



<b>Reference</b>	SIHLWA 6/2/3-d
<b>Title</b>	NDPHS SIHLWA EG Draft Action Plan for 2009
<b>Submitted by</b>	SIHLWA Coordinating Chairman & ITA
<b>Summary / Note</b>	This proposed Action Plan for 2009 summarizes the actions proposed to be taken by the SIHLWA EG during 2009 and estimates their approximate expenses
<b>Requested action</b>	for implementation

## SIHLWA<sup>1</sup> Action Plan 2009

### 1. Introduction

Following the recommendation made by the Oslo Ministerial Conference of Northern Dimension Partnership<sup>2</sup> in Public Health and Social Wellbeing (2003), new Expert Group on “**Social Inclusion, Healthy Lifestyles & Work Ability**” (“**EG SIHLWA**”) was established in 2005. It held its 1<sup>st</sup> meeting in Stockholm in November 2005, where Finland and Lithuania pledged financial support for its operation. The 2<sup>nd</sup> meeting of the Expert Group was held in Helsinki 16-17 May 2006, the 3<sup>rd</sup> meeting in Vilnius 30 November -1 December 2006, the 4<sup>th</sup> meeting in Helsinki 29-30 May 2007, the 5<sup>th</sup> meeting in Oslo 6-7 March 2008 and , the 6<sup>th</sup> meeting in Oslo 30 September -1 October 2008.

The EG SIHLWA consists of 3 sub-groups:

- Sub-group on adolescent health and socially-rewarding lifestyles [ADO]
- Sub-group on alcohol [ALC]
- Sub-group on Occupational Safety & Health [OSH]

We know already a lot about the epidemiological changes of unhealthy lifestyles and what will be the consequences to population health. The message is clear: all our countries are already in public health crisis and it is getting worse. Unhealthy lifestyles are not a natural catastrophe but a man-made problem. It can also be reversed by man-

<sup>1</sup> SIHLWA = Expert Group on **Social Inclusion, Healthy Lifestyles & Work Ability**

<sup>2</sup> NDPHS consists of following members: 5 Nordic countries, 3 Baltic States, Russian Federation, Poland, Germany, France, Canada, Nordic council of Ministers, Council of Baltic Sea States, Barents Sea Collaboration, WHO, ILO, IOM, UNAIDS, & Baltic Sea States Subregional Co-operation (BSSSC).

made policies and practical measures. It will require strong political action supported by integrated action by health-, social-, education- and other sectors. New innovation, holistic approach, and international collaboration will be needed, where the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (“SIHLWA”) will act as catalyst through:

- Bringing together key stakeholders from the core health constituencies within the health system and broader society, including those other government sectors whose policies impact on health;
- Carrying out situational analyses, assessing the size of the problem and identifies the priority areas for action;
- Evaluating what is already in place, strengths and weaknesses, and identifies current gaps;
- Strengthening international, bilateral and multilateral cooperation by further developing alliances for advocacy and action on non-communicable diseases which unites major international players in Europe, including intergovernmental organizations, NGOs and others;
- A special challenge for this Expert Group will be how we can best benefit from the synergy that the three sub-groups will pose.
- Elaboration of viable and practical projects in NDP area.

## 1. Meetings:

1.1 **Two SIHLWA meetings (ADO & ALC & OSH)** together with all 3 sub-groups (tentatively February 2009 and September 2009).

1.2 **Ad hoc meetings, workshops, seminars and conferences:** 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).

### 1.2.1 ADO sub-group:

- Explore possibilities for a series of planning seminars for reviewing methods for **prevention of social exclusion among school aged children** (along the lines of “Friends for Life - Prevention of emotional disorders” or “Coping-Cat”). This would be a constructive conceptual response to the NDPHS evaluation findings in 2008 that SIHLWA (and possibly other EGs as well) are too much focusing on public health issues at the expense of “social inclusion” approach.

### 1.2.2 ALC sub-group:

- Follow-up of the 3-4 December 2008 seminar on “Impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies” aiming 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. ALC-sub-group members will disseminate the experiences to other NDPHS partner countries and organizations to inform

policy makers etc about the public health and social policy considerations involved in an EU membership.

