

**Primary Health Care Expert Group
Second Meeting
Stockholm, Sweden
20 - 21 October 2016**



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

Reference	PHC EG 2/11/1
Title	Draft PHC EG Work plan for 2017
Submitted by	ITA
Summary / Note	This document presents is draft version of the PHC EG annual Work plan for 2017. It will be presented for discussion on 2nd PHC EG meeting, which will held on 21 October 2016 in Stockholm, Sweden.
Requested action	For discussion and comments

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Abbreviations and acronyms used

- CSR – NDPHS Committee of Senior Representatives.
- EUSBSR – EU Strategy for the Baltic Sea Region.
- ND – Northern Dimension.
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being.
- PAC (in relation to the NDPHS) – Partnership Annual Conference.

NDPHS Primary Health Care Expert Group Annual Work Plans on 2017.

- i. Submitted by: Expert Group on Primary Health Care (EG PHC)**
- ii. Year covered: 2017**
- iii. Introduction and policy context**

This Work Plan gives an overview of the actions to be launched in 2017 by the Expert Group on Primary Health Care (EG PHC). It builds foremost on the Oslo Declaration from 2003¹ and the NDPHS Strategy 2020 and its Action Plan from 2015², as well as takes into account the NDPHS' role as the Policy Area Coordinator in the EU Strategy for the Baltic Sea Region³. The relevant stipulations contained in the *Transforming our world: the 2030 Agenda for Sustainable Development* from 2015 (and, especially, its Goal 3: Ensure healthy lives and promote well-being for all at all ages), as well as the *Political Declaration on the Northern Dimension Policy* and the *Northern Dimension Policy Framework Document* describing the new Northern Dimension Policy from 2007 have been taken into account, too.

A healthy population is a critical factor behind sustainable economic development of enterprises and societies. However, the region features places where social and economic problems lead to high levels of mortality, morbidity and loss of work ability and productivity due to non-communicable diseases and accidents. The main risk factors include hazardous and harmful use of alcohol, drug-abuse, tobacco, obesity, lack of physical activity and violence. Another problem is the spread of infectious diseases (such as, e.g., HIV/AIDS and tuberculosis). The growing cross-border movement of people poses additional challenges, such as increased spread of communicable diseases, migrants' health, legal and illegal trafficking of alcohol, tobacco and drugs, etc. Therefore, it should be paralleled by actions addressing inequalities in health status and in the level of health protection.

Another important problem is increased multimorbidity prevalence among the older people, insufficiency of resources and incentives for treatment and care for this group of patients. It should also be parallel actions aimed at inequalities in health status.

This Work Plan constitutes a basis for the promotion of health and social well-being at the international, national, regional and local levels, to address the challenges of the current situation and to ensure that progress is made towards achieving the Partnership's objectives. The relevant stipulations contained in the Oslo Declaration, as well as the Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document provide fundamental for the Work Plan.

¹ The Declaration Concerning the Establishment of a Northern Dimension Partnership in Public Health and Social Well-being, available at www.ndphs.org/?doc=Oslo_Declaration.pdf.

² Available at: http://www.ndphs.org/?about_ndphs#New_NDPHS_Strategy.

³ Available at www.ndphs.org/?eusbsr_introduction.

All relevant stakeholders have key roles to play in the improvement of health and social well-being. The national governments of the Partner Countries have a leading role in formulating strategies and providing various essential forms of support to efforts aimed at improving existing health and social conditions. Partner Organisations, regional cooperation bodies and international financial institutions are also key actors in setting priorities, and in making available the resources needed to move the activities and initiatives of the Partnership forward. The committed involvement of the private sector, local and regional actors, NGOs and other interested parties is also important at all levels of cooperation and consultation in the Partnership structure.

iv. Focus on the NDPHS Strategy 2020 and its Action Plan

The focus of this Work Plan is on the implementation of the NDPHS Strategy 2020 and its Action Plan, which were developed by the NDPHS during 2014-2015 and subsequently adopted by the NDPHS Committee of Senior Representatives in June and September 2015, respectively.

By implementing this Work Plan the PHC EG will take the next step toward its Action Plan 2020, which it will strive to achieve during the coming five years of the NDPHS and PHC EG development and action:

**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.**

1. Leadership and coordination

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1.3 Financial resources for leadership

Ministry of Health of the Russian Federation ensures the financing of the ITA (30 percent of working time) as well as financing of the Chair of the EG.

Each partner provides the funding for the participation costs of its representative in the EG meetings.

