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Northern Dimension  
Partnership in Public Health  
and Social Well-being  
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| <b>Title</b>            | NDPHS Work Plan for 2009  |
| <b>Submitted by</b>     | Secretariat   |
| <b>Summary / Note</b>   | This Work Plan has been adopted during the NDPHS Partnership Annual Conference in November 2008. It contains the foreseen activities of the NDPHS during 2009, as well as the Action Plans of the NDPHS “core” (HIV/AIDS, PHC, PH and SIHLWA) and “associated” (CBSS WGCC) Expert Groups. |
| <b>Requested action</b> | For reference   |



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## **Northern Dimension Partnership in Public Health and Social Well-being**

### **NDPHS Work Plan for 2009**

Adopted during the Fifth Partnership Annual Conference (PAC)  
19 November 2008, Ottawa, Canada

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### Abbreviations and acronyms used

- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group)
- HIV/AIDS EG – Expert Group on HIV/AIDS (a NDPHS' "core" Expert Group)
- ITA – International Technical Adviser
- ND – Northern Dimension
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being
- PH EG – Expert Group on Prison Health (a NDPHS' "core" Expert Group)
- PHC EG – Expert Group on Primary Health Care (a NDPHS' "core" Expert Group)
- SIHLWA EG – Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (a NDPHS' "core" Expert Group)
- WGCC – Working Group for Cooperation on Children at Risk (a Council of the Baltic Sea States working group having a status of a NDPHS' associated expert group)

Further information about the NDPHS is available on its website at [www.ndphs.org](http://www.ndphs.org).

## I. Introduction and policy context

This Work Plan gives an overview of the actions to be launched and, where specified, completed in 2009 by the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). The guiding vision and strategies of the 2003 Oslo Declaration are translated in this Work Plan into specific action lines aimed at advancing sustainable development in the Northern Dimension area through the improvement of public health and social well-being. Efforts to achieve the enhanced quality of life and demographic situation envisaged by the Declaration will be undertaken via intensified cooperation between and co-ordination among the Partner Countries and Organizations, as well as all other relevant stakeholders.

Within the Northern Dimension area there are extreme disparities in health conditions, and related social and economic problems, which lead to high levels of mortality and non-communicable diseases, violence, alcohol- and drug-abuse, and the spreading of infectious diseases. In particular, the incidence of HIV/AIDS in the area points to the need for immediate measures to be taken. This Work Plan is thus a basis for the promotion of health and social well-being at the international, national, regional and local levels, to address the challenges of the current situation and to ensure that progress is made towards achieving the Partnership's objectives. The relevant stipulations contained in the Oslo Declaration, the United Nations Millennium Declaration and its Development Goals, as well as the Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document describing the new Northern Dimension Policy from 2007 provide the frameworks for this Work Plan.

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

## II. Objectives and targets

As mandated by the Oslo Declaration, the Partnership will, during 2009, direct its overall efforts to achieving the following two main objectives and meeting the respective targets:

### (i) Reducing major communicable diseases and prevention of life-style related non communicable diseases

Among communicable diseases, priority focus will be placed on HIV/AIDS and tuberculosis, including in prison settings. Concerning non-communicable diseases, efforts will center on the determinants of cardiovascular diseases, and their risk factors including the excessive consumption of alcohol and the use of tobacco.

#### ➤ Targets<sup>1</sup>

- Prevent chronic and infectious diseases and their consequences, including by strengthening communities' capacities to detect and control diseases and supporting activities within penitentiary systems;

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<sup>1</sup> The following targets can be viewed as not only applicable to 2009, as they also serve as longer-terms aims for the Partnership.

- Promote sexual and reproductive health, and the practice of safe sexual behaviors;
- Support efforts to increase the number of persons who have access to and receive quality, comprehensive and preventive health care services, including in the penitentiary system;
- Prevent alcohol and drug abuse;
- Increase cross-sectoral and cross-boarder collaboration between all Partners and interested non-Partner bodies at all relevant levels (e.g. health and social sectors, education and justice sector, NGOs, businesses and other private sector actors, as well as local authorities);
- Continue efforts aimed at the regular exchange of information and best practices, as well as joint projects and activities, between the Partners and interested non-Partner bodies (use, *inter alia*, the Project Database and Pipeline);
- Enhance cooperation in health surveillance, statistics and analysis on communicable and non-communicable diseases and their determinants, including in the penitentiary system;
- Support reforms and other efforts that ensure peoples' equitable access to and receipt of quality and comprehensive medical services.

## **(ii) Enhancing and promoting healthy and socially rewarding lifestyles**

Under this objective, the Partnership will focus on nutrition, the enhancement of physical activity, creating smoke-, alcohol-, and drug-free environments, the practice of safe sexual behaviors, and supportive social and work environment and constructive social skills.

### **➤ Targets<sup>1</sup>**

- Promote efforts aimed at creating accessible and safe physical and social environments that promote healthy behaviors and social connectedness for adults, adolescents and children;
- Support reforms and other efforts that ensure peoples' equitable access to and receipt of health education, social- and health-services, and primary health care including in the penitentiary system;
- Increase the priority-status of issues of health and social well-being on political agendas;
- Strengthen communities' capacities to secure their citizens from toxic, infectious and other harmful substances or developments;
- Promote healthy activity and nutrition to prevent obesity and its consequences;
- Prevent violence, depression and suicide;
- Prevent the use of tobacco, alcohol and drugs among adolescents and youth;
- Increase the frequency of the regular exchange of information and best practices, as well as joint projects and activities, between the Partners and interested non-Partner bodies (use, *inter alia*, the NDPHS Project Database and the NDPHS Project Pipeline);
- Encourage and guide individuals and communities to prioritize their health and social-well-being and provide people (especially young people) with the framework to do so;
- Promote preventive and supportive measures that will support the health and social well-being of prisoners within the penitentiary system.
- Promote preventive and supportive measures that will support the health and social well-being of victims of trafficking in human beings.

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<sup>1</sup> The following targets can be viewed as not only applicable to 2009, as they also serve as longer-term aims for the Partnership.

### III. Action lines

The Partnership will continue its efforts to meet its objectives during 2009 through the following lines of action.

#### 1. **NDPHS Database Project: finalizing the project and ensuring its follow-up**

The NDPHS Database Project, which is co-funded by nine NDPHS Partner Countries, the European Commission and the Nordic Council of Ministers, will end on 31 January 2009. This project has yielded many tangible results during 2007 and 2008, among them the Partnership's website, database and project pipeline, which are the main elements of the **Partnership Co-ordinating and Financing Mechanism**.

As endorsed by the second Partnership Annual Conference, the Partnership Co-ordinating and Financing Mechanism is the mechanism through which Partners will make decisions on funding or other contributions and which at the same time stimulates Partners and Participants to formulate their needs in the fields of public health and social well-being, in accordance with national plans.

##### ➤ Specific actions

- Take all necessary actions to finalize the Database Project on time, most notably make the final evaluation of the project, and provide the necessary input to the project implementation final narrative and financial reports to be submitted to the Executive Agency for Health and Consumers in March 2009 (this action regards only those of the NDPHS Partners which are partners in the Database Project);
- Maintain the NDPHS Database: (i) monitor its use; (ii) ensure the quality of information input and continue efforts to keep the information in the database up to date; (iii) facilitate database's use by visitors; (iv) attempt to connect the *Cordis* Database to the NDPHS Database; (v) make further improvements and, if warranted, further develop it;
- Maintain the NDPHS Project Pipeline: (i) monitor its use; (ii) take efforts to keep the information in the pipeline up to date; (iii) assist the participating financial agencies in operating the pipeline; (iv) support project proponents in using the pipeline; (v) make further improvements and, if necessary, further develop it;
- Continue promoting and publicizing the NDPHS Database and Project Pipeline among relevant stakeholders and the public at large as effective tools for policy and project development, and for disseminating their achievements.

