



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

REPORT ON
NDPHS¹ Expert Group
“Social Inclusion, Healthy Lifestyles & Work Ability”
5th Meeting of “SIHLWA”
Oslo 6 –7 March, 2008

Co-sponsored by WHO Regional Office for Europe
and
ILO Subregional Office for Eastern Europe and Central Asia

¹ Northern Dimension Partnership in Public Health and Social Wellbeing

INDEX

	Title	page
	INDEX	2
1.	ABBREVIATIONS	3
2.	SUMMARY Conclusions of SIHLWA Expert Group	4
3.	INTRODUCTION	6
4.	5th SIHLWA MEETING	7
4.1	• Opening of the meeting	7
4.2	• Proceedings of the meeting	8
5.	Reports of Sub-groups	10
5.1	• Report of subgroup on adolescent health and socially-rewarding lifestyles [ADO]	10
5.2	• Report of subgroup on alcohol [ALC]	14
5.3	• Report of subgroup on occupational safety and health [OSH]	20
6	• Closing of the SIHLWA meeting	26

LIST OF ANNEXES (separate document on http://www.ndphs.org/?mtgs.sihlwa_5_oslo)

ANNEX 1:	Scope & Purpose of 5 th SIHLWA meeting	p. 3
ANNEX 2:	Agenda of 5 th SIHLWA meeting	p. 6
ANNEX 3:	Programmes of 5 th SIHLWA meeting: Overall programme • ALC Sub-group Programme • ADO Sub-group programme • OSH Sub-group programme	p. 7
ANNEX 4:	Membership status SIHLWA March 2008 (table)	p. 15
ANNEX 5:	List of Meeting documents	p. 16
ANNEX 6:	List of Participants 5 th SIHLWA meeting	p. 17
ANNEX 7:	SIHLWA TOR	p. 26
ANNEX 8	SIHLWA Action Plan 2008	p. 34
ANNEX 9	SIHLWA Annual report 2007	p. 39

LIST OF WORD info-documents (Available on http://www.ndphs.org/?mtgs.sihlwa_5_oslo)

1. Report of St Petersburg NCM Conference 11-12 Dec. 2008 "Promotion of Healthy Lifestyles, Work Ability and Social Inclusion

LIST OF Power-Point presentations (Available on http://www.ndphs.org/?mtgs.sihlwa_5_oslo)

1. SIHLWA-5_ADO_Groupwork_Youth-health-profile_Summary
2. SIHLWA-5_ADO_LAATIKAINEN_Youth-health-profile
3. SIHLWA-5_ADO_NEUMER_FRIENDS-programme_Norway
4. SIHLWA-5_ADO_SKVORTSOVA_Alc_Prev_Youth_SPb
5. SIHLWA-5_ADO_VIENONEN_Alcohol&tobacco_SPb_demo
6. SIHLWA-5_ADO_VIENONEN_Introduction
7. SIHLWA-5_ADO-REPORT_Summary
8. SIHLWA-5_ALC_KRUPITSKY_Introduction
9. SIHLWA-5_ALC_REPORT_Summary
10. SIHLWA-5_OSH_JANKAUSKAS-Introduction
11. SIHLWA-5_OSH_VIENONEN_Introduction
12. SIHLWA-5_PLEN_RASMUSSEN_BCCCS-Hepro-survey_Results
13. SIHLWA-5_PLEN_WANGBERG_BCCCS-Hepro-survey_Info
14. SIHLWA-5_Summary_PLEN_Conclusions

1. ABBREVIATIONS

ABBREVIATIONS/ ACRONYMS	
BSN	Baltic Sea Network on Occupational safety & Health
CIDA	Canadian International Development Aid
CSR	Committee of Senior Representatives
EC	European Commission
EG	Expert Group
EST	Estonia
EU	European Union
EUC	European Commission
EURO	Regional Office for Europe/WHO
FIN	Finland
ILO	International Labor Organization
IOM	International Organization of Migration
ITA	International Technical Advisor/ NDPHS
KTL	Kansanterveyslaitos/FIN; Public Health Institute/FIN
LTU	Lithuania
MoH	Ministry of Health
MoSAH	Ministry of Social Affairs and Health
NCD	Non-communicable diseases
ND	Northern Dimension
NDPHS	Northern Dimension Partnership in Public Health and Social Wellbeing
NGO	Non-governmental organization
OSH	Occupational Safety and Health
PAC	Partnership Annual Conference
PHC	Primary Health Care
RUS	Russia
SIHLWA	Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability
STAKES	National Research & Development Centre for Welfare & Health/ FIN
STAKES	Sosiaali & Terveysalan Tutkimus & Kehittämiskeskus/FIN
STI	Sexually transmitted infection
SWE	Sweden
TOR	Terms of Reference
TTL	Työterveyslaitos/FIN; Institute for Occupational Health/FIN (IOHF)
UNODC	UN Organization against Drug & Crime
WHO	World Health Organization
WPH&S	Workplace Health & Safety

2. SUMMARY Conclusions of 5th SIHLWA Expert Group meeting

- SIHLWA Coordinator and Chairpersons for three SIHLWA subgroups will continue their tasks, including Dr Kari Paaso (ALC-subgroup) who is substituting WHO-EURO representative as long as they do not have a new person to take care of the task. as to Co-chairpersons, the ADO-Subgroup has changed its Co-chair, who at present will be Dr Aldona Jociute from Lithuania. We thank Ms Daiva Zeromskiene, who has left for maternity leave, for her time as ADO-co-chair in 2007;
- The venue for next 6th SIHLWA WG meeting was tentatively agreed to take place in the autumn 2008 tentatively in Östersund, Sweden. Coordinating Chair Mikko Vienonen was mandated to further discuss the issue. Presently it seems that in autumn 2008 the meeting will again be hosted by Norway, as all 4 EGs will have a joint meeting tentatively 30 Sept – 1 Oct again in Oslo. We will approach Sweden to host the next SIHLWA meeting in 2009;
- SIHLWA annual report for 2007 was approved (see Annex).
- SIHLWA Action Plan for 2008 was approved (see Annex);
- Potential Years of Life Lost (PYLL) and “Life at Stake (“na konu – zhizn”) project should be taken forward as part of SIHLWA activities.
- SIHLWA Stakeholder Analysis is still timely and funding was approved starting in autumn 2008-07-08

I. Subgroup on adolescent health and socially-rewarding lifestyles [ADO]

- ADO-sub-group will be involved in the **NDPHS Data-base project** and will elaborate on a **profile on youth’s health behaviour** and on existing policies targeted at youth’s health in NDP area. A critical issue will be funding through the NDPHS project-pipe-line.
- **Alcohol & Drug Prevention among Youth in St Petersburg** project will continue through Finnish funding in 2008-2009.
- ADO-sub-group will consider to further elaborate **projects focusing on social inclusion/exclusion**. One feasible option will be “Friends for Life” –type projects in schools. This will be raised at next SIHLWA ADO-sub-group meeting.

II. Subgroup on alcohol [ALC]

- Plans for a seminar: “**Impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies**” are in the process. The seminar is planned to take place in autumn 2008, possibly in Latvia. The seminar will probably be organised jointly by the Norwegian Ministry of Health and the Nordic Council for Alcohol and Drug Research NAD, in association with SIHLWA, providing that funding can be secured.
- **Project to disseminate brief intervention** as a method for prevention of harmful and hazardous alcohol use is under preparation. Russian Federation (SPb). It should be extended to Estonia, Latvia and Lithuania, who already have joined the Primary Health Care European Project on Alcohol PHEPA (www.PHEPA.net) funded by the EU public health programme. The Nordic Council for Alcohol and Drug Research is

planning a seminar on brief intervention, in which special attention can be given to NDP countries' interests.

- The **thematic reports** need to be produced as WP6 of the NDPHS database project and will focus on brief intervention-related questions.

