable diseases influence inequalities among people, undermine progress on other health issues (including infectious diseases, mental health and maternal health), and impact upon social cohesion.

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- *Environmental protection* – unsustainable environmental systems increase risk of non-communicable diseases, including rapid urbanisation and increasingly commercialised global food system.

These are the main reasons why it is necessary to immediately start dealing with non-communicable diseases and change a growing tendency in these diseases.

3. THE NCD ALLIANCE

On the basis of this situation, it is inevitable to immediately deal with reduction of risk factors with the aim to limit non-communicable diseases in long-term horizon. The phase of defining a basic framework for global solution of these problems is currently under way and is managed by the NCD Alliance (NCD Alliance – Non-Communicable Disease Alliance) at transnational level. It is a leader in forming the visions, targets, and tools for reduction of burden of non-communicable diseases.

The NCD Alliance was founded in 2009 by four NGO federations – International Diabetes Federation, International Union against Tuberculosis, Union for International Cancer Control, and World Heart Federation. It means that the NCD Alliance is a special network of civil society, which includes 1000 membership-based associations, and another 1000 individual citizens' associations in more than 170 countries. These are mainly global and national NGOs, scientific and professional associations, academic, and research institutions, private companies, and devoted individuals.

Some regions of the world even establish regional (European, African, Latin American, and Caribbean) and national alliances for non-communicable diseases (in total 19, e.g. in Denmark, Germany, Portugal, Norway, Australia etc.). This is a structure where also the Slovak Alliance for Non-communicable Diseases (SACHO), the activities of which shall be commenced in the following months, finds its place.

Last but not least, cooperation between the World Health Organization (WHO), the United Nations, and the NCD Alliance plays a key role in fighting against non-communicable diseases. Their support is significant from two points of view:

- **The United Nations:** After establishment of the NCD Alliance in 2009, it run a campaign to obtain political commitments for achievement of goals related to non-communicable diseases. This campaign resulted in **High Level Meeting on Prevention and Control of Non-communicable Diseases** in September 2011, when the United Nations General Assembly unanimously (193 votes of member states) adopted *the United States Political Declaration on Non-communicable Diseases*. At that time 193 governments committed to accelerate the fight against non-communicable diseases.
- **WHO:** Subsequently, the member countries of **WHO** decided also to adopt the first initiative, the so-called Global Monitoring Framework, as the United Nations Political Declaration did not contain any specific goals to be achieved. It involves also 9 voluntary targets and 25 indicators, including the goal to reduce premature deaths caused by non-communicable diseases by 25% until 2025. WHO is also an initiator of the action plan for non-communicable diseases, which forms a fundamental document

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for the NCD Alliance and SACHO. The document was adopted at 66th World Health Assembly in May 2013. The goals of this document are given in detail in annex to this document.

On the basis of the above facts it is clear that with the aim to achieve objectives of the Alliance it is necessary to ensure synergy between alliances represented in individual states (SACHO in Slovakia), membership-based associations, WHO, and the United Nations. Only by a uniform and joint attitude this society can achieve reduction in mortality caused by non-communicable diseases by 25% until 2025.

4. PROPOSAL OF THE NCD ALLIANCE FOR HEALTH FRAMEWORK OF NON-COMMUNICABLE DISEASES AFTER 2015 – VISIONS, GOALS AND TOOLS

4.1. The NCD Alliance Vision

The NCD Alliance proposes its vision “Healthy Planet, Healthy People”. These are the two key dimensions of sustainable development. By its vision the NCD Alliance wishes to arouse the political will and public support, because it puts people and health to the centre of attention.

4.2. Overarching health goal of the NCD Alliance – Maximising healthy lives at all stages of life

This goal can be measured by means of healthy life expectancy – HALE indicator. It is a key indicator of the state of a nation’s health, measuring mortality, sickness rate, and incapability due to health condition. HALE is defined by WHO as: “average number of years that a person can expect to live in full health by taking into account years lived in less than full health due to disease and/or injury.” Measuring of this indicator should be applicable for all countries.

4.3. A sub-set of health goals of the NCD Alliance – “Accelerate progress on the health MDGs” and “Reduce the burden of non-communicable diseases”

To support the achievement of the overarching health goal of HALE, it is necessary to focus on these two partial goals. They should represent natural continuation of MDGs for the period after 2015. According to *WHO Global monitoring framework* it is necessary to achieve relative reduction in mortality by 25% until 2025 and progress in the prevention and treatment.

4.4. Tools for achievement of health-related goals – “Universal health coverage and access” and “Social determinants of health”

4.4.1. Universal health coverage and access

As the strongest concept of public health (according to WHO) the universal health coverage should ensure high-quality health services (prevention, support, treatment, and recovery) and protection against financial risk.

4.4.2. Social determinants of health

As the universal health coverage does not solve social causes of non-communicable diseases it is necessary to focus also on this area. Risk factors of non-communicable diseases are greatly influenced by social

determinants, such as imbalance in income, education, diet, gender, and ethnicity. Therefore the multisectoral coordination and coherency are required to solve the root causes of bad health condition.

5. GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES 2013 – 2020

At 66th World Health Assembly of WHO the member states adopted a fundamental document – **Action Plan for 2013 – 2020** – to define a procedure used for the non-communicable diseases in the respective period. The role of this document prepared by the WHO Secretariat is to coordinate activities of global community to start the fight against non-communicable diseases by fulfilling 6 defined goals and also by monitoring 9 voluntary global targets and 25 indicators. **The NCD Alliance** and **SACHO** have also officially committed themselves to this document.

According to Action Plan there are **4 groups of non-communicable diseases – cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes, which represent the most frequent diseases and causes of death.** However, these four non-communicable diseases can be largely **prevented and controlled by means of effective intervention.** It reduces risk factors that cause these diseases: smoking, unhealthy diet, physical inactivity, harmful use of alcohol – as well as through early detection of disease and its treatment.

The reason of this initiative is based also on the fact that the costs from inaction in prevention of these diseases are much higher than the costs of taking action in order to limit non-communicable diseases. The costs for implementation of activities related to prevention and treatment of these diseases may reach **USD 11.4 milliard per year in average. Return on investment is very high** – 1 year of healthy life for a cost that falls below the Gross Domestic Product per person. The annual investment required is under USD 1 per person in low-income countries, USD 1.50 in lower middle-income countries, USD 3.00 in upper middle-income countries. These costs amount only to **4% of expenditures for health system per person in low-income countries, 2% in lower middle-income countries and 1% in upper middle-income countries.**

5.1. Firmly defined objectives (6):

1. To raise the priority accorded to the prevention and control of non-communicable diseases in global, regional, and national agendas, through strengthened international cooperation.
2. To strengthen capacity of member states, leadership, governance, and multisectoral action to accelerate the process of prevention and control of non-communicable diseases.
3. To reduce exposure to risk factors causing non-communicable diseases.
4. To strengthen and orient health systems to address the prevention and control of non-communicable diseases through strengthened primary health care and universal health coverage.
5. To support member states in performing high-quality research and development for the prevention and control of non-communicable diseases.
6. To monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control.

5.2. Voluntary global targets (9):

- I. A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
- II. At least 10% relative reduction in the harmful use of alcohol within the national context.
- III. A 10% relative reduction in insufficient physical activity.
- IV. A 30% relative reduction in intake of salt (NaCl).
- V. A 30% relative reduction in tobacco use in persons aged 15+ years.
- VI. A 25% relative reduction in raised blood pressure within the national context.
- VII. Halt the rise in diabetes and obesity.
- VIII. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
- IX. An 80% availability of the basic technologies and medicines, including generics, required to treat major non-communicable diseases in both public and private facilities.

LONG-TERM GOALS

Firmly defined goals for international community according to tasks that should be carried out by member states, the Secretariat of WHO, and international partners (they represent also the long-term goals of SACHO for the following period)

1. To raise the priority accorded to the prevention and control of non-communicable diseases through strengthened international cooperation

a. Tasks for member states:

- *National support of policies (advocacy)* – dissemination of information about effectiveness of international activities in the area of non-communicable diseases
- *Broader health and development agenda* – support of universal health coverage, implementation of prevention and control.
- *Partnerships* – support of multisectoral cooperation among governmental agencies, non-governmental organizations, civil society, and private sector.

b. Tasks for the Secretariat of WHO:

- *Leading and convening* – coordination and cooperation among the main stakeholders including member states, OSN, civil society, and public sector.
- *Technical cooperation* – offer of technical assistance and strengthen global, regional, and national capacity for forming the public opinion.
- *Policy guidance and dialogue* – strengthening of national governments, increasing revenues for prevention and control of non-communicable diseases through domestic resource mobilisation and budgetary allocations to the primary health care.
- *Dissemination of best practices* – promotion of international exchange of best practices in the areas of health policies.

c. Tasks for international partners and the private sector:

- *Strengthening international cooperation* – establishment of the environment suitable for healthy lifestyle; exchange of information and best practices at national level; transfer of technologies for production of effective and quality medicines and vaccines, diagnostic instruments; e-Health; the use of mobile technologies.
- *Support of coordinating role of WHO*

2. To strengthen capacity of member states, leadership, governance, and multisectoral action

a. Tasks for member states:

- To mobilize sustainable resources in cooperation with the Ministry of Finances.

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- To strengthen national non-communicable diseases programmes.
- To conduct needs assessment and evaluation of epidemiological and financial needs, institutional capacity, and health impact of policies.
- To develop a national plan for non-communicable diseases and allocate budget with respect to national priorities and circumstances.
- To ensure coherency of actions among the sectors.
- To improve responsibility for implementation through surveillance mechanisms.
- To provide training and allocation of workforce for the area of health, social affairs, and community policy.
- To involve general public in the project to accelerate the process of social change.

b. Tasks for the Secretariat of WHO:

- To coordinate the United Nations system so that it has a coherent direction in this area.
- To support member states by technical cooperation in assessment of processes
- To establish technical means and information products for implementation of cost-effective interventions to the system.
- To develop a uniform work plan of WHO for long-term keeping of synergy of actions of member states.

c. Tasks for international partners:

- To support stakeholders in generation of capacities and mobilisation of resources; to increase the quality of the prevention and control of non-communicable diseases and support the social mobilisation.