Several actions related to the Database Project, which are to be implemented by the NDPHS Expert Groups, have been listed in the Expert Groups' section.

#### 2. **Financing NDPHS' and other parties' undertakings: ensuring adequate funding for NDPHS and Partnership-relevant activities and projects**

In accordance with the Oslo Declaration, the Partners recognize that in order to meet the objectives of the organization, it is necessary to ensure adequate funding for activities and relevant projects carried out within its framework. In doing so, the Partners will adhere to "the principle of co-financing from Northern Dimension partners, as well as from international and private financial institutions where appropriate," consistent with the renewed Northern Dimension Policy Framework Document. The NDPHS Project Pipeline should play an important role in this process.

➤ **Specific actions**

- Actively seek and ensure that funding is available for the NDPHS Expert Groups' activities and the functions of the NDPHS Secretariat, as well as other activities decided upon by the CSR or PAC;
- Mobilize resources for the NDPHS Project Pipeline: (i) encourage continued participation of the financing agencies currently involved in the pipeline; (ii) attempt to identify further financing agencies which could be invited to participate in the pipeline;
- NDPHS Expert Groups: assess projects included in the NDPHS Project Pipeline,<sup>1</sup> or submitted to the EG in order to be included to the Pipeline, if requested.

**3. NDPHS Expert Groups: providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework**

As stipulated in the Oslo Declaration, the NDPHS Committee of Senior Representatives may establish expert groups, which facilitate professional exchanges, increase co-ordination among Partners and monitor joint activities. The core and associated NDPHS Expert Groups have developed their own work plans for 2009. These work plans are attached to this Work Plan as Annexes 1-5.<sup>2</sup> Thus, the Work Plan covers cross-cutting actions to be taken by all Experts Groups, as well as specific actions to be taken by individual Expert Groups.

Taking all planned actions below into account, the Partners shall work to ensure that they are actively involved and properly represented in the NDPHS Expert Groups.

➤ **Specific actions that will be taken by all the core NDPHS Expert Groups**

- Hold at least two Expert Group meetings during 2009, preferably no later than one month before CSR meetings;
- Take part in two meetings of Expert Group Chairs and ITAs (only EG Chairs and ITAs);
- In addition to regular Expert Group meetings, organize and/or participate in conferences and workshops in selected health areas / geographical areas in order to promote more widely the involvement of other relevant actors in the Expert Groups' efforts;
- Collaborate, coordinate and cooperate with other relevant Partnership Expert Groups and work together with other relevant organizations with compatible objectives;
- Facilitate dissemination of good practices based on analyses, evaluation reports, research publications and other relevant materials reviewed by the Expert Group members in their own organizations;
- With the change of the profile of the NDPHS e-Newsletter to the one focusing more on the issues dealt with by the Expert Groups, provide comprehensive contributions to thematic issues of the e-Newsletter;
- Support the Secretariat in finalizing the NDPHS' written contribution to the Baltic Sea Region Strategy in January 2009;
- With help of the NDPHS Database and the NDPHS Project Pipeline promote the monitoring, coordination and cooperation of ongoing projects. Assist in initiating,

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<sup>1</sup> Subject to specific conditions of cooperation to be agreed between each Expert Group and each financing agency.

<sup>2</sup> The NDPHS "core" Expert Groups are HIV/AIDS EG, PHC EG, PH EG and SIHLWA EG and the "associated" Expert Groups are the CBSS Working Group for Cooperation on Children at Risk (WGCC) and the Baltic Sea Network on Occupational Health and Safety (BSN). As the BSN's involvement in the NDPHS is primarily done through the SIHLWA Expert Group in which the BSN participates, it does not submit a separate work plan.

catalyzing, and promoting relevant project initiatives – support planning and implementation of new projects and help disseminate successful projects; encourage coordinated development of new projects, *inter alia*, based on the thematic reports;

- Monitor and evaluate the results of projects and activities implemented under the Partnership initiative;
- Continue efforts to develop and, if/when approved for funding, implement flagship projects. In this regard, consider using the NDPHS Project Pipeline for raising funds for own projects;
- Following nomination by Belarus of their experts for expert-level cooperation with the NDPHS Expert Groups, continue efforts to develop such cooperation (e.g. invite the nominated experts to Expert Group meetings and relevant project-based activities);
- Take other actions that foresee the involvement of the Expert Groups, which have been included in other action lines of this Work Plan.

➤ **Specific actions that will be taken by two or more core NDPHS Expert Groups**

- Review the extent to which the health areas chosen by the thematic reports were appropriate and propose topics for further analyses / new thematic reports possibly to be prepared in the future;
- Discuss / continue discussing the follow up of own thematic reports, most notably the development of project proposals addressing selected priority issues identified in their thematic reports;
- Discuss, or if already decided upon, develop regional strategies for approval by the Partnership Annual Conference;

➤ **Additional specific actions that will be taken by the Expert Group on HIV/AIDS**

- Promote initiatives that aim at integration of social and health care for HIV-infected individuals;
- Develop new activities concerning the prevention and treatment of TB among high risk groups including HIV-infected persons;
- Continue collaboration with the Barents Euro-Arctic (BEAC) programme, where a large number of HIV-related projects have been and are being implemented in close collaboration with the EG;
- Provide help in reviewing national HIV-policies and enhancing development of clinical training and harmonization of case-management;
- Continue and reinforce collaboration with other expert groups, in particular with the NDPHS Prison Health Expert Group;
- Develop a thematic report on the Prevention of HIV among MSM in partner countries, as a good basis for further prevention measures;
- Promote collaborative projects focusing on the implementation of targeted prevention, antiretroviral treatment and development of new practices for case management aiming at regional harmonization.

The estimated cost of leading activities of the Expert Group on HIV/AIDS in 2009 is EUR 150.000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Finland.

The complete list of the planned activities of the Expert Group on HIV/AIDS during 2009 is presented in the Expert Group's Work Plan, attached as Annex 1.

➤ **Additional specific actions that will be taken by the Expert Group on Primary Health Care**

- Ensure proper framework for PHC EG functions: maintain functioning meeting procedures, ensure horizontal collaboration with other Expert Groups, report to and participate in NDPHS general activities as well as strengthen the role and visibility of the EG in PHC development between the countries in the Northern Dimension area;
- Finalize the development of the PHC EG flagship project proposal and, provided co-funding is secured, submit it for funding to the Baltic Sea Region Programme 2007-2013. If granted the requested funding, start the implementation of the project;<sup>1</sup>
- In the light of many societal, scientific and technological changes, initiate a discussion on the long term development of PHC as a fundamental part of national health systems in the Northern Dimensions countries;
- Support initiatives for reorienting national health systems in order take advantage of primary health care as an important component.

The estimated cost of leading the activities of the Expert Group on Primary Health Care in 2009 is EUR 60,000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Sweden.

The complete list of the planned activities of the Expert Group on Primary Health Care during 2009 is presented in the Expert Group's Work Plan, attached as Annex 2.

