



Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Strategy 2020

Adopted by the NDPHS Committee of Senior Representatives
on 5 June 2015

Table of Contents

Acronyms and abbreviations	2
Introduction.....	3
1. Vision 2020	4
2. Overall objective and cross-cutting themes	4
2.1. Health equity and social cohesion in all actions	4
2.2. Innovative approaches and technologies	4
2.3. The ‘Health in All Policies’ approach	5
2.4. Inclusion of people in vulnerable situations in all actions of relevance.....	5
3. Objectives.....	5
3.1. Objective 1: Reduced impact of HIV, TB and associated infections among key populations at risk, including prisoners, through strengthened prevention and access to treatment	5
3.2. Objective 2: Contained antimicrobial resistance – through inter-sectoral efforts supporting the implementation of regional and global strategies and/or action plans	6
3.3. Objective 3: Reduced impact of non-communicable diseases (NCDs) – through strengthening prevention and addressing lifestyle-related risk factors	7
3.4 Objective 4: Reduced social and health harm from alcohol, tobacco and illicit drug use – through strengthening and promotion of multi-sectoral approaches	7
3.5. Objective 5: Adequately addressed health and social needs related to chronic conditions and demographic changes – through strengthened integration and coordination of care and prevention throughout the life course at the primary care level	8
3.6. Objective 6: Strengthened occupational safety and health and well-being at work – through information and reporting systems, workplace activities and occupational health services	9
4. Guiding principles for the implementation of the NDPHS Strategy 2020.....	10

Annex:

Policies and Action Plans adopted by the NDPHS Partner Countries within the framework of WHO European Region or other international organisations

Acronyms and abbreviations

AMR	Antimicrobial resistance
CSR	NDPHS Committee of Senior Representatives
EUSBSR	EU Strategy for the Baltic Sea Region
HIV and AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
IOM/MHD	International Organization for Migration, Migration Health Division
NCD	Non-communicable diseases
ND	Northern Dimension
NDPHS	Northern Dimension Partnership in Public Health and Social Well-being
NGO	Non-governmental organisation
OSH	Occupational safety and health
PAC	Partnership Annual Conference
TB	Tuberculosis
WHA	World Health Assembly
WHO	World Health Organization
WHO/Europe	WHO Regional Office for Europe

Executive summary

The NDPHS Strategy 2020 is a guiding instrument assisting the Partner Countries and Organisations in their joint efforts to achieve improvements in the chosen priority areas. It aims to strengthen the recognition of health and social well-being on the political agenda in the Northern Dimension area and to ensure a broader stakeholder commitment to include the aspects of health and quality of life in policy-making.

The NDPHS Strategy outlines a vision of the Partnership's role and stakeholder appreciation to be achieved by the year 2020. It contains an overall objective, cross-cutting themes which lie at the core of all actions, and six objectives that address the key challenges to the improvement of human health and social well-being in the Northern Dimension area.

The Partnership will work towards accomplishing these objectives in cooperation with several other organisations and stakeholders. The accompanying Action Plan contains information on expected results and their indicators, planned activities and available resources in the implementation of the NDPHS Strategy.

Introduction

The NDPHS Strategy 2020 builds on the political discussions and decisions concerning the future work of the Partnership that resulted from the ministerial-level Partnership Annual Conference (PAC) held in 2013. The Strategy was developed in 2014 and early 2015 through a wide, participatory process engaging all levels of the Partnership. Lessons learned during the evaluation of the NDPHS and its first strategy covering the years of 2009-2013 were taken into account. The NDPHS Strategy 2020 was prepared by a Strategy Working Group set up by the NDPHS Committee of Senior Representatives.

The NDPHS Strategy 2020 is based on the national priorities and strategies of the Partner Countries and takes stock of global and regional policies, strategies and political agendas relevant for and existing in the Northern Dimension area, including e.g. the WHO Europe Health 2020 (Health 2020: the European policy for health and well-being) and the European Union Strategy for the Baltic Sea Region, as well as other action plans and policies that exist at EU and WHO level in the individual priority areas (see Annex 1).

The NDPHS Strategy 2020 is a guiding instrument assisting the Partner Countries and Organisations in their joint efforts to achieve improvements in the chosen priority areas. It also aims to strengthen the recognition of health and social well-being on the political agenda in the Northern Dimension area and to ensure a broader stakeholder commitment to include the aspects of health and quality of life in policy-making.

The NDPHS Strategy 2020 is accompanied by an Action Plan that sets out specific activities to be implemented by the Partnership by 2017.