3. To reduce exposure to risk factors

a. Tasks for member states:

- *Tobacco control:* to protect policies focused on control over tobacco trade; to produce legislation for 100% non-smoking public environment; to warn people against smoking also through the mass media; introduce a complete ban on adverts and sponsorship of tobacco companies, and regulate the content of tobacco products.
- *Promoting a healthy diet:* to strengthen national food policies; to support natural breastfeeding in the first six months of life and continued breastfeeding until a child is two years old; to restrict marketing activities focused on children and young people in the area of nutrition and use of non-alcoholic beverages; to reduce the level of sodium in pre-packed or prepared food, to increase consumption of fruit and vegetables, to reduce portion sizes, to reduce the content of sweeteners; to use taxes and subsidies for these actions; to promote nutrition labelling of food.
- *Promoting physical activity* – to adopt and implement guidelines for physical activity for health; to build the infrastructure for cycling and walking; to provide education; to build sport facilities at schools, universities, workplaces, and hospitals.

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- *Reducing the harmful use of alcohol* –public health policies; to set-up the systems monitoring harmful use of alcohol; to restrict marketing of alcoholic drinks; to determine a pricing method for these drinks; availability of alcoholic drinks.

b. Tasks for the Secretariat of WHO:

- To support cooperation between WHO and OSN to reduce the risk factors, provide technical assistance in solving these problems; publish instructions for implementation and evaluation of interventions for reduction in use of alcoholic drinks, smoking, and for promotion of physical activity.

c. Tasks for international partners:

- To strengthen international cooperation within the framework of North-South and triangular cooperation with the aim to reduce the risk factors.

4. To strengthen primary health care and establishment of universal health coverage

a. Tasks for member states

- *Financing* – to shift from reliance on user direct fees levied on ill people to the protection pooling and prepayment; make progress in introducing a universal health coverage by means of effective preventive, curative, and palliative care; initiate regional programs to cover the financial risks.
- *Expanded high-quality services coverage* – to organize services related to primary health care; improve the efficiency of provision of the health care; provide the people with non-communicable diseases with long-term care; continuous improvement of quality of health systems; educate patients with non-communicable diseases in early detection of their disease and better management of their health condition.
- *Human resource development* – to educate medical staff in the prevention and control of health condition; to provide adequate compensation for medical staff in under-financed regions; to strengthen post-gradual trainings for medical staff; to divide the work between the nurses and professional medical staff to make them all contribute to the prevention and control.
- *Access* – to promote access to comprehensive and cost-effective prevention and treatment of patients suffering from non-communicable diseases (affordable and high-quality medicines, diagnostics); use of generics; improvement of technologies that allow saving of the human lives.

b. Tasks for the Secretariat of WHO:

- To encourage member states to improve prevention, treatment, and care for non-communicable diseases; dissemination of best practices.

c. Tasks for international partners:

- To mobilize the financial resources to advance universal health coverage; to support efforts of member states in health policy reforms and increased access to health care.

5. To support member states in performing high-quality research and development for the prevention and control of non-communicable diseases

a. Tasks for member states:

- To increase investments in research and development.
- To develop a national research policy in cooperation with research and academic institutions.
- To strengthen scientific base in decision-making processes related to non-communicable diseases.

b. Tasks for the Secretariat of WHO:

- To involve centres, academic institutions, and research organisations cooperating with WHO in the processes related to non-communicable diseases.

c. Tasks for international partners:

- To support investments in research sector and to use information and communication technologies for implementation of the programmes.

6. To monitor trends and determinants of non-communicable diseases

a. Tasks for member states:

- To update the legislation related to collection of statistical data for the health care system, improve registration systems with respect to death and information on causes of death.
- To develop, maintain, and strengthen registration of diseases, including cancer.
- To integrate surveillance in national health information systems and obtain data on behavioural and metabolic risk factors.
- To establish public health institutions.

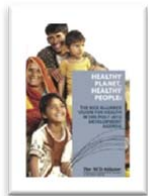
b. Tasks for the Secretariat of WHO:

- To set standards and monitor global trends to achieve nine voluntary global targets (formulation of process indicators, standards for measuring the non-communicable diseases, regular assessment).

c. Tasks for international partners:

- To assist in surveillance and monitoring of results as well as the use of information and communication technologies.

THE FOLLOWING SOURCES WERE USED FOR PREPARATION OF THIS DOCUMENT:



Healthy Planet Healthy People, NCD Alliance, 2012



NCD Alliance Report, 2012 - 2013



Noncommunicable Diseases, Country Profiles, WHO, 2011



WHO Action Plan for the Prevention and Control of Non-communicable Diseases 2013 – 2020, 31 May 2013



NCD Alliance Briefing, WHA NCD Omnibus Resolution, 2013

THE LIST OF PARTICIPANTS



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