➤ **Additional specific actions to be taken by the Expert Group on Prison Health**

- Develop a project proposal on prevention of HIV/AIDS among female prisoners and, provided co-funding is secured, submit it for funding to the EU BSR Programme 2007-2013;<sup>1</sup>
- Promote and facilitate establishment of effective collaboration between TB and HIV programs; assist in the implementation of best practice collaborative TB/HIV activities aimed to reduce the impact of HIV related TB within the penitentiary system;
- Raise awareness among the countries within the NDPHS Region of the current situation of health and healthcare provided to prisoners;
- Promote sustainable development within the penal systems of the Northern Dimension area through improving health and social well-being;
- Collect and review the analysis of the health situation, the plans and the initiatives taken within the penitentiary systems of NDPHS Partner Countries;
- Mobilize technical, financial, and human resources, national policy-makers, health professionals, and affected communities, including ex-prisoners, to define country priorities and allocate available national financial resources for comprehensive health services within the prison settings;
- Provide support to the national / regional public sector organizations and civil society organizations in building a national capacity for enhanced policy development, coordination, service delivery, sound monitoring and evaluation regarding issues related to prison health;
- Continue the close collaboration with the WHO Health in Prison Project (HIPP) in supporting NDPHS Partner Countries to address health and health care in prisons, and to facilitate the links between prison health and public health systems at both national and international levels;

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<sup>1</sup> Both, the submission of the project proposal as well as the implementation of the project will be done by the organizations being the project partners.

- Elect a Vice-Chair for the Expert Group.

The estimated cost for leading the activities of the Expert Group on Prison Health for 2009 is EUR 120,000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Norway.

The complete list of the planned activities of the Expert Group on Prison Health during 2009 is presented in the Expert Group's Work Plan, attached as Annex 3.

➤ **Additional specific actions that will be taken by the Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA)**

- Finalize SIHLWA stakeholder analysis in Leningrad Oblast, Murmansk, St. Petersburg and Republic of Karelia and explore possibilities for expanding the stakeholder analysis to other Russian regions and to other countries, such as the Baltic States, Nordic countries and Poland;
- Perform Potential Years of Life Lost ("PYLL") assessment in selected N-W Russian regions;
- Continue efforts to explore possibilities to implement "Life at Stake" popular TV-show on a Russian TV-channel;
- Implement SIHLWA Flagship projects:
  - ADO Sub-group Flagship project – Complete the 2<sup>nd</sup> phase of "Alcohol and Drug Prevention among Youth in St. Petersburg;"
  - ALC Sub-group Flagship project – Finalize and follow up on the feasibility on the Prevention of Hazardous & Harmful Use of Alcohol: Early Identification and Brief Intervention (EIBI) project;
  - OSH Sub-group Flagship Project – Continue phase 2 of "Occupational Safety and Health (OSH) in North-Western Russia" active in five regions with funding from Finland and ILO and proceed to phase 3 (2009-10).
- Continue assessment in the selected North-Western Russian regions (Karelia, Vologda) in terms of the Potential Years of Life Lost ("PYLL") project;
- Develop thematic reports on youth's health (ADO Sub-group) and alcohol (ALC Sub-group);
- Continue efforts to launch a project proposal on the development of OSH in the Public Transport Sector in the Baltic Countries (OSH sub-group);
- Explore possibilities for a series of planning seminars for reviewing methods of prevention of social exclusion among school aged children." (ADO 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" (ALC Sub-group);
- Promote application of the Health in All Policies approach (HiAP) to alcohol issues at national level (ALC Sub-group);
- Review of progress of ongoing OSH-projects, ILO OSH in NW Russia and FIOH project implementing the Health at Work strategy in NW Russia (OSH Sub-group).

The estimated cost for leading the activities of the Expert Group on SIHLWA for 2009 is EUR 140,000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Finland.

The complete list of the planned activities of the Expert Group on SIHLWA during 2009 is presented in the Expert Group's Action Plan, attached as Annex 4.

➤ **Specific actions that will be taken by the CBSS Working Group for Cooperation on Children at Risk (WGCC)**

- Update the Child Centre web site with adequate NGOs and public organizations working to assist children at risk;
- Organize a conference for NGOs, public agencies, policy makers and researchers on findings from "Keeping the Door Open;"
- Develop a program proposal for regional training of staff monitoring children's institutions and implement a training event;
- Co-organize a conference: "Children Victims of Online Sexual Violence" in Stockholm;
- Develop a plan on how NDPHS Partners that are not members to the CBSS would want to contribute to, and take stock of the work of the WGCC;
- Continue co-operation and co-ordination with the working groups and task forces within the CBSS, the Council of Europe, the Nordic Council of Ministers, UNICEF, IOM, ILO and other international organizations;
- Plan project on sharing best practices related to coordination of support measures for children victims of trafficking;
- Investigate interest of the donor agencies and international foundations for a donor meeting regarding projects supporting children victims of trafficking;
- Prepare a background document on tools and methods used for rehabilitation of youth with a criminal behavior and on how the rights of children in secure care can be respected.

The complete list of planned activities of the CBSS Working Group for Cooperation on Children at Risk until mid-2009<sup>1</sup> is presented in its Work Plan, attached as Annex 5.

#### **4. Ensuring coordination of regional efforts to fight trafficking in human beings**

The Partnership will continue holding yearly informal meetings to discuss the coordination of the fight against trafficking in human beings within the Northern Dimension area. Apart from the Partners all relevant task forces and international organizations working with this issue will be invited to participate in these meetings. The Nordic Council of Ministers will lead this effort and financially support it.

#### **5. Cooperating with non-Partner Countries and Organizations: involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives and sharing experiences and knowledge with others**

The Partnership will continue, in a dedicated manner, its efforts to involve all relevant actors in its work, including those which are not NDPHS Partners. It will also continue the cooperation with the countries and organizations beyond the Northern Dimension area, which are interested in sharing knowledge and experiences with the Partnership, and will possibly develop cooperation with new actors.

➤ **Specific actions**

- Continue cooperation with Belarus (on an expert level) and the South East European Health Network (SEEHN), which was successfully initiated in 2008;
- Continue efforts to possibly involve new countries and organizations in the NDPHS endeavors;
- Continue actions to involve relevant other expert groups, including those which are active in Russia, in pursuing the NDPHS goals and objectives;

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<sup>1</sup> CBSS WGCC's annual work plans cover period from July to June of the following year.

- Continue efforts to connect with and engage local and regional administrations in Russia, as well as NGOs. The NCM Information Offices in St. Petersburg and in Kaliningrad will play substantial role in this regard;
- Connect with and engage representatives of the business community active in the Northern Dimension area.

## **6. Continuing efforts to further increase the visibility of the Partnership: making the NDPHS more recognizable and well-known**

During the years 2007-2008, the Partnership took a broad range of efforts to make it more recognizable and well-known. The products generated by the NDPHS Database Project, as well as cooperation with various stakeholders in the Northern Dimension area and beyond it, and the many presentations made in various international events greatly contributed to this.

These efforts shall continue during 2009. In line with the NDPHS Information Strategy, the Partners, Associated Partners, Expert Groups as well as the Chairmanship, CSR Members and the Secretariat shall work to further increase the visibility of the Partnership.

### **➤ Specific actions**

- Interact with relevant actors active in the Northern Dimension area and keep them informed about developments within the NDPHS;
- Include provisions regarding the NDPHS in relevant high-level and other documents, one example being the NDPHS contribution to the EU Baltic Sea Region Strategy;
- Continue efforts to produce and disseminate information and PR materials. These include, but are not limited to the NDPHS website, e-newsletter, e-news, press releases and printed information materials. After the Database Project ends, change the profile of the NDPHS e-Newsletter accordingly, and put more emphasis in it on the substantive issue dealt with by the Expert Groups;
- Continue efforts to further improve the NDPHS website;
- Provide input to relevant publications, if possible;
- Discuss how far the Partner representatives can function as multipliers, generally or specifically, in order to enhance the NDPHS visibility. Take a follow up action, as appropriate;
- Make presentations at national and international conferences and other events;
- Translate the NDPHS Folder and the fact sheets to other languages and post them on the NDPHS website.