The performance of the Partnership in implementing the NDPHS Strategy 2020 will be subject to an independent external evaluation.

1. Vision 2020

The NDPHS, as a highly valued and innovative regional network, significantly contributes to the improvement of people's health and social well-being in the Northern Dimension area.

The vision outlines a role (in addressing the shared challenges) and a perception (recognition by Partners, Participants and external stakeholders) with which the Partnership would like to be identified by the end of the implementation period for the NDPHS Strategy 2020.

2. Overall objective and cross-cutting themes

The Partnership provides a forum for concerted action, cooperation, joint capacity-building and coordination of activities within the Northern Dimension area between its Partners and other Participants and stakeholders. In doing so, the Partnership addresses the overall objective to:

Promote sustainable development in the Northern Dimension area through improving human health and social well-being.

The NDPHS Strategy 2020 features a number of cross-cutting themes which accommodate broader issues and which lie at the core of all actions under the specific objectives. These cross-cutting themes are:

2.1. Health equity and social cohesion in all actions

NDPHS highly values social cohesion and promotes health and well-being for all members of society. All planned actions should fight exclusion and marginalisation and address relevant social determinants of health, contributing to a more equal distribution of health and well-being and resources for health among different population groups, regardless of their gender, income, education, place of living, religion, ethnicity, migration status, etc. Statistics presented in connection with the actions and results of NDPHS need to be disaggregated to the extent possible by relevant characteristics to reveal inequalities and track progress in addressing these.

2.2. Innovative approaches and technologies

NDPHS encourages actions that promote innovations in technology (like e-Health) and in the social field (such as new organisational forms to meet the needs of society). These should aim at achieving better quality and efficiency of care, and help empower citizens to take a more active role in their health progress.

2.3. The 'Health in All Policies' approach

NDPHS supports the Health in All Policies (HiAP) approach to public policies that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. HiAP includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being¹.

2.4. Inclusion of people in vulnerable situations in all actions of relevance

NDPHS underlines that people in vulnerable and disadvantaged situations in all countries are important focal groups, playing a key role on the way towards achieving the Partnership's objectives. Whenever relevant, the underlying determinants of health and the situation of groups who are disproportionately affected by diseases or suffer from ill-health shall be taken into account in planning and implementing the actions.

3. Objectives

The NDPHS Strategy 2020 contains six objectives that address the core challenges to the improvement of human health and social well-being in the Northern Dimension area. The objectives follow the six political priorities approved by the 10th Partnership Annual Conference (PAC 10)² to be implemented within the framework of the NDPHS Strategy in the period up to 2020.

The Partnership will work towards accomplishing these objectives in cooperation with other organisations and stakeholders, in particular taking into account the work done by the national governments, WHO, IOM/MHD and other Intergovernmental Organisations and the European Commission.

3.1. Objective 1: Reduced impact of HIV, TB and associated infections among key populations at risk, including prisoners, through strengthened prevention and access to treatment

The spread of HIV, AIDS and other infections associated with it continues to pose challenges to the social and health conditions within the Northern Dimension area. As the extent of policies towards HIV and AIDS varies among the Partner Countries, there is a need to share experience and expertise in prevention, harm reduction, health education, case management, support, counselling and testing. The spread of HIV, tuberculosis (TB) and associated infections, gonorrhoea and syphilis, is especially prevalent within key populations at higher risk. These are groups that run the risk of being marginalised and/or often live under socially and economically distressing circumstances, which also may lead to

¹ See: Helsinki Statement on Health in All Policies 2013; WHO (WHA 67.12) 2014, http://www.who.int/healthpromotion/conferences/8gchp/statement_2013/en/

² See: http://www.ndphs.org//documents/3866/PAC_10_Conclusions_by_the_Chair.pdf

stigmatization and discrimination. They include e.g. children and youth, teens who exchange sex for protection and shelter, persons using drugs, sex workers and their clients, men-having-sex-with-men, migrants, persons in prisons as well as persons released from prisons. Focusing on the vulnerable group of prison populations has a key role in the prevention of the emergence and spread of HIV and TB.

Good collaboration and cross-sectoral approaches are necessary between all actors implementing interventions and supporting policies that are evidence-based and relevant for preventing HIV and associated infections and supporting those infected and affected by these diseases, in order to ensure the highest possible effectiveness of the NDPHS' work and the added value to all NDPHS Partners.