2. Meetings of the Group

	<i>Meetings</i>	<i>Date</i>	<i>Place</i>
<i>1</i>			
<i>2</i>			
<i>3</i>			

3. Activities

PHC EG established in accordance with CSR decision at October 21, 2015. Following preliminary Action Plan 2020 Experts group is already working on implementation of 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».

For the realization of this objective, Expert group provides input in implementation of crosscutting themes and making a professional contribution to the relevant activities within the Partnership NDPHS.

Project Concept on integrated Care for older people with multimorbidity was develop in 2013-2014.

At the 2014-2015 priority problems for all NDPHS Partner Countries were defined, which were proposed to be solved in the Project on International cooperation and joint activities.

In 2015, the Project Concept changed, in accordance with the Action Plan for the implementation Objective 5 to “InnoHealth: Preventable Hospitalization in the Baltic Sea Region: Organizational and technical innovations in primary healthcare for more cost-effective health systems performance”.

PHC EG continue cooperation with international organizations working in the field of primary care and plan joint activities aimed in development better quality PHC systems in the ND region.

3.1 Activities to achieve the expected results laid down in the NDPHS Action Plan, which are within the remit of the Expert Group

3.1.1. Higher awareness among national health policy-makers of the increasing prevalence of multimorbidity in the elderly population and of an effective policy response.

➤ Specific actions

- Establish effective dialogue channels between knowledge providers and policy makers in the field of people-centered, integrated care for patients with multi-morbidity, with strengthened coordination and networking between WHO, European Forum of Primary Care (EFPC) and national stakeholders in the Northern Dimension area.
 - ✓ Discuss mechanisms and develop a plan of regular dialogs between the policy makers, PHC institutions, PHC practitioners and international and NGO considering client-centered experience implementation of complex aid for patients with multi-morbidity and establishment of all the stakeholder's cooperation.
- Collect evidence from good practices on integrated care for patients with multi-morbidity.
 - ✓ Analyze national data of positive experience of complex aid for the patients with multi-morbidity.

Clarify the methods and resources.

Target groups:

- Policy-makers
- Local authorities
- The administration of PHC
- Public health experts
- Patients with somatic diseases in hospitals
- Health and social development NGOs
- Social workers
- Health workers in PHC

Deliverables:

- Synthesis report with experiences and solutions on how to improve integrated care for elderly patients with multi-morbidity (planned in 2016).
- Report of the analysis national data of positive experience of complex aid for the patients with multi-morbidity.

3.1.2. Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans

➤ Specific actions

- Collect experience from the NDPHS Partner Countries on how the peer group's education is used to cope with diseases for different groups of patients and to include the role of the patients and their family members in the care plans.
 - ✓ Analyze national data of positive experience of the patients' role in mutual learning and their family's roles in treatment.
- Develop policy guidance to national policy-makers on how the role of patients and families in the management of chronic illness should be included in the care plans.
 - ✓ Policy guidelines preparation plan (specify executors and document preparation dates).

Clarify the methods and resources.

Target groups:

- Policy-makers
- Local authorities
- The administration of PHC
- Public health experts
- Patients with somatic diseases in hospitals
- Health and social development NGOs
- Social workers in PHC
- Nurses including nurses in PHC

Deliverables:

- Report on the most effective methods to achieve a higher commitment among patients of the primary health care to their own health care process, including self-monitoring.
- Policy guidance report to national policy-makers on how the role of patients and families in the management of chronic illness should be included in the care plans.

3.1.3. More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and coordinated care for patients with multi-morbidity

➤ Specific actions

- Collect experience from the NDPHS Partner Countries on how to allocate health and social care resources more cost-effectively towards the needs of patients with multi-morbidity.
 - ✓ To analyze national data on how to allocate health and social care resources more cost-effectively towards the needs of patients with multi-morbidity.

- Arrange a workshop with knowledge providers health, and social care administrators to discuss existing good practice in resource allocation and possible incentives supporting an integrated and better-coordinated care for patients with multi-morbidity.
 - ✓ Arrange a national workshop in the Countries with knowledge provider's health, and social care administrators to discuss existing good practice in resource allocation and possible incentives supporting an integrated and better-coordinated care for patients with multi-morbidity. Suggest preliminarily participants and date of the workshop at the each country-partner.

Clarify resources.

Target groups:

- Policy-makers
- Local authorities
- The administration of PHC
- Public health experts
- Patients with somatic diseases in hospitals
- Health and social development NGOs
- Social workers in PHC
- Expert in Health Care Financing

3.2 Activities to achieve the horizontal results laid down in the NDPHS Action Plan

The listed below results aim to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It is the responsibility of all Partner Countries and NDPHS structures to be active in producing these results. The Secretariat will play an active role in initiating, facilitating and coordinating many of the planned activities.