## **7. Follow-up of the Partnership evaluation**

In 2008, in line with the Oslo Declaration, the NDPHS performed an overall review and evaluation of the Partnership, which was aided by an external consultant. During the 5<sup>th</sup> Partnership Annual Conference in November 2008, the Partners established an *ad hoc* Strategy Working Group (SWG) and adopted its “Terms of Reference and Timeline.”

In accordance with the provisions included in the latter, the SWG will (i) examine the recommendations as outlined in the consultant's report, and the complementary recommendations of the Partners and the NDPHS Evaluation Team, and (ii) propose the follow-up actions to the NDPHS Partners. To that end, it will present an interim report to the CSR 15 Meeting in April 2009 and the final report to the CSR 16 Meeting in the fall of 2009.

The CSR will consider the presented information and recommendations and take action, as appropriate. The final outcome and the main conclusions of this process shall be presented by the CSR Chair to the Partnership Annual Conference in November 2009 for consideration and decision.

#### **IV. Annual reporting**

In accordance with the Terms of Reference for the NDPHS Expert Groups, the Expert Groups shall prepare individual Annual Progress Reports concerning their respective activities during 2009. These reports are to be submitted to the autumn Committee of Senior Representatives (CSR) meeting. Following-up these reports, the Expert Groups shall develop Annual Work Plans for 2010, taking into account their progress made during the previous year.

Based on the reports developed by the NDPHS Expert Groups, the Secretariat shall prepare an overall NDPHS Annual Progress Report for 2009, for presentation to the autumn CSR meeting. If the CSR deems it appropriate, the Progress Report for 2009 can also be presented, after any necessary revisions, to the fifth Partnership Annual Conference (PAC) in the fall of 2009.

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## Expert Group on HIV/AIDS

### Work Plan for 2009

#### 1. Objectives

The objectives of the NDPHS HIV/AIDS EG include promotion of regional collaboration around the Baltic Sea involving partners through activating common projects and creating networks of experts, NGO's and other implementing bodies. Another objective is to enhance harmonization of procedures when it comes to primary and secondary prevention, surveillance and case management. Monitoring tools for these objectives are developed.

#### 2. Resources

Funding for the chairperson (travel costs) has been covered by the Ministry of Social Affairs and Health, Finland, and is ensured by an annual contract. Funding for ITA activities (50% of working time) have been covered through a project financed by the Ministry for Foreign Affairs and implemented by STAKES ("Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II"). Project is planned for 2008–2010, and financing is confirmed each year on basis of an application and reporting.

Each partner funds the travel costs of its representative in the EG meetings.

#### 3. Working principles

The HIV/AIDS EG will continue its work during the next two years with a financial support from the Lead Partner (Finland). Following the election in 2008 of Ms. Anna Marzec-Bogusławska of Poland as HIV/AIDS EG Vice-Chair, the discussions regarding Poland being the Co-lead Partner in the group are expected to be finalized in the beginning of year 2009.

The current working concept will be continued with two working meetings during the year. Following the nomination of a Belarusian expert to the HIV/AIDS EG, cooperation with Belarus will be supposed to take further steps ahead. Also, TB-related issues will be highlighted by inviting an expert from the Finnish Lung Health Association (FILHA) to attend the meetings. In addition, the expert group will continue its active participation in CSR and PAC meetings and side events. Participation/ contributions to relevant stakeholder meetings will be included in the working plan (examples include HIV think tank by CEC and certain international conferences).

Collaboration with other NDPHS Expert Groups, in particular with the NDPHS Prison Health Expert Group (PH EG) and NDPHS Primary Health Care Expert Group will continue. The PH EG Chairperson and ITA have taken part in the HIV/AIDS EG meetings in 2008 and this arrangement will continue in 2009.

In 2008 the HIV/AIDS EG published a list of priorities which should be observed when projects or actions are being planned or implemented through the group. Attention will be drawn to ensure that the number of participants representing different partners in projects is sufficiently high to support the first priority of promoting regional collaboration. Main concern is still how to successfully implement various prevention strategies among high risk groups

such as injecting drug users and their families and other contacts, vulnerable adolescents and young adults, socially excluded, etc. An emerging threat, increasing incidence of co-infections by HIV and TB along with the spread of drug resistance will also get special attention. Several projects will support social and medical rehabilitation.

Careful surveillance and follow-up of the epidemiological situation and risk factors will continue. They will regularly be reviewed country by country in the EG meetings.

#### **4. Remarks on project based activities**

- **Regional collaboration**

Several projects are ongoing but it is problematic to promote truly collaborative projects where i.e. the Baltic countries, the Nordic countries and NW Russia would be equally involved;

- **Integration of social and health care for HIV-infected individuals**

Integration of social and health care is mentioned in several ongoing and planned projects. Some steps towards this have been taken in the Murmansk low-threshold service centres (LTSC) project, as well as in the Leningrad Oblast project which supports HIV positive pregnant women. However, it is still problematic to combine social and health care for PLWHA in many countries including Russia, and this will be a long time priority;

- **Prevention of HIV among drug users**

This remains a priority, as it has been so for several years now. There are ongoing projects and several under development. A model of LTSC developed through the projects of the HIV/AIDS EG in the previous years has been copied already to new regions and locations and this process should be supported also in the future;

- **Enhancing cross-border bilateral activities**

A project on HIV prevention among drug users in the neighbouring cities of Narva (Estonia) and Ivangorod (Leningrad Oblast, Russia) has been under planning for some time. First actions to take concrete steps are underway;

- **Promoting harm reduction policies among drug users**

This is an important part of the working principle of the LTSC-network which is expanding and under development;

- **Prevention of HIV/TB dual infections**

New project proposals are ready and waiting for funding;

- **Prevention of HIV among MSM**

A thematic report on situation among men who have sex with men (MSM) in Partner Countries is planned. This would be a good basis for planning of further prevention measures;

- **Prevention of MTCT**

Included in several projects, e.g. in the Leningrad Oblast project mentioned above;

- **Enhancing implementation of common best practices**

Included in some projects but would benefit from a separate project.

## **5. Other issues**

Following the PAC 5 side event on health of indigenous and remote northern communities held in November 2008 in Canada, to which the HIV/AIDS EG contributed, the group will continue a dialogue with Canada on the issues related to HIV prevention among indigenous populations in the region.

Planning and implementation of activities that will effectively include them should be started as soon as possible. As Belarus is one of the collaboration areas in focus for Sweden, the latter will facilitate financing of project-based activities, whereas the coordination and networking shall go through the HIV/AIDS EG.

## **6. Collaboration with other expert groups**

Common project with the NDPHS Prison Health Expert Group and the NDPHS Primary Health Care Expert Group are under development. A representative will also participate in the working meetings of the other expert groups whenever relevant,

HIV Think-tank meetings (organised by the European Commission) have been a forum for discussions about the priorities and involvement of NGO's in HIV prevention in the EU. A member from the expert group will participate in the meetings,

Collaboration with the SEEHN (South-East European Health Network) will be discussed during the year 2009.

## **7. Thematic report**

The thematic report will be updated in the beginning of the year 2009. A new section dealing with HIV prevention among MSM will be developed during the year. Another topic, aspects concerning post-exposure prophylaxis using anti-retroviral medicines will be reviewed and a paper representing common view of the EG will be developed to be included into the thematic report,

## **8. Barents region collaboration**

There is a close link between the activities of NDPHS EG and the Barents Euro-Arctic (BEAC) programme HIV group. A large number of HIV-related projects have been and are being implemented in the Barents Sea Region in close collaboration with the EG. ITA of the EG is financed through a project that includes activities in the Barents Sea Region further promoting the collaboration and coordination between these two programmes,

### *Baltic Sea Region strategy and action plan*

A strategy concerning collaboration within the Baltic Sea Region is under development and includes also the NDPHS as a potential contributor. The EG group will review the plans and get involved in the development process as relevant/appropriate,

## **9. TB-related activities**

A new project proposal is under development concerning prevention and treatment of TB among high risk groups including HIV-infected persons. Another TB-prevention project is being developed in collaboration with the Prison Health Expert Group and its implementation will probably start in 2009.