- **Alcohol-related industries and prevention of alcohol-related harm: friend or foe?** Topic for a seminar that could be organized in cooperation with the ADO sub-group. Objective: to share experiences of cooperation with the industries or of dealing with industry lobbying. Ideas for planning the contents could be derived from the meeting on alcohol policy and the alcohol industry's role, hosted by Alcohol Action Ireland in Dublin May 2008. Follow-up of the meeting organized by Nordic Centre for Alcohol and Drug Research (NAD). "The Alcohol Policy Arena: Positioning Science, Knowledge and Policy in Relation to the Alcohol Industry", Dublin, Ireland, 15-16 May 2008. <http://www.nad.fi/pdf/Dublin%20agenda.pdf>
- **Alcohol and the family.** The effects of problem drinking on children and family life have received attention in several NDP countries. Drinking problems increase the risk of becoming a victim or perpetrator of interpersonal violence. A seminar or conference could be organised to highlight the various effects, to describe working 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 sub-group.
- **Applying the Health in All Policies approach (HiAP) to alcohol issues at national level.** 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.** This theme has a bearing on the implementation of screening and brief intervention for alcohol problems: appropriate treatment and rehabilitation services are needed for more serious problems. A related theme concerns the development of systems for matching clients with levels of care. A workshop/seminar could be organized for sharing experiences of stepped care and of systems for patient referral.

### 1.2.3 OSH sub-group

- Plans for two joint meetings with the Baltic Sea Network on Occupational Health & Safety including dissemination and promotion of the Partnership Health at Work Strategy, specifically the preparation of national OSH profiles in selected countries. OSH-sub-group will focus on reviewing of progress of related implementation of ongoing OSH-projects, continuing and improving cooperation with international organizations in the OSH field, and developing new projects for selected countries and assisting in the search of funding for feasible projects.

## 2. Projects

### 2.1 Common for all three sub-groups

- Finalizing **SIHLWA stakeholder analysis** in Leningrad Oblast, Murmansk, St. Petersburg and Republic of Karelia (started in September 2008). Funding for through MoFA/ MoSA&H/ Finland (57.000€)
- Exploring possibilities for **expanding the stakeholder analysis** to other Russian regions and to other countries, such as Baltic States, Nordic countries and Poland, if funding can be identified.
- **Potential Years of Life Lost (“PYLL”)** continuing assessment in selected North-Western Russian regions (Karelia, Vologda?).
- **Continued efforts to explore** possibilities to implement **“Life at Stake” (“Na konu zhizn”)** popular TV-show on a Russian TV-channel in 2009. The prototype started in Finland in September 2007 on prime TV-time involving national VIP-persons such as a minister of health, trade-union leader, pop-artist, sports-figure and others. The program is entertaining, yet scientifically based and clearly demonstrates why life expectancy for many is as low as it is, and which factors (alcohol, tobacco, obesity, stress, lack of physical activity etc.) influence it and how much. Most importantly, it also can demonstrate what one can do about it and how much one can “manipulate” the length of one’s life. A challenging task is to try to transfer the concept into another setting in the NDP area but it would be worth trying. SIHLWA has good links with those who have developed the basic data for the “Life at Stake” program (National Public Health Institute/ Finland and Duodecim Association of Finnish Physicians). [involved unit: SIHLWA secretariat].
- **Following up of PAC-5** Post-meeting workshop on **“Health of Indigenous and Remote Northern Communities”**. The possibilities for a joint, holistic and innovative project under NDPHS would be carefully explored. SIHLWA’s input could be on alcohol and tobacco prevention, action against obesity, accidents and violence. Partners in this development could be all other NDPHS EGs (HIV/AIDS, PHC and PH) and Associated EGs CBSS Working Group for Cooperation on Children at Risk (WGCC) and the Baltic Sea Network on Occupational Health and Safety (BSN). Potential partner Member countries /regions could be Canada, Finland, Norway, Sweden (Lapland, Finnmarken and Norrbotten) and Russian Federation (Murmansk, Arkhangelsk, Nenets Autonomic Region, and Komi Republic)