In this respect, the NDPHS can work towards elevating HIV, AIDS and associated infections to a priority issue on the political agenda and contribute to the development of relevant national strategies and policies for prevention, treatment and support and to reduce stigma and discrimination towards those who are affected by HIV, AIDS and associated infections. Through enhancing interfacing between experts, the Partnership can support coordinated and collaborative efforts with a wide variety of stakeholders, particularly with representatives of civil society, to prevent the spread of HIV, AIDS and associated infections in the Northern Dimension area³.

3.2. Objective 2: Contained antimicrobial resistance – through inter-sectoral efforts supporting the implementation of regional and global strategies and/or action plans

Antimicrobial resistance (AMR) in microorganisms is a growing global health problem. Especially antibiotic resistance has had an increasing impact on public health worldwide due to the inappropriate use of antibiotics in humans (including issues of adherence and continuity of treatment), animals and agriculture, and inefficient hygienic routines in the mentioned sectors. As stated by the WHO Regional Office for Europe, bacterial infections in health care settings are a growing concern, with fatal consequences for standard medical interventions. The strategic objectives in the European strategic action plan on antibiotic resistance emphasise multi-sectoral coordination, strengthening the surveillance of antibiotic resistance, strategies for the rational use of antibiotics, the surveillance of antibiotic consumption, infection prevention and control, the promotion of innovation and research on new drugs and technology and raising awareness. The Global Action Plan on antimicrobial resistance endorsed by the World Health Assembly in May 2015 addresses five strategic objectives and also underlines that the Member States should put in place national plans to combat AMR.

Owing to market mechanisms and very high development costs, very few new antibacterial drugs are being developed. To enable the management of today's modern human and animal healthcare, having future access to effective treatment of microbial infections is of utmost importance. Concerted action to respond to AMR is therefore vital, requiring a wide

³ This approach is in line with the NDPHS Statement on HIV and Tuberculosis ('Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward'), approved by the 10th Partnership Annual Conference, Helsinki, November, 2013, http://www.ndphs.org//documents/3868/Statement_HIV-AIDS_and_TB.pdf

range of stakeholders in many sectors (including: policy-makers, pharmacists, prescribers, veterinarians, farmers, the general public) to develop, guide, implement and monitor national action plans that address the problem. National, regional and global policies should address the complex factors driving antimicrobial resistance, based on public health principles such as inter-sectoral efforts, effective surveillance, prevention, containment and research.

The NDPHS can address this inter-sectoral challenge by strengthening the coordination of activities that counteract the increasing resistance to antimicrobial agents in the Northern Dimension area. The Partnership can contribute to this through specific activities that support and complement the European and Global Action Plans.

3.3. Objective 3: Reduced impact of non-communicable diseases (NCDs) – through strengthening prevention and addressing lifestyle-related risk factors

A wide spectrum of unhealthy behaviours resulting, *inter alia*, from some severe social and economic problems, manifest themselves in: tobacco use, harmful alcohol use, low fruit and vegetable intake, high intake of salt, sugar and unsaturated fats, consumption of junk food containing trans-fats, and lack of physical activity. The health consequences, e.g. overweight and obesity, high blood pressure, high blood cholesterol, respiratory diseases, diabetes, cancer, and cardiovascular diseases, continue to result in high rates of premature morbidity, mortality and disability in the Northern Dimension area.

Lifestyle-related risk factors can be best addressed through an integrated and cross-sectoral approach and a close dialogue between the public sector, business and the society at large.

The NDPHS offers a cooperation platform for interdisciplinary experts, interested national and local stakeholders as well as international organisations to promote healthy lifestyles in the communities and to help reduce the burden of lifestyle-related non-communicable diseases. The 'Health in All Policies' ('every minister is a health minister') approach is instrumental to achieving that.

The Partnership can also promote a better awareness of NCD-related trends, threats and innovative solutions among decision-makers, professionals and the public, as well as help disseminate best practices, and facilitate the development and promotion of evidence-based and effective health and disease prevention campaigns, pilots and actions, including early detection and monitoring⁴.

3.4 Objective 4: Reduced social and health harm from alcohol, tobacco and illicit drug use – through strengthening and promotion of multi-sectoral approaches

The harmful use of alcohol, drugs, tobacco and other psychoactive substances is one of the major public health concerns in the Northern Dimension area and has a severe impact on public health systems. The burden of psychoactive substance use is enormous not only for

⁴ This approach is in line with the Chair's Conclusions from the 8th Partnership Annual Conference held in November 2011 in St. Petersburg, during which the Ministers agreed that NCDs constitute a major burden and challenge judged by the amount of preventable premature mortality and morbidity threatening economic and human development, as well as stressed that the NCD prevention and control is the most effective way to contain them. See: http://www.ndphs.org///documents/2892/NDPHS_Action_Statement_on_NCDs.pdf

the affected individuals, but for the whole society, generating huge costs for national health systems.