III. Subgroup on Occupational Safety & Health [OSH]

- North-West Russian Project ILO-OSH2001 is proceeding well in N-W Russia. A great deal of regional collaboration has been established. Continued funding will be sought. Possibilities to extend the project into Baltic States, Nordic countries, Poland and Germany will be explored. WHO and ILO will work together to have a common outline for the national and regional OSH profile (health and safety issues combined)
- A **survey on OSH situation in the countries** was finalised successfully and is presently the first thematic profile under SIHLWA in the NDPHS data-base. A national profile is an inventory of the OSH situation in the country, revealing the needs for development (SWOT analysis). National profiles are important, but it was agreed that a summary be prepared focusing on regional (European level) profiling. One issue that is important from the regional point of view is occupational health and safety of migrant workers.
- It was proposed that the Partnership send **the NDPHS Strategy on Health at Work to the relevant Ministers** and other counterparts asking for information on **what each country is planning to do to implement the NDPHS Strategy**. It was agreed that addresses of relevant organizations be sent to the NDPHS Secretariat.
- Within the North-West Russia project, there is a plan to organize a 2,5-day seminar among occupational health and public health experts in November 2008. A common understanding of health promotion approaches and ways to carry out interventions is the aim of the seminar.
- The **Barents Newsletter** on Occupational Health and Safety will be continuously published.
- **Campaigns** such as 28 April (ILO World Safety and Health Day) and 7 April (WHO World Health Day) will be taken into account in all information activities.
- Updating of the **brief agricultural profile** was put forward. It was agreed that it will be taken up on the agenda of the BSN in October 2008.

3. INTRODUCTION

The 5th SIHLWA (“**Social Inclusion, Healthy Lifestyles & Work Ability**”) meeting in Oslo was held 06-07 March 2008 attended by 35 persons. (see list of participants in ANNEX 7) from 9 countries and 4 international member organizations and 2 other organizations. In addition to official SIHLWA members, we had also several ad hoc participants attending the meeting in their personal and organizational capacity.

The *EG SIHLWA* consists of 3 sub-groups:

- ADO: Subgroup on Adolescent health and socially-rewarding lifestyles (16 participants)
- ALC: Subgroup on Alcohol (12 participants)
- OSH: Sub-group on Safety & Workplace Health (14 participants)

5th SIHLWA meeting also provided a useful forum for the NDPHS Secretariat (Mr Marek Maciejowski, Head of the NDPHS Secretariat) to elaborate updates on NDPHS database project implementation and the NDPHS website.

At this meeting – as before - all three subgroups came together, and the program consisted of joint sessions and individual sub-group sessions (see programme in annex). The participants of this Expert Group meeting consisted of public health experts nominated by the different member countries of the partnership. Additionally, public health institutes and relevant NGOs in respective countries participated.

A special challenge for this Expert Group was how we could best benefit from the synergy that the three subgroups will pose. In a heterogeneous group it was important that the three theme groups could also have time for their own deliberations. The program was designed so that these competing needs could be properly addressed.

On its agenda the meeting was to have final approval on its Annual Report for 2007 and Annual Action Plan for 2008.

Feed-back from the NCM Healthy Lifestyles’ conference in St. Petersburg in December 2007 was to be provided by the SIHLWA secretariat.

Additionally, all sub-groups had arranged their own agenda in separate parallel subgroup meetings (see respective programmes in ANNEX 3).

Coordinating Chair also encouraged SIHLWA participants to be in active contact with their national focal points (“Senior Representatives) in the Ministries of Health & Social Affairs in order to enhance participation in all subgroups. We also need our members’ help in order to have appropriate translation of SIHLWA in all national languages in order to facilitate better understanding of our tasks and objectives.

4. 5th SIHLWA MEETING IN OSLO

4.1 Opening of the meeting

Attendants of the meeting were welcomed by the hosting Ministry of Health and Care Services, NDPHS SILWHA expert group and NDPHS secretariat. The meeting was opened by **Ms Toril Roscher-Nielsen**, the Director General of Norwegian Ministry of Health & Care Services, who acknowledged the great impact that Northern Dimension partnership has had, and noted that it is greatly thanks to its active expert groups, which have created many useful and influential contacts among other things. She thanked all participants for this work, welcomed them to the meeting and wished them good luck in their work during it.

Dr Mikko Vienonen, coordinating chair of SIHLWA expert group, welcomed also all participant on his behalf and noted that now in its second year of working and its 5th meeting the SILWHA expert group is already a great deal more functional than when it begun its work. The group has about 50 members on 3 subgroups. He went through the groups mission and highlights of the year 2007, that have been the Helsinki meeting, implementation of various projects by the sub-groups and four conferences organised during the last year. The activities planned for the year 2008 are two meetings, stakeholder analysis that had just got its funding through pipeline, implementation of PYLL and as a 'wild card' the possibility to launch TV-program 'life at stake' to Russian television. Besides these planned activities he also listed 7 dreams for the work of the ongoing year, such as networking still more effectively and utilizing these networks in everyone's day-to-day work.

Mr Marek Maciejowski, the Head of NDPHS Secretariat, expressed his appreciation for the work of SILWHA group and noted how amazing it is that such a young group has managed to work on so many different fronts and has produced everything from political papers to thematic reports. He thanked the fact that this work has been attractive to different types of stakeholders, to governments and NGOs alike, inviting them to participate to this important work. He thanked all the people that have made this possible and wished them good luck in the work to come.

Chairpersons of the sub-groups introduced them selves and the work of their groups. **Dr Aldona Jociute**, the co-chairperson of the **ADO sub-group**, introduced the three activities that this group is going to work on during this meeting.

Mr Wiking Husberg, the chair of the **OSH-group**, recognized that they have been able to achieve a lot during the last year and to upraise the political profile of the OSH-question. He also noted that the Baltic Sea Network on OSH, which includes representative from all the partner countries of SIHLWA, has been doing active work during the last 10 years, and hence there is activity and networking also outside the SILWHA. Now the group has started i.e. stakeholder analysis in the north-western Russian, and they also wish to develop co-operation with ILO and WHO, especially now when Mr Rokho Kim is present at the meeting. They wish to find and discuss ways to create more synergy between their various plans and activities.

Prof Evgeny Krupitsky introduced the progression of the **ALC sub-group** that included i.e. the seminar organized for the decision makers of Vologda, and their future plans, that consist i.e. of the EIBI project that aims to launch mini-intervention to SPB and other North-western Russian regions.

4.2 Proceedings of the meeting

Administrative issues:

The agenda of the meeting was adopted. The nominations of the chairs of the sub-groups were discussed and it was agreed that current chairs will continue. **Dr Aldona Jociute** (Lithuania), was nominated as the co-chairperson of the **ADO sub-group** after **Ms Daiva Zeromskiene** (Lithuania), who had left for maternity leave.

The Coordinating chair of SIHLWA welcomed and introduced a new international organization, **the Baltic Sea States Sub-regional Cooperation (BSSSC)** to NDPHS and also at this SIHLWA meeting. At this meeting they were represented by 3 participants: **Mr Arvid Wangberg** (Project Director of BSSSC, Østfold County Council, Norway), **Mr Juri Tomilov** (Adviser to BSSSC) and **Mr Niels Rasmussen** (Senior Researcher, National Institute of Public Health, Denmark). BSSSC presented during the second meeting day a summary of their goals and activities and ongoing “HEPRO” project: (Power-Point presentation is available at http://www.ndphs.org/?mtgs.sihlwa_5_oslo)

The Coordinating chair of SIHLWA highlighted the importance of the nominations of the SIHLWA members, and the fact that it is important for the working of the group that there are representatives in each sub-group from each country. He noted that currently there is some imbalance between the representation from different countries when some countries are very well represented and some are not, but gradually the situation has been improving (see in ANNEX 4: Membership status of SIHLWA 2008).

The SIHLWA 2007 annual report and annual action plan for the 2008 were presented and adopted.

NDPHS Database project update

Mr Marek Maciejowski presented the updates on database project, which had progressed greatly since last meeting. He stated what an excellent example of co-operation this is, and introduced the three qualities of database: database, pipeline and thematic reports. He introduced the web pages and encouraged everyone to use them and noted that everyone is welcome to add their projects and other information to the pages.

The thematic report –section was introduced by NDPHS secretariat **Mr. Bernd Treichel** who noted that funding for also other sub-groups’ thematic reports could be very well found through pipeline. SIHLWA had agreed the OSH to be the first group to submit their report. The speaker noted how Northern Dimension is as well political program as an geographical area, of which many areas are still unknown to us and how important it could be to see the gaps in policies and information and through this the needs for action. He also stated how these reports could be used to organize conferences or other similar events, and how they could be opportunities in solidifying the work of groups.

Mr Wiking Husberg noted how essential it is to see thematic reports not only for the pipeline, but as bases for further action. He also pointed that all measures should be based on strategies of ILO, WHO, and EU.