## **10. Meetings**

The spring meeting of the EG will be held in Canada in March 2009. A side-event with strong Canadian involvement and a site visit will be included into the programme.

The autumn meeting is being planned to be held in Gdańsk in early September 2009.

5<sup>th</sup> European Conference on Clinical and Social Research on AIDS and Drugs. Vilnius, April 28-30 2009. A special session to discuss about regional collaboration and the involvement of NDPHS is being planned.

Other conferences where the EG will probably contribute include the Nordic-Baltic meeting on Infectious Diseases and the Eastern Europe and Central Asia AIDS conference to be held in Moscow.

## Expert Group on Primary Health Care

### Work Plan for 2009

#### 1. Background and rationale

Within the Northern Dimension area large population groups enjoy good health and agreeable living conditions. On the other hand, however, large vulnerable groups suffer from social and economic problems, related to a high level of mortality, a high prevalence of diseases including cardiovascular diseases, injuries caused by violence and often connected to the abuse of alcohol and drugs, and spreading of infectious diseases such as TB and HIV/AIDS. Thus, priority objectives of the NDPHS include, in the field of health, the prevention of lifestyle related non-communicable diseases and the reduction of major communicable diseases as well as the enhancement and promotion of healthy lifestyles.

In order to achieve these objectives, the Partnership recognises that health systems must be strengthened with a particular emphasis on the provision and delivery of primary health care. While the development of primary health care varies among the Partnership members, there is a need to share experiences and expertise in the organization and delivery, funding mechanisms, human resource development and stewardship of primary health care. The opportunities for primary health care to support health promotion and disease prevention are consistent with the Partnership objectives to improve public health and health outcomes.

#### 2. Objectives of the Expert Group

According to the Terms of Reference of the Primary Health Care (PHC) Expert Group, the main role of the PHC Expert Group is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the PHC Expert Group has the overall objectives to work towards the inclusion of policies to emphasize the priority of primary health care on political agendas, support co-ordinated and collaborative efforts to work towards the improvement of health service systems and health sector reforms, and to promote networking and partnership building among relevant stakeholders.

#### 3. Scope of responsibilities

According to the Declaration concerning the establishment of a NDPHS (Oslo Declaration), under the guidance of the CSR, an expert group may have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership. Also, the Declaration permits expert groups to “facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise.”

Consistent with these provisions, the PHC Expert Group has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the field of primary health care and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;

- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions, as appropriate including those in related sectors such as education, social welfare as well as health;
- Promote general awareness concerning the role and significance of comprehensive primary health care as one of the cornerstones of a well-functioning health care system;
- Ensure that ethics and patients' perspectives continue to be fundamental in all its work;
- Work towards the development of positive attitudes towards health care and social professionals;
- Take into account the needs of vulnerable groups, the threats of communicable diseases, public health perspectives, and gender questions as cross cutting issues;
- Promote environmentally sustainable development in the Expert Group's actions;
- Contribute to the development of national policies that respond to the needs and requirements of Partner Countries;
- Map and identify Member Countries' needs for technical support to scale-up national programmes and encourage requests for assistance;
- In association with Partners, and with assistance from the NDPHS Secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up Primary Health Care;
- Provide feedback and report on progress to the CSR, and provide the Partnership Secretariat with updated information, when appropriate;
- Other responsibilities, as approved by the CSR or the Partnership Annual Conference (PAC).

Within this scope of responsibilities, the PHC Expert Group activities will aim at the following:

- Provide support for health sector reforms aiming at equitable improvement of public health and at an efficient and equitably available health system;
- Further develop primary health care to make it an indispensable component in such national health systems;
- Support initiatives for reorienting national health systems in order take advantage of primary health care as an important component;
- Monitor and evaluate the results of projects and activities implemented under the Partnership initiative;
- Ensure that financing is allocated in a way that achieves maximum results;
- Establish connections and co-operation with other Expert Groups of the Northern Dimension Partnership;
- Collaborate with other relevant organisations with compatible objectives, especially those working towards health promotion and disease prevention, and particularly welcome organisations from other sectors which have an impact on health and social well-being;
- Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner Countries and through written correspondence;
- Propose topics and issues for new project proposals on health and social well-being, where primary health care can play a role;
- Provide the Partnership website/database with information concerning the Expert Group's work;

- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities.

#### **4. Activities in 2009**

In order to reach its objectives, the Expert Group elaborated in 2007a strategy with priorities for future initiatives. The implementation of this strategy has been in focus during 2007 and 2008 and will continue to be so in 2009. The strategy covers the following four working areas aimed at ensuring an effectively functioning Expert Group and delivering added value to health systems development in the ND region.

##### **Working Area 1: Framework for PHC EG functions**

The working group has during 2007 and 2008 developed well-functioning meeting procedures. Similarly, the PHC Expert Group shall ensure that funding for a part-time ITA employment throughout 2009 be provided by the Lead Partner Country.

Close contacts with CSR representatives will be maintained in order to ensure the commitment of Partner Countries to the work of the PHC Expert Group and to ensure that national experts of high competence and with clear mandates are selected as representatives to the group.

The Expert Group shall also consider setting up medium-term goals as proposed in the Draft NDPHS Evaluation Report of 2008.

The Expert Group will hold two meetings during 2009.

##### **Working Area 2: Production of thematic reports and situation analysis**

The thematic report on PHC and on remuneration systems in the Northern Dimension countries was developed in 2008. In 2009, the PHC Expert Group will continue efforts to disseminate the findings and recommendations contained in the draft PHC Report. It will also continue its discussions between and during Experts Group meetings regarding proposals for project-based activities. Such activities should include a focus on social well-being and health promotion in addition to disease prevention and clinical health care.

As it was agreed during PHC EG 6<sup>th</sup> meeting in Oslo, Expert group will hold discussions during every PHC EG meeting on one specific actual topic. Following analysis of the chosen topic in advance and after the discussions, the thematic report should be edited, which would facilitate policy development in Northern Dimension area countries. It was agreed that during the meeting in Kaliningrad, in March 2009, discussions could be held on *future PHC doctor and nurse*.

##### *Future development of PHC as part of national health systems*

Based on the outcome of the PHC Seminar on 23 May 2008, and in the light of many societal, scientific and technological changes, the Expert Group shall initiate a discussion on the long term development of PHC as a fundamental part of national health systems in the Northern Dimensions countries. Elaboration of policy documents should be in the focus of PHC EG.

### **Working Area 3: Support to planning, implementation and monitoring of projects**

In 2008, the East Europe Committee of the Swedish Health Care Community (SEEC) tentatively accepted the role as the Lead Partner for a PHC EG regional flagship project, and contracted a consultant to assist the group in the development of a project proposal.

Following the above, in 2009, the PHC EG will aim to finalize the development of the above-mentioned project proposal during the first quarter of the year. It is foreseen that, provided the project is granted positive funding decision by the Baltic Sea Region Programme 2007-2013, its sub-projects are likely to start being implemented towards the end of 2009, which will also necessitate considerable project planning during the entire year.

If it is not possible to submit a proposal to the BSR Programme 2007-2013, further discussions on what and how project proposals would be developed based on the thematic report will be held. The Expert Group will promote and coordinate such discussions and the cooperation on upcoming and ongoing projects.