3.2.1. Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area.

Planned activities towards the expected result:

- Cooperate with relevant regional and international actors to include NDPHS-facilitated health and social well-being items on the regional cooperation agenda in the Northern Dimension area.
- Include provisions regarding health and social well-being and the importance of the a Health in All Policies (HiAP) approach, a focus on health inequalities, as well as the Partnership's role, in relevant highlevel and other documents.

Clarify the methods, and planned deliverables.

External actors planned engage:

- Deputies of the Legislative Assembly
- Heads Ministries and Departments (health, education, economic development, environment and others.)

3.2.2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities

During 2010-2013 support and involvement of other stakeholders in the NDPHS activities led to the increased importance and visibility of the NDPHS. This, in turn, put the Partnership in a better position to initiate and influence developments leading to the improvement of health and the quality of life in the Northern Dimension area. Therefore, the Partnership will continue its efforts to create synergies and develop cooperation with regional and international actors active in the health field.

Planned activities towards the expected result:

Planned activities towards the expected result:

- Work with other relevant stakeholders towards the achievement of the health-related actions and targets as spelled out in the NDPHS Action Plan.

Clarify the methods, planned deliverables and external actors planned engage.

3.2.3. Increased and strengthened policies to improve health and social wellbeing through regional cooperation

In order to be effective and to guarantee an equitable and sustainable impact, relevant results and recommendations from projects need to be anchored at the policy level. The NDPHS is well positioned to help convey relevant results and recommendations of on-going and completed projects to the policy level: the relevant conclusions and recommendations can be discussed by the NDPHS expert level bodies and be subsequently presented by the NDPHS expert groups for consideration by the NDPHS Committee of Senior Representatives and possibly by the ministerial-level NDPHS Partnership Annual Conference.

Planned activities towards the expected result:

- Cooperate with relevant stakeholders to communicate the results of NDPHS projects and/or NDPHS-facilitated projects to the policy level in the Northern Dimension area.
- Approach and encourage stakeholders to communicate, when relevant, the results of their regional projects to the policy level by using the NDPHS' structures.

Clarify the methods, planned deliverables and external actors planned engage.

3.2.4. Increased visibility of the NDPHS in the Partner Countries

Whereas other specific visibility-related actions of the Action Plan address the Partnership's outreach activities towards other stakeholders and the general public, this action area aims to further strengthen the commitment and involvement of the NDPHS Partner Countries. This should be done through raising awareness about the Partnership, its achievements, the role of the Partners and possibilities for the Partner Countries to benefit from the cooperation within the NDPHS framework.

The consultations between the NDPHS Chair Country and each NDPHS Partner Country would also provide an opportunity to discuss the issues that require support and action from the highest decisionmaking and political level, as well as to discuss how country representatives can enhance the NDPHS visibility at home.

Planned activities towards the expected result:

- Continue the dialogue with the NDPHS Partner Countries and Organizations by highlighting current information about the NDPHS work on home websites.

3.2.5. Ensured coherence and mutual support in addressing regional challenges and opportunities in the area of health and social well-being through a successful leadership of the EU Strategy for the Baltic Sea Region's Health Policy Area

The role of the NDPHS as the Policy Area Coordinator within the EUSBSR (Policy Area: “Health – Improving and promoting peoples’ health, including its social aspects”) allows for a making health more integrated and inclusive in the regional cooperation. In particular, by providing a common frame of reference, the NDPHS has contributed to increased interfacing between relevant stakeholders at various levels and across thematic sectors, and a better division of labour among the existing networks. At the same time, most of the EUSBSR -related activities are coherent with the NDPHS mission as spelled out in the Oslo Declaration and contribute to the strategic aims of the NDPHS, such as: increased visibility and better influence in processes related to allocation of funding for regional cooperation.

Through the instrument of the EUSBSR, the Partnership is able to strengthen the message that improving and promoting peoples’ health, including social aspects, is an important precondition for ensuring sustainable and healthy societies in order to enable economic growth, and for containing future health and social care- related costs.

Planned activities towards the expected result:

- Facilitate the development and implementation of actions and flagship projects defined in the Health Policy Area.
- Monitor and report the implementation progress within the Health Policy Area.
- Regularly review the relevance of the Health Policy Area as described in the EUSBSR Action Plan.

4. Assumptions, enabling factors and possible obstacles

1. All Members of PPHS EG will be committed and actively involved in the activities
2. Seed money and necessary financial resources will be available for the development of planned project proposals.