A question was presented concerning the thematic reports as to the sources and target groups of information, and on the role of data vis-à-vis other kind of information in them. Although

everyone can submit information to the web-pages, it has to be approved by the sub-groups before publishing, in order to guarantee the reliability of the information. **Mr Marek Maciejowski** described the plans to include also 4th section for data to the web-pages that will be discussed in the next meeting of ND secretariat. He enquired what kind of topics for this data SIHLWA sub-groups would suggest (3-4 topics/sub-group). He thought there should be also a link to thematic reports that could serve as a tool to highlight the most relevant issues and also in selecting the most relevant indicators. He thought that this data-section could be an effective tool in political influencing. The chair of the meeting concluded that there is not a lack of information but a lack of (relevant) conclusions, and hence the information should be well formulated.

Feedback from EUPHA 15th European Conference on Public 11-13 October 2007. Workshop on NDPHS: As a point of information, Mikko Vienonen informed about the Annual Conference of European Public Health Association (EUPHA) that was held in Helsinki 11-13 October 2007. NDPHS was through SIHLWA invited to prepare a proposal for a 1.5 h workshop on NDPHS activities. The proposal is presented in Annex.. The chair encouraged all interested to get acquainted with the www.EUPHA.org website where PP-presentations are available on the work of SIHLWA and its sub-groups and also on HIV/AIDS expert group and the work of NDPHS secretariat and the Project Pipeline and data-base. The seminar provided was well received by EUPHA participants.

Feedback from NDPHS/PAC meeting and the pre-meeting on NDPHS Forum: Healthy Life – Healthy Work: The OSH sub-group was congratulated for their excellent work during the PAC pre-meeting in November 2007 in Vilnius.. They brought welcome publicity for the whole SIHLWA EG and came up NDPHS Forum “Healthy Life – Healthy Work” strategic document that was endorsed by the PAC ministerial meeting. The follow-up of this document is tasking place, whereby by August 2008 the ministries in NDPHS are asked, how they have been implementing the recommendations of the strategy so far.

Feedback from NCM Conference on “Social inclusion and promotion of healthy lifestyles” St Petersburg, 11-12 December 2007: As a point of information, Mikko Vienonen informed about the above mentioned conference organized by SIHLWA last December. This Conference highlighted the Chairmanship of Finland in the Nordic Council of Ministers in 2007, and also provided a platform to bring forward the ideas developed under SIHLWA three sub-groups and projects. The organizers aimed at a relatively high level ministerial conference on the 1st day followed by a more technical experts’ meeting on the second day. From Russian Federation Deputy Minister of Health, Dr Vladimir Starodubov from Moscow and Deputy Mayor Ljudmila Kostkina from Saint Petersburg attended. The meeting proceedings and presentations are available on the meeting web-site http://www.ndphs.org/?mtgs,promotion_of_healthy_lifestyles and also as SHLWA-5 background document on http://www.ndphs.org/?mtgs,sihlwa_5_oslo.

Feedback from SIHLWA Stakeholder Analysis

In SIHLWA we have been discussing about the importance of a “Stakeholder analysis” since the Helsinki meeting in May 2006. A project proposal was developed in 2006 and funds were applied through the MoFA/ Finland. Unfortunately, funds were not allocated as stakeholder analysis is not considered as a project and the proposal did not include international partners in addition to STAKES/IDC, which was planned to be the main implementing agency.

At the previous SIHLWA-4 meeting we asked ourselves, whether the concept on stakeholder analysis is still relevant and came to the conclusion that it is highly important to know our partners and also our “enemies” in our respective countries. The coordinator was authorized to pursue the issue further so that STAKES would recruit more partners (e.g. MAPO/ St. Petersburg and NHV/ Gothenburg). The NDPHS project pipeline provided a successful channel and together with STAKES we made a new project application to the MoFA/Finland. The project was awarded in February and will start in autumn 2008 as a joint venture by STAKES/Finland and MAPO/Spb.

5. Sub-group reports

5.1 Report of Subgroup on adolescent health and socially-rewarding lifestyles [ADO]

ADO-report prepared by Aldona Jociute, Hanna Heikkilä, Anna Skvorcova and Mikko Vienonen]

The subgroup on adolescent health and socially-rewarding lifestyles [ADO] consisted of 16 members, namely Chair Mikko Vienonen (Finland), Co-chair Aldona Jociute (Lithuania), Robert Shearer (Canada), Iisi Saame (Estonia), Hanna Heikkilä (Finland), Tiina Laatikainen (Finland), Juuso Nieminen (Finland), Lolita Melke (Latvia), Simon-Peter Neumer (Norway), Janusz Sieroslowski (Poland), Natalia Kostenko (Russia - Moscow), Mikhail Kasatkin (Russia- SPb), Bengt Sundbaum (Sweden), Maria Sagitova (Nordic Council of Ministers-SPb), Anna Skvorcova (NGO-Russia-SPb), Arvid Wangberg (BCCCS).

The ADO- subgroup’s work focussed on:

- **Theme 1:** Discussing “youth-risk-profile” to be elaborated as thematic paper for the NDPHS data-base website. A background document was presented as basis of discussion and is available on http://www.ndphs.org/?mtgs.sihlwa_5_oslo. Also the PP-presentation given by Tiina Laatikainen is available there.
- **Theme 2:** discussing on “FRIENDS” programme piloting in Norway in 2006 - 2007 and Finland in 2007. A background document was presented as basis of discussion and is available on http://www.ndphs.org/?mtgs.sihlwa_5_oslo. Also the PP-presentation given by Simon-Peter Neumer is available there.
- **Theme 3:** Discussing a draft on media-seminars as a component of programmes focusing on alleviation of alcohol problems. A background document was presented as basis of discussion and is available on http://www.ndphs.org/?mtgs.sihlwa_5_oslo. Also the PP-presentation given by Anna Skvorcova is available there.
- Discussing ongoing Action-Plan and future plans beyond 2008 for ADO-subgroup.

5.1.1 Theme 1: “Youth-risk- profile for NDPHS-data-base”

The topic was thoroughly elaborated by Tiina Laatikainen and the available PP-presentation was considered very informative. Followed the presentation, ADO-group embarked in a “brain-storming” exercise where each of the 4 groups had their own topic to think about. As a general advise to all working groups we concluded that the SIHLWA-ADO-YOUTH

PROFILE exercise need to be strategic and create “outrage” among decision makers and the public. With this we mean that the report should create an urgency to do something against school-children’s and young people’s alienation in the society. timely and well organized intervention indeed can help the situation of becoming worse and in some cases beyond repair. The 4 discussion themes were as follows and outcome of the group work is presented below:

A. Group Skvortsova & colleagues:

Factors – Indicators for youth health profile.

- Most important to identify indicators relevant to ALL /most of the countries.
- Classify indicators into 3 groups of wellbeing: PHYSICAL, EMOTIONAL, BEHAVIOURAL (e.g. commercial sex to behavioural indicators (all these also by gender).
- Structure of field of actors on youth’s health: governmental actors, NGO actors, etc. Their funding, amount of resources, field of action, relations to each other.
- For policy analysis also qualitative indicators. Group could not agree which...

B. GROUP Laatikainen and colleagues:

Main causes of morbidity & ill-health among youth.

- Information on special risk group, for instance social background factors.
- Tobacco and alcohol tax and price, advertisement and sales, etc.
- Institutions responsible for related policies, prevention, health promotion and providing services.
- Forms of intersectoral collaboration in issues related to youth health risks.

C. GROUP: Saame, Sieroslowski, Sundbaum, Wangberg

Holistic view on youth health profile (based on knowledge of links between risk-factors and risk behaviour.

- Age limitations for alcohol
- How the age limitations work?
- Number of school drop-outs.
- Family structure – a holistic view. (From MBSC?)

D. GROUP: Jociute, Melke, Shearer, Vienonen

Youth health profile contents.