### **Working Area 4: PHC EG contribution to database and project pipeline activities as cross-cutting principles**

The PHC EG will continue to assist in the maintenance of the database as a co-ordination tool of the NDPHS, and contribute to the collection of information on ongoing and completed projects related to PHC. It will further encourage the utilization of the project pipeline by project funding agencies and generally encourage stakeholders to establish policies and to create projects which will support the development of effective and equitable health systems in the Northern Dimensions countries.

## **6. Human and financial resources 2009**

An Expert Group is highly dependant on qualified human resources to assist in planning and to be instrumental in implementation of EG activities. A highly competent ITA has been working throughout 2008 and has agreed to continue to work during 2009.

The existing financial resources from SEEC are estimated to cover expenses for the part-time ITA until the end of 2009, in addition to covering costs for the preparation of a BSR proposal to be submitted in early 2009. During 2009, work will proceed in finding further resources for 2010 and onwards.

## Expert Group on Prison Health

### Work Plan for 2009

#### 1. Background and context

According to the Council of Europe's annual survey of prison population, which was published on 30 January 2007, and the prison population figures as recorded by each of the NDPHS participating countries, reported on 1 September 2005, the situation is the following:<sup>1</sup>

| Country   | Prison Capacity | Density per 100 places | Total number of inmates by 01.09.2005(by 31.06.2008 <sup>2</sup> ) | Prison Population rate per 100,000 inhabitants |
|-----------|-----------------|------------------------|--|--|
| Denmark   | 4,271           | 96.7                   | 4,132  | 76.4   |
| Estonia   | 4,472           | 98.6                   | 4,410 (3,456)  | 327.4  |
| Finland   | 3,390           | 112.8                  | 3,823 (3,565)  | 73   |
| Germany   | 80,297          | 98.4                   | 78,992 (75,056)  | 95.7   |
| Latvia    | 9,166           | 78.9                   | 7,228 (6,544)  | 95.7   |
| Lithuania | 9,476           | 84.3                   | 7,993 (7,736)  | 233.4  |
| Norway    | 3,178           | 97.5                   | 3,097  | 67.2   |
| Poland    | 69,883          | 118.3                  | 82,656 (89,995)  | 216.5  |
| Russia    | 955,096         | 86.2                   | 823,672 (894,900)  | 576.8  |
| Sweden    | 6,779           | 104.1                  | 7,054 (6,777)  | 78.3   |

#### 2. Overall objectives

As in many other parts of the world, the penal system within the Northern Dimension area presents a section of the society where major health problems are concentrated. The NDPHS focused already several years ago on the importance of tackling the broad range of the different medical problems which are present in the penal establishments. As a consequence the Expert Group on Prison Health (PH EG) was established.

The NDPHS PH EG's overall objective is to promote sustainable development within the penal systems of the NDPHS area through improving health and social well-being. The

<sup>1</sup> Council of Europe Annual Penal Statistics – SPACE I – 2006.

<sup>2</sup> Data submitted by PH EG members.

central role of the Expert Group on Prison Health is to act as the focal point for inputs from the Partner Countries and Organizations on issues concerning health in prisons. The Expert Group's focus within these fields is on communicable diseases, drug and social rehabilitation, care for inmates with mental disorders and special needs, inmates living conditions (i.e. hygiene and problems associated with overcrowding), and educational programmes.

### **3. Scope of responsibilities and outputs and results**

The Expert Group shall, according to the mandate and Terms of Reference, have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership. The Expert Group shall also "facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise.

Within the focal areas mentioned above, the Expert Group on Prison Health intends to:

- Work towards the improvement of health in the prisons of the member countries, and to communicate collective knowledge in this field;
- Support, coordinate and collaborative the efforts taken to further prison reforms and develop relevant national policies;
- Promote networking and partnership-building among all relevant stakeholders.

The EG will continue its work to improve the health status of inmates, in order to reduce unnecessary morbidity and mortality and protect public health by providing the prisoners with timely access to safe, effective and efficient medical care. This will be achieved by supporting NDPHS Partner Countries at three broad levels:

- Policy level: Address structural issues such as prison rules and regulations, overcrowding, monitor and improve general conditions in the institutions;
- Prison management level: Operationalize national policies for the specific institutions;
- Service provider level: Awareness-raising and capacity building activities among prison staff and other service providers.

### **4. Activities**

In 2009, the PH EG intends to pay special attention to the health needs of female prisoners and will follow the recommendations proposed in the thematic report on "Women's Health in Prison". A project proposal on prevention of HIV/AIDS among female prisoners will be developed and submitted for the possible funding to the EU-BSR Programme 2007-2013.

In the light of the current development and the situation with HIV and TB within the prison settings, the EG will promote and facilitate establishment of effective collaboration between TB and HIV programs, will assist in the implementation of best practices collaborative TB/HIV activities aimed to reduce the impact of HIV related TB.

One of the priorities of the EG in 2009 will be to raise awareness among the countries within the NDPHS Region of the current situation of health and healthcare provided to prisoners in order to increase political and resource commitment for issues related to the medical service.

The PH EG intends to continue the close collaboration with UN organizations, NGOs and other interested institutions working in the field of prison health, linking them in a network of NDPHS, for sharing tools, materials and best practices.

In addition, the PH EG plans to take the following actions during 2009-2010:

- i. Collect and review the analysis of the health situation, the plans and the initiatives taken within the penitentiary systems of NDPHS Partner Countries, in order to bring them to the attention of the CSR and Secretariat to be included in the Annual work plan of NDPHS;
- ii. The European Council Presidency Conclusions of 14 December 2007 invited the Commission to present an EU Strategy for the Baltic Sea region at the latest by June 2009. Among the four objectives of future Strategy is the wish to make the Baltic Sea Region an accessible and attractive and a safe and secure place. It is foreseen that the group will take active role in preparation of NDPHS input for this strategy, and as a concrete action can be seen the development of NDPHS Strategy on Prison Health. In order to ensure that the strategy accurately reflects the NDPHS realities, its development will be based on national strategies, will be guided by EG members, but also including representatives from other partner organizations working in the prison field;
- iii. Mobilize technical, financial, and human resources, national policy-makers, health professionals, and affected communities, including ex-prisoners, to define country priorities and allocate available national financial resources for comprehensive health services within the prison settings, supplemented when necessary by external funds. Donors must be encouraged to allow, for example, TB and HIV-specific funding to be used for TB/HIV activities in the prison settings;
- iv. Review and comment on the draft Strategic Goals of participant countries – including coordination of review by Partner countries and organizations, as appropriate. Guide revisions to the draft Strategic Goals, as appropriate, based on feedback received from EG members and their institutions;
- v. Provide support to the national / regional public sector organizations and civil society organizations in building a national capacity for enhanced policy development, coordination, service delivery, sound monitoring and evaluation regarding issues related to prison health;
- vi. Prepare, review, analyze, and evaluate technical reports, research publications and other relevant materials on issues related to health in prison settings and facilitate dissemination of good practices;
- vii. Develop a project proposal on HIV/AIDS prevention among female prisoners, covering Estonia, Lithuania, Latvia, Poland and Belarus. The aim of the project will be strengthening of an enabling environment, which provides conditions that support gender sensitive approaches to HIV prevention, treatment, care and support services to female prisoners;
- viii. Advocate for strengthening DOTS-based TB control and comprehensive HIV/AIDS prevention, care, and support within prison settings and, for comprehensive TB and HIV prevention, care and support. Diagnosis and treatment of TB under DOTS and HIV prevention are the most effective interventions to reduce the impact of HIV-related TB. The TB community needs to work more closely with the HIV community to advocate at community, district, and country level, as well as internationally;
- ix. EG will continue the close collaboration with the WHO Health in Prison Project (HIPP) in supporting NDPHS Partner Countries to address health and health care in prisons, and to facilitate the links between prison health and public health systems at both national and international levels;
- x. Meetings: The group plans to have three working meetings in 2009. Place of the meetings to be determined. In between the meetings, the Group will work based on e-mail correspondence between the members. They will also participate in different meetings and conferences. The EG will continue to implement the Project pipeline and the Database Project activities so that it can be used for evaluation and seeking for financing for project proposals by the end of the year.