### 2.2 ADO sub-group projects

- **ADO FLAGSHIP PROJECT:** Completing 2<sup>nd</sup> phase of **“Alcohol and Drug Prevention among Youth in St. Petersburg”** which started in October 2007. 1<sup>st</sup> phase has come to an end in December 2008. Funding for 2<sup>nd</sup> phase through MoFA/ MoSA&H/ Finland (81.000€)
- **Thematic report on ADO for NDPHS Data-Base project** to compile a profile on youth’s health behaviour and on existing policies targeted at youth’s

health at north-west Russia and Northern Europe. This “Northern dimension youths health profile” would comprise information on youths (10-25 year olds) substance misuse and other risk behaviour, such as sexual behaviour and nutrition. Besides statistics on prevalence of risk behaviour, report would include information on laws and their implementation, health policies and programs targeted at youth’s health-behaviour in north-west Russia and in northern Europe. The already existing data would be gathered from various sources at these countries, and based on this possible gaps in policies would be identified and recommendations for actions needed pointed out. Data would be collected from various health monitoring activities, the Development of Child Health Monitoring (LATE) -project, and internationally from health monitoring systems such as Finbalt-project and WHO-EURO CINDI-Programme (Countrywide Integrated Non-communicable Disease Intervention).

- Explore possibilities for **project development for the prevention of social exclusion among school aged children** (along the lines of “Friends for Life \_Prevention of emotional disorders” or “Coping-Cat”. This would be a constructive practical response to the NDPHS evaluation findings in 2008 that SIHLWA (and possibly other EGs as well) are too much focusing on public health issues at the expense of “social inclusion” approach.

### 2.3 ALC sub-group projects

- **ALC FLAGSHIP PROJECT:** After finalizing the feasibility project on the **Prevention of Hazardous & Harmful Use of Alcohol: Early Identification and Brief Intervention “EIBI”** by the end of 2008, follow up based on the outcome will take place. Tentatively the outcome would be a 3 year EIBI project in the range of 150.000€ per year (2009-2011). Possible regions/countries for implementation: St. Petersburg City in collaboration with the St. Petersburg City Health Committee and Social committee. Further potential candidates are Leningrad Oblast, Republic of Karelia, Murmansk, Cherepovets city /Vologda Obl., Arkhangelsk, Republic of Komi, Nenets Autonomic Area. Potential funders (tentative): Finland, Norway, Sweden, EC, and possibly others. Estonia, Latvia and Lithuania have joined the Primary Health Care European Project on Alcohol PHEPA ([www.phepa.net](http://www.phepa.net)) funded by the EU public health program and could possibly join with their own funding. Collaboration with the Nordic Center for Alcohol and Drug Research through a seminar on brief intervention, in which special attention could be given to NDP countries’ interests. Project objective: to disseminate brief intervention as a method for prevention of harmful and hazardous alcohol use. Sweden and Finland in particular could report on the dissemination of early detection and brief intervention activities implemented in the health care system dating from some years back and up until today. Early identification/brief intervention is an effective tool for the prevention of harmful drinking which makes use of a relatively well-established infrastructure and communication channels we believe that the project "Prevention of hazardous and harmful use of alcohol: Early Identification and Brief Intervention (EIBI)" should proceed.

- **Thematic report on ALC for NDPHS Data-Base project and focus on brief intervention-related questions.** The reports will be of best use if designed to respond to the specific information needs existing in the respective countries. In Finland, Norway and Sweden, for instance, the report could give an overall view of past and present efforts to disseminate brief intervention, of the results of such efforts and, depending on the availability of data, on the size of the population that could benefit from brief intervention and support for controlled drinking. In countries where brief intervention is still a novelty, the report could focus for instance on potential partners for co-operation, existing materials and resources, and on the data available to estimate the size and nature of the target population. The Country Profile Questionnaire developed in the PHEPA project could be used where applicable.
- Additionally, a **more general short alcohol situation analysis** is needed to be placed on the NDPHS data-base ([www.ndphs.org](http://www.ndphs.org) ). If such report(s) is/are already available through some other organization (e.g. WHO, NAD or someone else) only an appropriate link to this document would be needed.