- Mental health (e.g. suicides, stress associated with unemployment).
- Obesity (BMI, diabetes, physical activity)
- Smoking habits
- Alcohol & drugs (substance abuse)
- Violence & accidents (bullying at schools, risk taking behaviour in general)

SUMMARY

Thematic paper: Youth Health Profile or NDPHS data base

Need to be strategic. Create “outrage”

- “snapshot”, “quick & dirty”
 - Not a data-base as such
 - Going ahead: FIN, LTU, POL, CAN, EST? RUS?
 - Existing data primarily (intl. & national). Do not invent the wheel.
 - Identify gaps in data and policies.
 - Be strategic!!
1. Classify indicators into 3 groups of wellbeing: PHYSICAL, EMOTIONAL, BEHAVIOURAL (e.g. commercial sex to behavioural indicators (all these also by gender).
 2. Structure of field of actors on youth’s health: governmental actors, NGO actors, etc. Their funding, amount of resources, field of action, relations to each other.
 3. Main causes of morbidity & ill-health among youth
 4. Most important to identify indicators relevant to ALL /most of the countries.
 5. Mental health (e.g. suicides, stress associated with unemployment).
 6. Obesity (BMI, diabetes, physical activity)
 7. Smoking habits
 8. Alcohol & drugs (substance abuse)
 9. Violence & accidents (bullying at schools, risk taking behaviour in general)
 10. For policy analysis also qualitative indicators. Group could not agree which...
 1. Information on special risk group, for instance social background factors.
 2. Tobacco and alcohol tax and price, advertisement and sales, etc.
 3. Institutions responsible for related policies, prevention, health promotion and providing services.
 4. Forms of intersectoral collaboration in issues related to youth health risks.
 5. Age limitations for alcohol
 6. How the age limitations work?
 7. Number of school drop-outs.
 8. Family structure – a holistic view. (From HBSC/ WHO-EURO

5.1.2. Theme 2: “FRIENDS for LIFE” programme

The topic was thoroughly elaborated by Simon-Peter Neumer and the available PP-presentation was considered very informative. ADO-group concluded that:

- “FRIENDS for LIFE” programme is an interesting methodological approach (experience in Norway, Finland, Australia)
- “FRIENDS for LIFE” programme would have potential to scale up social inclusion component in SIHLWA.
- “FRIENDS for LIFE” programme implementation in new setting in some new NDPHS/SIHLWA countries and hence the new 2009 Action Plan?

The fact that the “FRIENDS for LIFE” programme is a licensed Australian methodology developed by Dr Paula Barrett, Pathways Health and Research Center, Brisbane, can create certain problems, but on the other hand it also provides certain quality assurance for users. ADO-group was given manuals of the programme and also information about other similar types of methodologies presently being used in Norway (“Mestringskatten” = “Coping Cat”). ADO-group invited Simon-Peter Neumer to join the group and we will suggest that the MoH&CS to nominate him as the official Norwegian representative.

5.1.3. Theme 3: Media-seminars as a component of programmes focusing on alleviation of alcohol problems.

This topic was chosen due its timelines for the implementation NCM funded project “Alcohol and Drug Prevention among Youth in St. Petersburg” 2007 – 2009 (NCM & Finland). Specific focus on the content of “media seminars”, which play a key role in its implementation in May and in the Autumn 2008. As a positive note, additional funding for the ongoing project was allocated for 2008-2009 through Finland (81.000€) after the NCM project funds (approximately a similar amount) will be exhausted in 2008.

The conclusions of the presentation and discussion were:

- Media seminars on alcohol related health and social issues are interesting and needed but challenging;
- It would be interesting to do in 3-4 countries and see the differences;
- Media analysis in selected partner countries can be a useful tool: how media writes and presents (TV) alcohol related topics.

5.1.4. Advise for Action Plan implementation in 2008 and ideas for 2009 upcoming Action Plan

The ADO-group felt that the Alc&DPrev SPb is proceeding very well. We thank Anna Skvorcova and her NGO for the successful implementation of the project and the government of Finland for providing additional funding for 2008- 09 for the project. also the Finnish national team proving external expert assistance (National Public Health Institute, National Centre for Health Promotion, and A-Clinic Foundation) Public Health.

Stakeholder Analysis on SIHLWA should start in 2008 and take ADO-issues into consideration.

Youth Health Profile should seek funding through the pipe-line and be implemented as planned.

As new ideas for 2009:

- Strategy /Policy programme Conference (countries’ plans & approaches) 2009?
- Evidence based methods on smoking cessation among youth.
- Quality recommendations for school lunches
- Elaborate in next ADO meeting the concept of TV-programme “Life at Stake”
- Next or second next SIHLWA- meeting could tentatively take place in Sweden / Östersund² (NPHI)?

² Note: since March 2008 it was agreed at the CSR’s meeting in April in Brussels, that the next EGs meeting would be a JOINT gathering with ALL 4 EGs and 2 associated EGs. Therefore, the idea to have a SIHLWA meeting in Östersund would be postponed until a later date.

5.2 Report of Subgroup on Alcohol [ALC]

[OSH-report prepared by Marjatta Montonen]

The subgroup on alcohol consisted of 12 members: Chair Evgeny Krupitsky (Russia), Nathan Lockhart (Canada), Sirje Brunder (Estonia), Ksenia Glebova (Finland), Antero Heloma (Finland), Marjatta Montonen (Finland), Inita Avotina (Latvia), Bernt Bull (Norway), Louise Malmgren (Sweden), Lars Møller (WHO-EURO), Hasse Schneidermann (NordAN), Juri Tomilov (BSSSC).

The ALC subgroup's work focussed on:

- Updating developments in alcohol policies and related issues in NDP countries and at international level;
- Discussing the SIHLWA EIBI project (feasibility study) recently started in Leningrad Region;
- Discussing future plans.

5.2.1. Monitoring developments in alcohol policy

The subgroup's discussion on developments in alcohol policies (see below section 5.2.4.) gave rise to the following points:

- There is continuing need to coordinate and develop measures to address increasing alcohol use:
 - Raising alcohol sales taxes;
 - Limiting accessibility;
 - Counteracting pressure on state alcohol monopolies;
 - Restricting alcohol advertising;
 - Introducing information about health effects on alcohol containers;
 - Implementing strict drink driving policies;
 - Enhancing monitoring and enforcement by the police to address alcohol-related crime and disturbance;
 - Carrying out well-thought public education about alcohol;
 - Implementing specific measures for young people;
- The issue of drinking guidelines and of safe levels of alcohol consumption is controversial. According to scientific evidence, no safe level exists regarding cancer risk.
- The WHO Framework for alcohol policy in the European Region gives a good foundation for alcohol policy development for many years to come.
- NDP countries would benefit from update information on alcohol policy-related developments, preferably available on the internet or through an electronic mailing list.

ALC Proposal to the NDPHS secretariat:

- Explore the possibility of developing thematic mailing lists and discussion groups to complement the NDPHS web site. Such features would enable SIHLWA members to stay in contact between the meetings and would also speed up dissemination of information of interest to SIHLWA.
- Explore the possibility of cooperation (or co-funding) with NordAN on its proposal to extend to NDP countries the coverage of www.nosam.net, a web site run by the Nordic Council for Alcohol and Drug Research to monitor alcohol policy-relevant developments in Nordic countries.
http://www.nosam.net/fhp/d_emneside/cf/hApp_101/hPKey_10692/hParent_717/hDKey_7

5.2.2. ALC-subgroup activities in 2008

A) Seminar on international trade rules and alcohol policy

A seminar on the impact of international trade agreements (WTO, EEA) and EU internal market legislation on national alcohol, public health and social policies will be organised jointly by ACTIS and NAD, in association with SIHLWA, in autumn 2008 (week 36 or weeks 38-40), possibly in Latvia. The seminar is co-financed by the Norwegian Ministry of Health and Care Services and the Nordic Council of Ministers.

The seminar aims to increase understanding of the functioning of international trade legislation, and of the public health and social policy considerations involved, as well as of the political interests at stake in the legislative processes. Lessons learned from EC court cases will be discussed. Besides alcohol issues, the seminar will focus on related issues such as gambling monopolies and retailing of medicinal drugs. Target groups include ministries' health/social policy experts dealing with alcohol policy or related issues, EU law generalists from various ministries/departments concerned, researchers, key politicians and NGOs.

Proposals regarding the programme are welcome (info@actis.no or nads@nad.fi).

B) ALC-thematic reports on the activities and structures to implement screening and brief intervention

Thematic reports on the activities and structures to implement screening and brief intervention for alcohol problems in NDP countries will be drawn up by the end of the year. The country reports are to be sent to Kari Paaso (kari.paaso@stm.fi) and to Evgeny Krupitsky (kru@ek3506.spb.edu) by end-August for circulation among subgroup members.