## **5. Assumptions**

All of the countries in the Northern Dimension area must be represented in the PH EG.

All members of the PH EG must be actively participating in promoting the activities above.

The PH EG shall be composed by a variety of individuals who are representing different fields of the penal system such as doctors, jurists, social workers, individuals with practical experiences of working in prisons etc.

The financial basis for running the PH EG must be guaranteed.

A Vice-Chair must be appointed.

## Expert Group on SIHLWA

### Work Plan for 2009

#### Introduction

The NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (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 and Health (OSH).

We already know 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-made policies and practical measures. It will require strong political action supported by integrated action by health-, social-, education- and other sectors. New innovations, holistic approach, and international collaboration are needed. The SIHLWA EG wants to contribute to these efforts and act as a 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 identifying the priority areas for action;
- Evaluating what is already in place, strengths and weaknesses, and identify current gaps and challenges;
- Strengthening international, bilateral and multilateral cooperation by further developing alliances for advocacy and action on non-communicable diseases which unite major international players in Europe, including intergovernmental organizations, NGOs and other stakeholders;
- A special challenge for this Expert Group will be how to best benefit from the synergy that the three sub-groups will pose;
- Elaboration of viable and practical projects in Northern Dimension 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 of **prevention of social exclusion among school-aged children**. This would be a constructive conceptual response to the NDPHS evaluation findings in 2008 that SIHLWA (and possibly other EG's as well) are too much focusing on public health issues at the expense of "social inclusion" approach;
- Participate in the WHO-EURO Health Promoting Schools conference on 15-17 June 2009 in Vilnius, Lithuania, discussing **the thematic report on adolescent health and social wellbeing and methods to improve pupils' social inclusion and coping skills in schools**.

### 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 will 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 the 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 Northern Dimension countries. Drinking problems increase the risk of becoming a victim or perpetrator of interpersonal violence. A seminar or conference will be organized to highlight the various effects, to describe working methods and services directed to families with substance abuse problems, and to discuss strategies for problem prevention. This topic will be shared ADO sub-group;
- **Apply the Health in All Policies approach (HiAP) to alcohol issues at national level**. A seminar/workshop will be organized 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 will be organized for sharing experiences of stepped care and of systems for patient referral.

### 1.2.3. OSH sub-group

- Participate in the Annual Meeting of Baltic Sea Network on Occupational Health & Safety;

- Review progress in the implementation of Partnership “Health at Work” Strategy in all member states, specifically the preparation of national OSH profiles in selected countries;
- Review progress of ongoing OSH-projects, ILO OSH in NW Russia and FIOH project implementing the Health at Work strategy in NW Russia;
- Continue and improve cooperation between ILO, WHO, EU and ICOH in the OSH field;
- Develop new projects for selected countries, including assisting in the search of funding for feasible projects;
- Develop closer cooperation with the Primary Health Care EG to link occupational health and public health.

## 2. Projects

### 2.1. Common for all three sub-groups

- Finalization of **SIHLWA stakeholder analysis** in Leningrad Oblast, Murmansk, St. Petersburg and Republic of Karelia (started in September 2008). Funding for through MoFA/ MoSA&H/ Finland (EUR 57,000);
- Explore possibilities for **expanding the stakeholder analysis** to other Russian regions and to other countries, such as the Baltic States, Nordic countries and Poland, if funding can be identified;
- **Potential Years of Life Lost (“PYLL”)** continue assessment in the selected North-Western Russian regions (Karelia, Vologda);
- **Continue 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 the minister of health, trade-union leader, pop-artists, sports-figures and others. The program is entertaining, but is also 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 Northern Dimension 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 side event on “Health of Indigenous and Remote Northern Communities”**. The possibilities for a joint holistic and innovative project under the NDPHS will 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 EG’s (HIV/AIDS, PHC and PH) and Associated EG’s CBSS Working Group for Cooperation on Children at Risk (WGCC) and the Baltic Sea Network on Occupational Health and Safety (BSN). Potential partner 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

- Complete the 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 (EUR 81,000);

- **Thematic report on ADO for NDPHS Database project:** 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). The ADO-Tematic Report Draft(s) would be presented for feed-back and discussion in the WHO-EURO Health Promoting Schools conference in 15-17 June 2009 in Vilnius, Lithuania focusing on the themes to improve pupils' social inclusion and coping skills in schools.

### 2.3. ALC sub-group projects

#### ALC flagship project

- Follow up on the feasibility on the **Prevention of Hazardous & Harmful Use of Alcohol: Early Identification and Brief Intervention "EIBI"** completed at the end of 2008. Tentatively the outcome would be a 3 year EIBI project in the range of EUR 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 Database 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 would 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 will 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 will be used where applicable;

- Additionally, a **more general short alcohol situation analysis** is needed to be placed in the NDPHS Database ([www.ndphs.org/?database](http://www.ndphs.org/?database)). The possible availability of such report(s) will be first explored (e.g. WHO, NAD or someone else) in which case only an appropriate link to this document will be provided.

## 2.4. OSH sub-group projects

### OSH flagship project

- Continue phase 2 of “**Occupational Safety and Health (OSH) in North-Western Russia**” active in five regions with funding from Finland and ILO and proceed into phase 3 (2009-10);
- **Finnish Institute of Occupational Health (FIOH) project: Implementing the “Health at Work” strategy in NW Russia (2008-09)**, main focus on Karelia, including profiles, programmes, Basic Occupational Health Systems (BOHS) and Barents Newsletters;
- 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 Cardiovascular (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

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

Collaborating with implementers and updating SIHLWA projects in the new NDPHS Database (“affiliated projects”).

**ALC sub-group will renew and strengthen its efforts to create a structure (web-site) to support monitoring of alcohol policy issues and information exchange among NDPHS partners.** This initiative was made by ALC sub-group to NDPHS Secretariat, but in 2009 it needs to be renewed and better followed up in 2009 to: (i) Explore the possibility of developing thematic mailing lists and discussion groups to complement the NDPHS website, (ii) to enable SIHLWA members to stay in contact between the meetings and to speed up dissemination of information of interest to SIHLWA, and (iii) 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.

**Similar web-site structure would need to be explored for the SIHLWA ADO Sub-group as well, if the ALC Sub-group links prove to be functional, practical and useful.**

#### **4. Budget**

In order to be operational EG SIHLWA needs a secretariat consisting of a 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 Northern Dimension 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 EUR 140,000. Project implementation is not included in this amount.