As the hazardous and harmful use of alcohol and other psychoactive substances poses one of the most significant risks to health, there is a need to share experience and expertise so as to prevent these negative impacts and to take concrete steps to mitigate the harmful impact of substance abuse. The link between the HIV and AIDS epidemic and the illicit use of injectable drugs and alcohol misuse needs to be addressed and WHO's recommendations on a comprehensive package to address HIV prevention, treatment and care for people who inject drugs need to be considered⁵. Harm reduction, including substitution therapy, is a widely used evidence-based method to limit the HIV and AIDS epidemic in the Northern Dimension area.

The NDPHS can deliver concerted action aimed at containing alcohol and substance abuse-related harm. Through strengthened cooperation among high-level experts from national ministries and agencies of the NDPHS Partner Countries and Organisations, the research community, NGOs and other relevant parties, the Partnership can formulate, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol and tobacco and the illicit use of drugs in the Northern Dimension countries. This has to be linked with WHO's guidelines in all relevant areas and with the strengthening of health systems, the upgrading of smoking cessation as well as with early identification schemes and brief intervention programmes on the harmful use of alcohol.

3.5. Objective 5: Adequately addressed health and social needs related to chronic conditions and demographic changes – through strengthened integration and co-ordination of care and prevention throughout the life course at the primary care level

An increase in the prevalence of non-communicable diseases (NCD) and a growing need for health care services, especially considering the ageing, diversification and mobility of the population, is a challenge for all countries in the Northern Dimension area. Experience shows that countries with strong primary health care approaches cope better with increasing health care costs and health inequalities⁶.

Economic crises and cuts in health budgets are key reasons to rationalise health systems and to search for better responses at the primary care level, which is closest to the community's health. The expectations of patients towards the health system have also changed due to an increased market for medical technologies and accessibility of information about health and health care.

As these challenges are faced by all countries in the Northern Dimension area, there is a pending need to animate a dialogue and mutual learning in the Partnership networks on how to address the changing health needs related to chronic conditions in a most rational and efficient way. One of the areas for improvement is the reorientation and efficiency of health and social care systems. In social care, community-based and preventive social services

⁵ See e.g. 'Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations'. WHO July 2014. <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>

⁶ See e.g. the WHO Report 2008: 'Primary Health Care - Now more than ever', <http://www.who.int/whr/2008/en/>

should be encouraged. Patients with NCDs should be provided with better-coordinated and high-quality primary health care, well integrated with specialised services and/or social care when needed. Evidence-based prevention measures should be better incorporated in primary health care, also addressing the needs of individuals in vulnerable situations (cf. the cross-cutting themes 2.1 and 2.4). Patients themselves should become more active actors in the care process, which includes self-monitoring and self-care. Quality outcomes (health gain) of health and social services need to be better managed and e-Health applications wisely implemented and used.

The NDPHS can facilitate a broad dialogue between experts from national ministries and agencies of Partner Countries and Organisations, the research community, NGOs and other relevant parties aiming at a better recognition of social and health concerns in a broader society, and the reformulation of relevant policies. The Partnership can also work together towards the development of positive attitudes towards professionals in health care, social services and penitentiary systems. It can be supportive to governmental and other bodies in planning, implementing and monitoring programmes to scale up primary health care systems for all citizens.

3.6. Objective 6: Strengthened occupational safety and health and well-being at work – through information and reporting systems, workplace activities and occupational health services

Health at work concerns over 125 million working people in the Northern Dimension area. Therefore, achieving and keeping up high standards of occupational safety and health is an important task for the respective authorities in all countries of the region and for all settings as well as categories of workers. Rapidly changing work environments and the introduction of new technologies often constitute a challenge for the governmental policies in this sector. A coherent and holistic approach is indispensable for reducing health hazards, improving the productivity and level of social well-being of every employee⁷.