The Country Profile Questionnaire³ developed in the PHEPA project (Phase I) was examined by the ALC subgroup. The questionnaire was used in the PHEPA project to build up profiles of the present situation in the participating countries of managing hazardous and harmful alcohol consumption in general practice. The questionnaire focuses on (1) policies on the management of alcohol use disorders through screening, early identification and brief intervention, (2) data/research on the use of EIBI in general practice, (3) population level drinking behaviour with specific focus on harmful and hazardous drinking. The thematic reports for SIHLWA will be drawn up along similar lines but in a free format. The reports would give concise descriptions of the activities and structures in place in NDP countries and direct interested parties to sources of further information.

C) ALC Feasibility study on the use of Early Identification and Brief Intervention (EIBI) in the Leningrad region

A one-year project has been started with funding from the Finnish Ministry of Foreign Affairs to assess the feasibility of a pilot project to test early identification and brief intervention (EIBI) for harmful and hazardous alcohol use in the Leningrad region/St Petersburg. If deemed feasible, the project will produce a well prepared and realistic plan for a three-year pilot project. The purpose of the pilot project would be to adapt EIBI to the

³ Country Profile Questionnaire: Appendix 5 in the final report of Phepa Phase I.

<http://www.gencat.net/salut/phepa/units/phepa/html/en/dir471/index.html>

circumstances in Leningrad region, to assess in practice the benefits of brief intervention and to disseminate the technique to other organisations and regions in The Russian Federation. Leningrad region/St. Petersburg is an opportune area for a pilot project a.o. due to a functioning system of treatment services for substance use problems, a development focus on promoting public health and enhancing quality in primary health care, and previous experience of participating in the WHO Collaborative Project on Identification and Management of Alcohol-related Problems in Primary Health Care.

The idea for the EIBI project originated in the Alcohol sub-group and the sub-group will serve as an additional source of expertise and support for the project. The sub-group discussed the recently started feasibility study on the basis of an inception report drawn up for the Finnish MoF, and recommended that:

- Special attention be given on co-ordinating the feasibility study and the planned pilot project with the European PHEPA II project, the Swedish risky drinking project and Finnish EIBI projects to ensure exchange of best practice.
- Including a family focus (including the risk of interpersonal violence) in the EIBI project should be considered
- It should be stressed to participants and stakeholders that, despite evidence of cost-effectiveness, EIBI alone will not solve a society's alcohol problems. Along with EIBI, a well functioning treatment system is needed for more severe problems. While EIBI helps tackle emerging problems, population-based measures are needed to prevent problems from arising in the future.

5.2.3. Plans for 2009 and beyond of ALC-subgroup

Kommentti [MV1]: 1)©]

When planning for SIHLWA actions in 2009, the Swedish EU Presidency (latter part of 2009) should be kept in mind. The Baltic Sea region and relations with neighbouring countries is one of the key themes of the Swedish Presidency. Alcohol issues at EU level have traditionally been high on the agenda during the Swedish EU Presidency. Developments are also likely as regards the adoption within the WHO of a global alcohol strategy.

The following tentative topics for workshops/seminars/conferences arose from the subgroup's discussions. Practical SIHLWA action around these themes necessitates funding through the Project Pipeline. The initial ideas will be elaborated in the next SIHLWA meeting and the feasibility of further development will be assessed. The overall purpose of seminars and conferences should be to make best practices more available to a wide range of stakeholders (as opposed to a small circle of experts).

- Alcohol-related industries and prevention of alcohol-related harm: friend or foe? Topic for a seminar that could be organised in cooperation with the ADO subgroup. Objective: to share experiences of cooperation with the industries or of dealing with industry lobbying.
- Alcohol and the family. The effects of problem drinking on children and family life have received increased attention in several NDP countries. Drinking problems increase the risk of becoming a victim or perpetrator of interpersonal violence.⁴ A seminar or conference could be organised to highlight the various effects, to describe working

⁴ WHO materials on interpersonal violence and alcohol:

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/index.html

methods and services directed to families with substance use problems, and to discuss strategies for problem prevention. This topic too could be of interest to the ADO subgroup.

- Applying the Health in All Policies approach (HiAP) to alcohol issues at national level.⁵ A seminar/workshop could be organised around the challenges of involving all sectors of the society in the development of public health-oriented policies on alcohol. The HiAP theme is linked with the themes of competitiveness and sustainable growth (e.g. EU's Lisbon strategy):
- The concept of stepped care or modular treatment as an approach to holistic development of treatment services. A related theme concerns the development of systems for matching clients with levels of care⁶. A workshop/seminar could be organised for sharing experiences of stepped care and of systems for patient referral.

Comments on the secretariat's plans for media relations activities:

Journalists in general do not welcome attempts to influence them, considered as threats to journalistic integrity. They are, however, well-placed to describe journalistic processes and news criteria.

Advice on how to get alcohol-related messages on the media agenda can be found for instance from the approach called media advocacy, most widely described in literature relating to the US. Within the social marketing approach too, plenty of literature on designing health messages can be found.⁷ By making use of existing guidebooks and web-resources⁸, and by inviting speakers with expertise in media advocacy and/or social marketing, it might be possible to organise a training workshop or develop a training scheme focussed on how to make messages noticeable and newsworthy, how to cultivate working relationships with journalists and how to establish oneself as an authoritative source of expert knowledge.

The Norwegian School of Journalism has expressed interest in working with the public health field to develop reporting of alcohol-related issues, and could perhaps be involved in planning training events. (further input from Bernt Bull and Hasse Schneidemann).

5.2.4. Update on alcohol policy-related developments

Upcoming events

Building Capacity for action: European alcohol policy conference, the third in a series of European alcohol policy conferences, co-financed by the European Commission and the WHO Regional Office for Europe among others, will take place in Barcelona, 3rd-5th April 2008. The main theme of the conference is to build capacity on alcohol policies and programmes at European, country, regional and municipal levels.

<http://www.dss3a.com/btg/index.html>

⁵ *Health in All Policies: Prospects and potentials*. Finnish Ministry of Social Affairs and Health, 2006. <http://www.stm.fi/Resource.phx/vastt/kansv/eu2006/hiap/index.htx.i1514.pdf>

⁶ E.g. ASAM: Patient Placement Criteria - <http://www.asam.org/PatientPlacementCriteria.html>

⁷ A report on alcohol campaigns in various countries is being prepared by a Canadian social marketing and mass media expert, to be published later this year.

⁸ Some examples: Wallack L. & al. *News for a change: An advocate's guide to working with the media*. Sage Publications, 1999. *Building bridges: how to create effective relationships with the media*. Media and substance abuse working group (Ottawa, Ontario), 1993. *Early & often: How social marketing of prevention can help your community*. Minnesota Institute of Public health, 2000. The Marin Institute's *Media advocacy action pack*: http://www.marininstitute.org/action_packs/media_advocacy.htm

The Nordic Centre for Alcohol and Drug Research (NAD) organises a seminar entitled *Implementing Brief Intervention in Welfare and Health Services in the Nordic Countries – Research Based Experience* on 22-23 May 2008 in Copenhagen. Further information in www.nad.fi

The Alcohol and Drug Policy Network NordAN organises its yearly conference in Tallinn, Estonia, 10-12 October 2008. The conference will focus on the harm caused by alcohol to others than the drinker. Smaller seminars on a range of specific issues will be organised on the day preceding the conference.

5.2.5. Reports from ALC-sub-group members

Kommentti [MV2]: 2)©]

Canada [ALC]

Kommentti [MV3]: 3)©]

Recommendations for a first national alcohol strategy for Canada were published in April 2007, based on discussions with a broad range of stakeholders, including industry representatives. National drinking guidelines are expected to be published in 2008. The federal government is discussing with the alcoholic beverage industry about providing unit information on alcohol containers. Health warnings on alcohol containers are not on the agenda at the moment but have been repeatedly discussed in the Parliament.

Reducing alcohol-related harm in Canada: Toward a culture of moderation. *The National Alcohol Strategy Working Group, April 2007.*

http://www.nationalframework-cadrenational.ca/uploads/files/FINAL_NAS_EN_April3_07.pdf

Both national and provincial reports have been published in the past years based on the Canadian Addiction Survey 2004, the first national prevalence survey dedicated to alcohol, cannabis and other drug use since 1994.

http://www.ccsa.ca/CCSA/EN/Research/2004_Canadian_Addiction_Survey/CanadianAddictionSurvey.htm

Information on substance use-related costs in Canada has recently been published.