#### 2.4 OSH sub-group projects

- **OSH FLAGSHIP PROJECT:** Continuing 2<sup>nd</sup> phase of “**Occupational Safety and Health (OSH) in North-Western Russia**” with funding from Finland and ILO and proceeding into phase 3(2009-10);
- The SIHLWA OSH sub-group continues its efforts to launch a project proposal on the development of **OSH in the Public Transport Sector in the Baltic Countries**. Practical implementation of the new Partnership OSH strategy against Cardio-vascular (CVD) morbidity is one of the priority issues for this project, and it is strongly related to lifestyles and work. There is a great deal of space for preventive activities. Cardiovascular problems have increased rates in transport, and that workplace can successfully be used as a setting for preventive activities. Partners in this project need to be defined; Enterprises to be selected; Benefits from the project to be described →social marketing → healthy drivers, safe public transport. Also indicators need to be defined in order to be able to evaluate the results afterwards. Partnerships need to be established at the country level and a proper stakeholder analysis would be needed from each of the participating countries. The institutions/countries need to commit themselves to the preparation and implementation of the project. Preliminarily, prevention of CVD morbidity in road transport has been planned as a topic of the project, but e.g. prevention of alcohol problems is another topic around which the project could be built up.

#### 3. Other activities:

Continued work on strengthening links with main partners (especially WHO-EURO, ILO/Russia, and national actors on NCDs and healthy lifestyles.

Strengthened collaboration with NDPHS Secretariat in Stockholm and in St. Petersburg (NCM Office).

Collaborating with implementors and updating SIHLWA projects in the new NDPHS data base (“affiliated projects”).

**ALC (and possibly also for ADO and OSH?) Renewed and stronger efforts to create a structure to support monitoring alcohol policy issues and information exchange among NDPHS partners.** ALC sub-group has made a similar initiative to NDPHS secretariat, but this initiative needs to be renewed and better followed up in 2009 to 1) Explore the possibility of developing thematic mailing lists and discussion groups to complement the NDPHS web site, 2) to enable SIHLWA members to stay in contact between the meetings and to speed up dissemination of information of interest to SIHLWA, and 3) Explore possibilities to support NordAN (through co-operation or co-funding) regarding its proposal to extend the coverage of [www.nosam.net](http://www.nosam.net) to NDPHS countries. It was considered that more effective dissemination of update information on alcohol policy-related developments would help the coordination and development of measures to address increasing alcohol use, notably by:

- Raising alcohol sales taxes;
- Limiting access to alcohol;
- 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.

#### **4. Budget:**

In order to be operational EG SIHLWA needs a secretariat consisting of Coordinating Chair and secretarial support, which has been provided through the Ministry of Social Affairs and Health/ Finland and Ministry of Health/ Lithuania. SIHLWA core administrative activities consist of organizing and reporting two expert group meetings per year, keeping contact with relevant bodies and organizations operating in NCD- and social wellbeing sector in the NDP area and providing support to project planning and implementation.

In 2008 the post for ITA under SIHLWA was accomplished. Presently ITA works on a part time basis(40%). It is important for SIHLWA that at least this input will continue in 2009.

As expenses of SIHLWA have been and will be accounted for separately under each funding agency, it is not possible to present a detailed itemized project proposal. Total expenses of SIHLWA EG to be fully operational in 2008 can be estimated to be about 140.000 €. Project implementation is not included under this amount.

SIHLWA Action Plan 2009 submitted by:  
**NORTHERN DIMENSION PARTNERSHIP  
 IN PUBLIC HEALTH AND SOCIAL WELLL-BEING (NDPHS)  
 EXPERT GROUP ON SOCIAL INCLUSION,  
 HEALTHY LIFESTYLES & WORK ABILITY (“SIHLWA”)**

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*1) Sub-group on adolescent health and socially-rewarding lifestyles*

<p><b>Chairperson</b>          Dr Mikko Vienonen  <a href="mailto:m.vienonen@kolumbus.fi">m.vienonen@kolumbus.fi</a>          Sysimiehenkuja 1          00670 Helsinki, FINLAND          GSM +358-50-442 1877</p>	<p><b>Co-chairperson</b>  <b>Dr Aldona Jociute</b>          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: <a href="mailto:aldona.jociute@takas.lt">aldona.jociute@takas.lt</a></p>
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*2) Sub-group on alcohol*