Through enhancing the collaboration of high-level experts from several countries, organisations, research institutions and the non-governmental sector, the NDPHS can contribute to a strengthened coordination of actions, capacity building, information and promotion of safety, health and well-being at the workplace and among individuals. The Partnership can assist in formulating policies on occupational safety and health systems and occupational health services. Workplace health services can be an important and efficient channel to pursue the reduction of lifestyle-related risk factors, which also directly affect working capacity and productivity, such as the harmful use of alcohol and tobacco, poor nutrition, lack of physical activity and mental health problems⁸.

⁷ See e.g. the WHO Global Plan of Action on Workers' Health 2008–2017, the ILO Global Strategy on Occupational Safety and Health (2003–) and the Conventions No. 161 and No. 187, and the EU Strategic Framework for Safety and Health at Work 2014–2020.

⁸ This approach is in line with the Chair's Conclusions from the 4th Partnership Annual Conference held in November 2007 in Vilnius, during which the Ministers agreed that developing policies, programmes and systems for health at work and linking the public health and occupational health systems would harness the resources of both systems for a coherent and effective delivery of health services for the working age population. See: http://www.ndphs.org/internalfiles/File/About_NDPHS/NDPHS_Strategy_on_Health_at_Work.pdf

4. Guiding principles for the implementation of the NDPHS Strategy 2020

In implementing the NDPHS Strategy 2020, the Partnership will follow the principles of:

- **Added value** – which implies focusing on issues and actions where the NDPHS's actions can bring substantial benefits for the whole Northern Dimension area, on top of the work done in particular by national governments, and approved policies, strategies and action plans by WHO and the EU;
- **Bottom-up processes combined with top-down approaches** - which implies that challenges and opportunities in the thematic areas are addressed by the experts through networking initiatives and projects involving professionals in the field; the outcomes are then presented to the NDPHS Committee of Senior Representatives who can help integrate proposals from the Expert Groups into national and international policies;
- **Co-financing** – which implies that NDPHS activities are implemented by various actors and financed from different sources, including the existing and future European Union financing instruments and programmes, national budgets, international regional organisations, international financial institutions, regional and local public organisations, other public bodies, such as universities, and private sources, including civil society;
- **Cross-sectoral collaboration** – which implies that NDPHS activities shall cross the traditional sectoral and administrative boundaries and explore a combination of various aspects and topics (see e.g. 'life-course approach'); in that regard, the cooperation between public authorities and civil society shall be promoted, when appropriate.

Policies and Action Plans adopted by the NDPHS Partner Countries within the framework of WHO European Region or other international organisations

1. Health 2020: A European policy framework and strategy for the 21st century;
<http://www.euro.who.int/en/publications/policy-documents/health-2020-a-european-policy-framework-and-strategy-for-the-21st-century>
2. European action plan to reduce the harmful use of alcohol 2012-2020;
<http://www.euro.who.int/en/publications/abstracts/european-action-plan-to-reduce-the-harmful-use-of-alcohol-20122021>
3. European strategic action plan on antibiotic resistance 2011-2016;
<http://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/policy>
4. European Action Plan for HIV/AIDS 2012-2015;
<http://www.euro.who.int/en/publications/abstracts/european-action-plan-for-hiv-aids-20122015>
5. Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016;
<http://www.euro.who.int/en/publications/abstracts/action-plan-for-implementation-of-the-european-strategy-for-the-prevention-and-control-of-noncommunicable-diseases-20122016>
6. European Food and Nutrition Action Plan 2015-2020;
<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/64th-session/documentation/working-documents/eurrc6414-european-food-and-nutrition-action-plan-2015-2020>
7. WHO's Global Plan of Action on Workers' Health 2008-2017;
http://www.who.int/occupational_health/publications/global_plan/en/
8. WHO Framework Convention on Tobacco Control (FCTC);
<http://www.who.int/fctc/en/>
9. Roadmap to prevent and combat drug-resistant tuberculosis. The Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015;
<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2011/roadmap-to-prevent-and-combat-drug-resistant-tuberculosis>

10. Tuberculosis Action Plan for the WHO European Region, 2016-2020 (draft; under consultation and finalisation for endorsement by the WHO Regional Committee for Europe in September 2015);
<http://discussion.euro.who.int/forum/topics/public-consultation-tb-action-plan-for-the-who-european-region-20>
11. European Action Plan for Strengthening Public Health Capacities and Services 2012;
<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2012/european-action-plan-for-strengthening-public-health-capacities-and-services>
12. Global strategy on occupational safety and health: Conclusions adopted by the International Labour Conference at its 91st Session, 2003.
http://www.ilo.org/safework/info/policy-documents/WCMS_107535/lang--en/index.htm