Comparing the perceived seriousness and actual costs of substance abuse in Canada. Canadian Centre on Substance Abuse, 2007.

<http://www.ccsa.ca/NR/rdonlyres/98CA9F87-1BE2-40EB-B345-90984F994BFD/0/ccsa0113502007.pdf>

Rehm J. & al. The Costs of Alcohol, Illegal Drugs, and Tobacco in Canada 2002. *Journal of Studies on Alcohol and Drugs*, 68 (6): 886-895, 2007.

Denmark [ALC]

Kommentti [MV4]: 4)©]

The 45% cut in excise duty on spirits enacted in 2003 and followed by smaller cuts on the taxes on milder beverages did not result in marked increase in alcohol consumption, most likely because price levels were low to start with. Alcohol consumption and heavy drinking by young people is a cause of concern and raising the age limit (16 years) for purchasing alcohol in shops is being discussed.

Since the structural reform of 2007, municipalities have had the main responsibility for substance use prevention and for the provision of treatment for substance use problems in Denmark. The National Board of Health has developed quality guidelines for the treatment of alcohol problems to ensure a minimum standard of the municipal services. The National Council on Public Health has recommended that alcohol and tobacco be tackled within a broader health promotion framework, entitled KRAM (Kost, Rygning, Alkohol, Motion –

diet, smoking, alcohol, physical exercise), and based on conducting motivational lifestyle discussions with patients in primary health care. The National Institute of Public Health carries out in 2007-2008 KRAM-related research in 12 municipalities. Adult inhabitants are invited to participate in an internet-based survey of health habits and a representative sample are invited to a health examination carried out in a mobile clinic. Patient register data for 650 000 people are also used as research material.

<http://www.kram-undersogelsen.dk/>

The National Board of Health has since 1990 carried out yearly an information campaign (Uge 40 – week 40) focussed on the levels of risky drinking. The 2007 campaign targeted adults (30-60 years) and highlighted a five drinks' limit (binge drinking) that should not be exceeded on any drinking occasion. According to research data 49% of adult Danes have more than five drinks at least once a month. Information on units is given on alcohol containers to help counting the drinks.

<http://www.altomalkohol.dk/>

A recent OECD review highlighted lifestyle issues as a major challenge for enhancing public health in Denmark, commended the government on its increased focus on nutrition and physical exercise but also called for more attention on alcohol use, saying that it should be a public health priority

OECD: *Economic survey of Denmark 2008*: Ch. 5: Health: a major fiscal challenge.

http://www.oecd.org/document/33/0,3343,en_2649_201185_40080225_1_1_1_1,00.html

Estonia [ALC]

The alcohol tax in Estonia was raised by 10% as of January 2008 and will be raised by another 10% in July.

A national alcohol strategy is being developed by an inter-ministerial working group. Encouraging commitment from other Ministries is a challenge. Strategies that receive wide support include alcohol education directed to children and young people and the development of treatment and rehabilitation services, currently available only in biggest cities. Broader support would be needed for restrictions on alcohol advertising and for unified regulations on opening hours in alcohol retailing, currently varying from one municipality to another.

As part of the process, an analysis of the alcohol situation was carried out jointly with the Ministries. The analysis gives a good overview of alcohol production, sales and import – data that has been lacking for years.

Kommentti [MV5]: 5)©]

Finland [ALC]

Alcohol consumption continues to increase in Finland. A 33% reduction in excise duties for alcohol beverages in 2004 resulted in a sharp increase in total consumption, peaking at 10,5 litres 100% alcohol per capita in 2005. After a slight drop (0,2 l) in 2006, total consumption again reached 10,5 litres in 2007. Total consumption has increased by 14% since 2003, the year preceding the tax cut. Recorded alcohol consumption, i.e. domestic sales is record high at 8,7 litres while tourists' import of alcoholic beverages is decreasing. Alcohol tax was raised by 11,5% as of 1st January 2008. Retail prices are expected to raise by 5%.

The Minister of Health and Social Services Paula Risikko (National Coalition Party), responsible for alcohol issues in Prime Minister Vanhanen's second government, is calling off the plan to introduce health warnings on alcohol containers. An amendment in the Alcohol

Kommentti [MV6]: 6)©]

Act, mandating health warnings as of January 2009 was passed by the Parliament under Vanhanen's first government. The reason given for the volte-face was feedback from the European Commission, asking Finland to reconsider the wording of the planned general health warning and to exempt products that already contain equivalent health warnings mandated by other member States.

Norway [ALC]

Kommentti [MV7]: 7)©]

National action plans to curb alcohol and drug-related harm are revised regularly as is the level of alcohol taxation (www.regeringen.no Direct and indirect taxes: Main features of the 2008 proposal). The successive action plans do not differ much but their preparation and implementation is an essential vehicle for co-operation between the Ministry of Health and Care Services and other Ministries. Norway is preparing to lift the ban of private import of alcohol, found incompatible with EU regulations of free movement of goods and services.

Latest research on drinking habits in Norway shows: increase in consumption among adults over the age of 25, particularly among middle-aged and older women; increased alcohol use among the elderly; decrease in alcohol consumption among the young, particularly among boys; at the same time heavy drinking prevails in some subgroups, suggesting polarisation of drinking habits among the young.

A raising cause of concern is the harm experienced by children whose both parents have drinking problems. The number of licensed restaurants has increased in the past years and the opening hours have been prolonged. Municipalities' stance on licensing policies appears to be changing, however, as an increasing number of municipalities are introducing restrictions on opening hours.

Sweden [ALC]

Kommentti [MV8]: 8)©]

As a result of the adoption of new alcohol and drug action plans in 2005, the two coordinating bodies (www.alkoholkommitten.se, www.mobilisera.nu) responsible for the implementation of the previous action plans in 2002-2007 were dismantled. The coordination tasks are being transferred to the Swedish National Institute of Public Health (SNIPH) and to the National Board of Health and Welfare. The alcohol retailing monopoly "Systembolaget" will take over some of the information activities directed to the general public.

Evidence-based methods will continue to be stressed in the implementation of the new alcohol action plans, with increased emphasis on the supply aspects of alcohol and drug use. Responsible beverage serving will continue to be developed.

The subproject on risky drinking will also be continued until 2010 (Riskbruksprojektet – www.fhi.se/riskbruksprojektet). The project provides training and support for primary health care and occupational health care staff (all professional groups in contact with patients) in screening for alcohol-related problems and in motivational interviewing. A specific target group consists in young adults studying in universities. An evaluation of the risky drinking project will be published in the coming months.

The risk drinking project in Sweden, SNIPH.

<http://www.fhi.se/upload/Riskbruksprojektet/The%20Swedish%20Risk%20Drinking%20Project.pdf>

As a result of the EC Court of Justice judgment on the Rosengren case in 2007, the Swedish alcohol legislation is being reviewed and with specific focus on the prohibition on private

import of alcoholic beverages deemed by the Court an unjustifiable restriction on the free movement of goods.

NordAN [ALC]

Kommentti [MV9]: 9)©]

The Alcohol and Drug Policy Network NordAN, which brings together close to 100 NGOs based in Nordic and Baltic states, adopted a resolution on alcohol policy in Reykjavik on 12th October 2007. The resolution calls for WHO member countries to give increased resources to the WHO Regional office for Europe to advance alcohol action in the European Region. The resolution stresses that in international trade agreements (e.g. WTO, EEA), alcohol should not be treated as an ordinary commodity; alcohol should be excluded from the agreement on trade in services (GATS). For a translation in English, contact nordan@nordan.org

WHO-EURO [ALC]

Kommentti [MV10]: 10)©]

Three successive alcohol action plans have been formulated for the WHO European Region. The *Framework for Alcohol Policy in the WHO European Region*, endorsed by the Regional Committee in 2005, has no time frame and will serve as a foundation for the work for many years to come.

The Regional Office has increased cooperation with the European Commission on:

- Data collection: A pilot survey has been sent to nine WHO member countries. The finalised survey will be used by WHO to update the Alcohol control database and by the European Commission to develop an on-line instrument for monitoring developments in member states.
- Development of guidelines for analysing alcohol-related costs.
- Development of guidelines for the use of the WHO Framework and of the EU alcohol strategy formulated by the Commission in the context of national alcohol strategy development.