<p><b>Chairperson (acting)</b>          Mr. Kari Paaso          Senior Expert  <a href="mailto:kari.paaso@stm.fi">kari.paaso@stm.fi</a>          Ministry of Social Affairs &amp; Health/Finland          P.O. Box 33 , FI-00023 Government, FINLAND          GSM: +358-50-565 837</p>	<p><b>Co-chairperson</b>          Dr. Evgeny Krupitsky          Chief, Department of Addictions          Research Laboratory, Leningrad Regional Center of          Addictions          Novo-Deviatkino 19/1          Leningrad Region 188661, RUSSIA          Tel/Fax: +7-812-296 9905          GSM: +7-901-300 5811  <a href="mailto:kru@ek3506.spb.edu">kru@ek3506.spb.edu</a></p>
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*3) Sub-group on occupational health and safety*

<p><b>Chairperson</b>          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  <a href="mailto:husberg@ilo.org">husberg@ilo.org</a></p>	<p><b>Co-chairperson</b>          Dr. Remigijus Jankauskas, Director of Occupational          Medicine Center          Institute of Hygiene under the Ministry of Health          Vilnius, LITHUANIA  <a href="mailto:jank@dmc.lt">jank@dmc.lt</a></p>
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2009 SIHLWA EG Action Plan NDPHS DRAFT/24Sept2008  
 Vienonen & Koppelomäki/Paaso/ Husberg/ ADO-ALC-OSH

<b>ANNEX 3: SIHLWA MEMBERSHIP update 30.09.2008/ Officially nominated representatives</b>										
SIHLWA Coordinating Chairperson: Mikko Vienonen										
	COUNTRY		ADO	ADO alternates		ALC	ALC alternates		OSH	OSH alternates
		1	Chair: Mikko Vienonen		1	acting Chair: Kari Paaso		1	Chair: Wiking Husberg	
		ok	Co-chair: Aldona Jociute		ok	Co-chair: Evgeny Krupitsky		ok	Co-chair: Remigijus Jankauskas	
1	CANADA	1	Robert (Bob) Shearer		1	Nathan Lockhart			to be appointed?	
2	DENMARK		not participating			not participating			not participating	
3	ESTONIA	1	Ilsi Saame		1	Sirje Bunder	Marge Reinap	1	Irma Nool	
4	FINLAND	1	Tiina Laatikainen	Hanna Heikkilä	1	Marjatta Montonen	Salme Ahlström & Pekka Hakkarainen	1	Suvi Lehtinen	Kari Kurppa & Timo Leino
5	FRANCE		to be appointed ?			to be appointed ?			to be appointed ?	
6	GERMANY		to be appointed ?			to be appointed ?			to be appointed ?	
7	ICELAND		not participating			not participating			not participating	
8	LATVIA	1	Lolita Melke		1	Ineta Vanaga	Inita Avotina		to be appointed?	
9	LITHUANIA	1	Aldona Jociute		1	Kriveliene Gelena	Virginija Ambrazeviciene	1	Remigijus Jankauskas	
10	NORWAY	1	Simon-Peter Neumer		1	Bent Bull		1	Trygve Eklund	Mona Bondevik Axel Wannag
11	POLAND	1	Janusz Sieroslawski		1	Magdalena Pietruszka		1	Eliza Iwanowicz	
12	RUSSIA	1	Natalia Kostenko		1	Evgeny Krupitsky		1	Nikolai Izmerov	Evgeny Kovalevsky
13	SWEDEN	1	Karin Nilsson-Kelly	Bengt Sundbaum	1	Sven Andréasson	Louise Malmgren Pi Högberg		to be appointed?	
1	BSSSC	1	Arvid Wangberg		1	Juri Tomilov		1	Niels Rasmussen	
2	B-EAC		N.A.			N.A.			N.A.	
3	CBSS	1	Lars Lööf			N.A.			N.A.	
4	ILO		N.A.			N.A.		1	Roman Litvyakov	
5	IOM		N.A.			N.A.			N.A.	
6	NCM	2	P-M de Palo & M Petzold/ NHV	C. Peltonen & M. Sagitova	1	Matilda Hellman (NAD)	Pia Rosenquist (NAD)		N.A.	
7	NordAN				1	Hasse Schneidermann				
8	UNAIDS		N.A.			N.A.			N.A.	
9	WHO		N.A.		1	Lars Möller		1	Kim Rokho	
	<b>SUM</b>	<b>14</b>			<b>13</b>			<b>10</b>		