In January 2008, the WHO Executive Board adopted a resolution Strategies to reduce the harmful use of alcohol, to be presented to the World Health Assembly (WHA) in May. The Executive Board recommends that the WHA adopt a resolution that requests the Director-General to draft for the WHO a global strategy to reduce harmful use of alcohol.

The Framework for Alcohol Policy in the WHO European Region (also available in Russian).

http://www.euro.who.int/InformationSources/Publications/Catalogue/20060403_1

An EU strategy to support Member States in reducing alcohol related harm

http://eur-lex.europa.eu/LexUriServ/site/en/com/2006/com2006_0625en01.pdf

Strategies to reduce the harmful use of alcohol, Report for WHO EB, January 2008

http://www.who.int/gb/ebwha/pdf_files/EB122/B122_10-en.pdf

WHO EB resolution on Strategies to reduce the harmful use of alcohol, January 2008

http://www.who.int/gb/ebwha/pdf_files/EB122/B122_R2-en.pdf

5.3 Report of Subgroup on occupational safety and health [OSH] [OSH-report prepared by Suvi Lehtinen]

The subgroup on occupational safety and health [OSH] consisted of 14 members, namely Chair Wiking Husberg (ILO, Moscow), Co-chair and Rapporteur Remigijus Jankauskas (Institute of Hygiene, Lithuania), Co-Rapporteur Suvi Lehtinen (FIOH, Finland), Trygve Eklund (STAMI, Norway), Nikolai Izmerov (RAMS Research IOH, Russian Federation), Evgeny Kovalevsky (RAMS Research IOH, Russian Federation), Rokho Kim (WHO, Regional Office for Europe), Kari Kurppa, FIOH, Finland), Timo Leino (FIOH, Finland), Irma Nool (Health Care Board, Estonia), Niels Kr. Rasmussen (National Institute of Public Health, Denmark), Bernd Treichel (NDPHS Secretariat), Axel Wannag (State Labour Inspection, Norway), Mona Bondevik (Labour Inspection, Norway).

5.3.1 Opening of the OSH-meeting

Wiking Husberg, Chair of the SIHLWA Sub-group on Occupational Safety and Health (OSH), opened the meeting and bid all participants welcome. He stated that 5 out of 13 Partnership countries, as well as 3 international organizations were represented in the meeting.

The work plan of the OSH Sub-group was agreed upon as follows:

- NDPHS Strategy on Health at Work
- Project plan to implement the Strategy: status report
- WHO-EURO activities
- Country reports on OSH
- Preparation of a national OSH profile: Lithuania as an example
- Future plans

5.3.2 Review of the NDPHS Strategy on Health at Work

Wiking Husberg recalled the establishment of the SIHLWA/OSH group of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). This happened at the same time as the Baltic Sea Network on Occupational Health and Safety (BSN) was invited as an associate member of the NDPHS. SIHLWA consists of three sub-groups: adolescents, alcohol, and occupational safety and health. BSN and SIHLWA/OSH Group work closely together. The expert base of the BSN is crucial for the OSH Group.

He also recalled the work carried out in 2007 aiming at having a NDPHS Strategy on Health at Work. The Strategy was drafted within the working groups of the Baltic Sea Network on Occupational Health and Safety, and the SIHLWA OSH-group. The Strategy was endorsed by the Partnership Annual Conference on 16 November 2007. It is accessible at: http://www.ndphs.org//documents/779/NDPHS_Strategy_on_Health_at_Work.pdf [http://www.ndphs.org//documents/837/NDPHS_Strategy_on_Health_at_Work_\(RUS\).pdf](http://www.ndphs.org//documents/837/NDPHS_Strategy_on_Health_at_Work_(RUS).pdf) and also at Barents Newsletter issue 3 of 2007 both in English and in Russian (www.ttl.fi/BarentsNewsletter).

5.3.3 OSH Project plan to implement the Strategy: status report

Suvi Lehtinen reported on the current status of the framework project plan that was prepared after the discussions in the BSN Annual Meeting, held in Bonn on 30–31 October 2007. The

draft Project Plan was prepared before the Pre-PAC Forum and PAC, held on 15 and 16 November 2007 in Vilnius. The reason for preparing the project plan was to demonstrate the need for practical implementation plan and the need for receiving funding for specific activities. A framework project plan with 5 modules was drafted. The modules follow the core contents of the NDPHS Strategy on Health at Work: National and regional profiles, National OSH programme, Development of Basic Occupational Health Services, Reducing risks and preventing accidents through training and interventions; and Information support.

At the end of 2007, a possibility appeared to apply funding for the project activities, and by mid-February 2008 a decision on funding was received for project activities in North-West Russia.

In order to involve the Baltic States, the Nordic countries, as well as Poland and Germany in the project activities, there is a need to identify the most important modules in each country for further project planning and for applying necessary funds. The discussion on these elements can be carried out separately between the countries and it may also continue in the BSN Annual meeting. It should be taken into account that if money will be applied from the Nordic Council of Ministers funds, the deadline for applications is 1 September 2008.

5.3.4 WHO-EURO activities on OSH

Rokho Kim described the WHO-EURO activities. He mentioned the Global Plan of Action on Workers' Health, which was endorsed in May 2007 by the World Health Assembly. In order to plan the coordination and implementation of various occupational health and safety activities, a joint meeting of WHO, ILO and EU was organized on 14 November 2007 in Vilnius immediately before the Pre-PAC Forum. The aim of the meeting was to inform about and coordinate the activities of the three international organizations, based on their recently revised OSH strategies. He also described the WHO biennial collaborative agreements with three countries that have already been approved (Croatia, FYRO/Macedonia, and Serbia), and one that is under discussion (Russian Federation). The NDPHS and BSN networks could work together with the SEE Network on OSH. The collaboration of WHO and ILO concerning the national OSH profiles was also mentioned – the profile template will combine the information aspects of both ILO and WHO. Several activities have been planned, both at national, regional, and pan-European levels.

5.3.5 Country reports on OSH

Timo Leino reported on the results of the ongoing questionnaire survey on OSH situation in the countries. He mentioned that the decision of carrying out such a survey was made in the 2nd SIHLWA meeting, in November 2006. A questionnaire was sent to the countries at the end of January 2007, surveying the status of OSH in the country, covering information on economy, OHS system, resources, organizations, and major problems in OSH, to mention a few. The country OSH profiles that are now available are: Estonia, Finland, Latvia, Lithuania, Norway and the Russian Federation. This information will be inserted to the NDPHS data base and BSN website in due course. The preparation of a complete national OSH profile needs tripartite discussion at the country level.

Recommendations:

- WHO and ILO will work together to have a common outline for the national and regional OSH profile (health and safety issues combined).

- A national profile is an inventory of the OSH situation in the country, revealing the needs for development (SWOT analysis). National profiles are important, but it was agreed that a summary be prepared focusing on regional (European level) profiling. One issue that is important from the regional point of view is occupational health and safety of migrant workers.

5.3.6. National OSH-profile, Lithuania as an example

Remigijus Jankauskas described how the work on a national OSH profile was carried out in Lithuania. In addition, he described how the comparisons between the objectives of the NDPHS Strategy on Health at Work were carried out with the national objectives. The national recommendations were compared with the recommendations of the NDPHS Strategy. He also presented the organizational structure of Lithuania in the field of OH&S. He deemed that the NDPHS Strategy can facilitate the development of activities for filling the gaps recognized in the two previous National OSH Programmes. He emphasized that for OSH audits, international networks are needed. It was stated that also EU has a guideline and an outline for OSH audits. These should be utilized. He mentioned that it is important that the National OSH profile and programme receive funding from the Government budget.

5.3.7. OSH Future plans

The five modules of the Project Plan were discussed in detail in light of the North-West Russia project.

National and regional profiles

The activities included in the North-West Russia project were briefly described. The ILO Moscow has collaborated with Murmansk and Vologda regions to prepare a regional profile. As soon as the profile is ready, a tripartite meeting will be organized in order to discuss it among the representatives of work life. The profile includes a SWOT analysis, covering recommendations for all actors. When the Murmansk profile is ready, a regional meeting of the oblasts will be convened to share the information in the NW Russia Okrug and to find out whether other oblasts find it a challenge to start preparing their own regional profile. It was also mentioned that the SEE country profiles and information on their contents and the process of preparation should be utilized.

The auditing procedure of the OSH system and occupational health service system needs to be further discussed within SIHLWA and BSN meetings.

Norway has two ministries involved in OSH work plus the National Institute of Occupational Health and the State Labour Inspectorate. All these are ready to work on the national OSH profile. A National Plan on Occupational Health is available –awareness and political will need still to be further raised.

In Estonia, a development plan on OSH is currently under preparation.

Recommendations

It was proposed that the Partnership send the NDPHS Strategy on Health at Work to the relevant Ministers and other counterparts asking for information on what each country is planning to do to implement the NDPHS Strategy. It was agreed that addresses of relevant organizations be sent to the NDPHS Secretariat.

Occupational health services (OHS)

The elements of the OHS-module of the North-West Russia project were briefly described. WHO, ILO, ICOH, and FIOH are committed to support the development of OHS in the Russian Federation through the 'FIOH-North-West Russia project'. It was agreed that in order to involve the high policy-level decision making, the Ministry of Health and Social Development needs to be approached. A 1,5-day policy level meeting (27–28 May 2008) has been planned to provide a systematic approach to all industries in organizing occupational health services. In addition, different relevant partners need to be involved at the federal level; some experts will also be invited to take part in the meetings from the regions in order to facilitate the further piloting of the Basic Occupational Health Services approach. The specific problems of industrial sectors will be discussed in more technical meetings. WHO-EURO is focusing on non-communicable diseases using workplace as an arena in collaboration with the Ministry of Health and Social Development of the Russian Federation. These activities will also be utilized in the development of OHS.

Reducing risks and preventing accidents

Within the North-West Russia project, there is a plan to organize a 2,5-day seminar among occupational health and public health experts in November 2008. A common understanding of health promotion approaches and ways to carry out interventions is the aim of the seminar. On the basis of the common understanding, the next step aims at planning an intervention project to reduce cardiovascular disorders in the transport sector through health protection and promotion. It is important to take advantage of linkages to WHO-EURO activities. In addition, it is possible to continue the work to creating a sectoral profile – e.g. in transport where it is possible to describe the specific problems of a specific industry and sector, and recognize the needs for development. This learning process may also provide a basis for creating indicators which in due course could be included on the NDPHS Secretariat website.

Information activities

The information activities aim at supporting the implementation of all other activities within the Project. A High-level Policy Forum to be organized by WHO, ILO, and the EU is expected to be organized in 2009.

The Barents Newsletter on Occupational Health and Safety will be continuously published, and the themes of 2008 issues are 1/2008 National OSH profiles; 2/2008 Occupational Health and Safety in the Transport Sector; 3/2008 Women and Work.

Campaigns such as 28 April (ILO World Safety and Health Day) and 7 April (WHO World Health Day) will be taken into account in all information activities.

Websites of the BSN, NDPHS, WHO, ILO, and other relevant organizations will be interlinked as much as possible in order to ensure that all relevant information is widely available and accessible.

5.3.8. Other OSH-issues

Updating of the brief agricultural profile was put forward by Kari Kurppa. It was agreed that it will be taken up on the agenda of the BSN in October 2008.

As there were no other issues, the Chair thanked all participants of the Sub-group for their active contributions and inputs to the success of the meeting.

6 Closing of the SIHLWA meeting

The closing plenary of the 5th SIHLWA members noted with satisfaction the good progress made during the meeting. The Coordinator and sub-group Chairpersons were given a mandate to bring forward the recommendations made during the meeting.

The 6th SIHLWA EG meeting would tentatively take place next autumn 2008. The place remains to be agreed upon by the SIHLWA Coordinating Chairperson..

We discussed the importance of having a well functioning secretariat for SIHLWA and each sub-group. Mikko Vienonen would continue as SIHLWA Coordinating Chair and receive secretarial assistance through MoSA&H/ Finland and MoH/Lithuania. We would work towards having a full- or part-time International Technical Advisor (ITA) for SIHLWA. The negotiations with the MoSA&H/ Finland are proceeding positively, and we can expect to have a new SIHLWA ITA by April - May 2008.

- **The Alcohol subgroup** would continue to be chaired *ad interim* by Dr Kari Paaso, (kari.paaso@stm.fi) until WHO-EURO would indicate the name of a new Chairperson for the Alcohol group as soon as possible. Previously it has been agreed that WHO-EURO would sponsor and chair this subgroup. Dr Evgeny Krupitsky (Russian Federation kru@ek3506.spb.edu) would continue as as Co-Chair.
- **The Adolescent health sub-group** would continue to be chaired by Mikko Vienonen, (m.vienonen@kolumbus.fi). The sub-group Co-Chair was last January nominated to be Dr. Aldona Jociute, Head of Bureau for the Health Promoting Schools, State Environment Health Centre (aldona.jociute@takas.lt)
- **The Workplace health and safety sub-group** would continue to be chaired by Mr Wiking Husberg (husberg@ilo.org), ILO/Russia. Previously it has been agreed that ILO would sponsor and chair this subgroup. Dr Remigijus Jankauskas (jank@dmc.lt) from Lithuania (Institute of Hygiene/MoH) will continue as Co-Chair.

The meeting discussed about the problem of not having a clearly defined membership list and representatives nominated by Partner countries and Organizations. Nevertheless, the situation has gradually been improving, and countries participating have become more clear. In Annex the present situation has been elucidated. SIHLWA meeting agreed that ideally there should be a nominated representative for each of the three sub-groups (ADO, ALC and OSH). In some cases, the profile of an organization may justify only participation in only selected sub-groups. Country representatives would preferably also have nominated alternates in order to safeguard better continuity and institutional memory. There would not be any objections in principle, if the representative and alternate(s) would want to attend the meetings together. The only restriction might be, if the number of participants in a meeting would exceed organizers capacity. SIHLWA meetings would also always allow *ad hoc* participants depending on the topic and interest. It is also natural and desirable to allow meeting host country to nominate more ad hoc participants, depending on how much the venue can accommodate people.

The meeting authorized the Coordinating chair to convey this message to the NDPHS Secretariat and also to raise it at upcoming ITAs & Chairs' meeting and CSR meeting.

The SIHLWA-5 meeting adjourned expressing gratitude to the host country Norway for their generosity for making this meeting possible.

END OF REPORT

**NORTHERN DIMENSION PARTNERSHIP
IN PUBLIC HEALTH AND SOCIAL WELLL-BEING (NDPHS):**

**EXPERT GROUP ON SOCIAL INCLUSION,
HEALTHY LIFESTYLES & WORK ABILITY (“SIHLWA”)**

List of Chairpersons and Co-chairpersons

Coordinating SIHLWA Chairperson

Dr Mikko Vienonen
m.vienonen@kolumbus.fi
Sysimiehenkuja 1
00670 Helsinki, FINLAND
GSM +358-50-442 1877

1) Subgroup on adolescent health and socially-rewarding lifestyles

Chairperson Dr Mikko Vienonen Sysimiehenkuja 1 00670 Helsinki, FINLAND GSM +358-50-442 1877 m.vienonen@kolumbus.fi	Co-chairperson Dr Aldona Jociute Co-Chairperson of sub-group ADO Head of Bureau for the Health Promoting Schools State Environment Health Centre Kalvariju 153, LT-08221 Vilnius, Lithuania Phone: + 370 5 236 0496, Fax: + 370 5 273 7397 E-mail: aldona.jociute@takas.lt
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2) Subgroup on alcohol

Chairperson Mr Kari Paaso <i>Chairperson of sub-group ALC (note: unable to attend the Oslo SIHLWA-5 mtg)</i> E-mail: kari.paaso@stm.fi	Co-chairperson Dr. Evgeny Krupitsky Chief, Department of Addictions Research Laboratory, Leningrad Regional Center of Addictions Novo-Deviatkinno 19/1 Leningrad Region 188661, RUSSIA Tel/Fax: +7-812-296 9905 kru@ek3506.spb.edu
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3) Subgroup on occupational health and safety

Chairperson Mr. Wiking Husberg Senior OSH Specialist ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA Petrovka 15, 107031 Moscow, Russian Federation Tel. work: +7-495-933 0827 Fax.: +7-495-933 0827 husberg@ilo.org	Co-chairperson Dr. Remigijus Jankauskas, Director of Occupational Medicine Center Institute of Hygiene under the Ministry of Health Vilnius, LITHUANIA jank@dmc.lt
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