**CBSS Working Group for Cooperation on Children at Risk**  
**Work Plan for July 2008 – June 2009**

| Member state | Priority*            | Activity   | Funding   | Responsible  | Time limit  | Tools and methods  | Results and Outputs   | Follow up  |
|--------------|----------------------|--|---|--|---|--|---|--|
| All          | <b>A, B, C, D, E</b> | Revise and develop the priority paper  | In budget   | Chair and Children's Unit  | April 2009  | Discussion at WGCC meeting and written procedure                                 | Priority document adopted   | WGCC spring 2009   |
| All          | <b>A, B, C, D, E</b> | Updating the Child Centre. Including the five priority areas.  | In budget for Children's Unit and in national budgets for NCs | National Co-ordinators in co-operation with Competence Centres and the Children's Unit | 1 July 2008 – 30 June 2009                              | Keeping national networks aware of possibility to publish results.               | Child Centre is a knowledge base for activities in the area of children at risk in the region. More and more professionals in the region use the Child Centre both for publishing material and for finding new knowledge. | Report to WGCC-meeting in fall 2008, report to WGCC-meeting in spring of 2009    |
| All          | <b>A, B, C, D, E</b> | New platform and new interface of the Child Centre   | In budget and possible extra funding                          | Children's Unit  | 1 <sup>st</sup> of July – 30 <sup>th</sup> of September | Commissioned to a web company  | Updated and more user-friendly interface. More visits to the Childcentre web site.  | Report at WGCC meeting fall of 2008. Follow up at WGCC meeting in spring of 2009 |
| All          | <b>A, B, C, D, E</b> | Updating the Child Centre including adding NGOs and public organizations working to assist children at risk. | In budget   | National Coordinators and the Children's Unit  | 30 <sup>th</sup> of June 2009                           | Using web based form. For NGOs. Dissemination of the form to the entire network. | The Childcentre should include all NGOs and public organizations and authorities in the region.   | Report to WGCC in the fall of 2008. and in the spring of 2009.                   |

\* Priorities: **A:** Protection from sexual exploitation. **B:** Street children and children without family. **C:** Children in institutions. **D:** Young offenders and self-destructive acts. **E:** Unaccompanied and trafficked children.

| Member state              | Priority* | Activity  | Funding                       | Responsible     | Time limit     | Tools and methods  | Results and Outputs  | Follow up                |
|---------------------------|-----------|---|-------------------------------|-----------------|----------------|--|--|--------------------------|
| 3 – 4 countries           | <b>C</b>  | Pilot training for staff monitoring institutions  | In budget + Norwegian funding | WGCC            | November 2008  | 4-day training + a one day follow up   | A group of 16 experts trained in the model of monitoring   | WGCC meeting spring 2009 |
| All + Ukraine and Belarus | <b>C</b>  | Publication of the report “Keeping The Door Open” in English and in Russian                   | SIDA Baltic Sea Unit          | Children’s Unit | September 2008 | Translation and printing the report  | Report disseminated to stakeholders in the entire region   | WGCC fall of 2008        |
| All + Ukraine and Belarus | <b>C</b>  | Seminar for NGOs, public agencies and researchers on findings from “Keeping the Door Open”    | External                      | WGCC            | June 2009      | Seminar, conference or roundtable meeting, form TBD                          | Knowledge of existing experiences of support to young people leaving care disseminated Possible further cooperation opportunities examined | WGCC fall of 2009        |
| All + Ukraine and Belarus | <b>C</b>  | Drafting programme proposal for regional training of staff monitoring children’s institutions | In budget                     | WGCC            | March 2009     | WGCC subgroup to draft proposal<br>Written procedure, contacts with partners | Programme designed and submitted to possible funding agencies  | WGCC spring 2009         |
| All + Ukraine and Belarus | <b>C</b>  | Training programme in the region on monitoring of children’s institutions                     | External                      | WGCC            | June 2009      | WGCC subgroup  | Training event   | WGCC fall of 2009        |

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| Member state | Priority*            | Activity  | Funding                   | Responsible                         | Time limit            | Tools and methods   | Results and Outputs   | Follow up           |
|--------------|----------------------|---|---------------------------|-------------------------------------|-----------------------|---|---|---------------------|
| All          | <b>A, B, C, D, E</b> | Associated expert group within the NDPHS  | In budget                 | Chairperson + Children's Unit       | June 2009             | Through participation in the NDPHS meetings, further make children's issues visible in the NDPHS work                   | Clear plan on how partners to the NDPHS that are not members to the CBSS would want to contribute to, and take stock of the work of the WGCC                                      | WGCC spring of 2009 |
| All          | <b>A</b>             | "Children exploited in Internet related settings: The Role of and Possible Cooperation between law Enforcement and Child Professionals"   | EU + external + in budget | Children's Unit and Russia+ EU      | December 2008         | Conference in Moscow  | More knowledge on the link between exploitation off-line and on-line, improved cooperation between law enforcement and child protection   | WGCC spring of 2009 |
| All          | <b>A, B, C, D, E</b> | Strengthening of the European Commission participation in the work of the WGCC  | In budget                 | Chairperson and the Children's Unit | December 2008         | Visiting EU's new Child Rights coordinator, input to the EU work on trafficking and on issues prioritised by the WGCC.. | Higher visibility of the WGCC in Brussels   | WGCC spring of 2009 |
| All          | <b>A, B, C, D, E</b> | Continued co-operation and co-ordination with the WG and task forces within the CBSS, the Council of Europe, the Nordic council of Ministers, UNICEF, IOM, ILO and other intl org | In budget                 | Children's Unit                     | July 2008 – June 2009 | Meetings, exchange of reports, updating of funding sources.   | Better co-ordination and more knowledge on who is currently active in what area. Report to the WGCC on how different actors contribute to the area of CAR. Funding possibilities. | Yearly.             |

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| Member state                      | Priority* | Activity   | Funding   | Responsible                                      | Time limit   | Tools and methods  | Results and Outputs  | Follow up           |
|-----------------------------------|-----------|--|-----------|--|--------------|--|--|---------------------|
| All + Ukraine, Belarus, Moldova   | <b>E</b>  | Develop the 2 <sup>nd</sup> Plan of Action on Unaccompanied and Trafficked Children adopted                            | In budget | Children's Unit                                  | October 2008 | Enhance cooperation with police, supporting pilot projects, maintaining the network of National Contact Points.                  | NCPs active in cooperation on assisting children and young persons victims of trafficking. Exchange of experiences between the NCPs on line and off-line.. | WGCC spring of 2009 |
| All member states + UA, BL and MD | <b>E</b>  | Meeting with the NCPs and other experts  | Denmark   | Children's Unit and Denmark                      | March 2009   | Meetings with dissemination of successful work of national contact points. Follow up of research and other regional initiatives. | National contact points in all 11 member states + UA, BL and MD should be established. Input to the continued work of the WGCC on the issue                | WGCC spring of 2009 |
| All + Ukraine, Belarus, Moldova   | <b>E</b>  | Plan project on sharing best practices related to coordination of support measures for children victims of trafficking | In budget | Children's Unit and all 11 countries + UA and BY | June 2009    | Dissemination of models of practice, workshops and roundtable meetings   | .  | WGCC in 2009        |

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| Member state              | Priority*            | Activity   | Funding                        | Responsible                                  | Time limit                | Tools and methods  | Results and Outputs  | Follow up           |
|---------------------------|----------------------|--|--------------------------------|--|---------------------------|--|--|---------------------|
| All + Belarus and Ukraine | <b>E</b>             | Investigating the interest of the donor agencies and international foundation for a donor meeting re projects supporting children victims of trafficking                                 | In budget                      | Children's Unit                              | Spring 2009               | Meetings and contacts with donor agencies and funding partners | Yes/No to a donor meeting  | WGCC spring of 2009 |
| All                       | <b>D</b>             | Preparing background document relating to tools and methods used for rehabilitation of youth with a criminal behaviour and on how the rights of children in secure care can be respected | In budget                      | Children's Unit                              | June 2009                 | Desk study using available contacts and resources              | Paper for the WGCC meeting September 2008  | WGCC September 2008 |
| LV                        | <b>A, B, C, D, E</b> | Establishing National Coordination supporting all aspects of the cooperation   | In budget and national funding | Children's Unit and the Latvian ministry     | June 2009                 | Meetings with responsible ministries and possible NC partners  | NC established actively promoting contacts with relevant experts and researchers. NC actively contributing to the web site | WGCC fall of 2009   |
| All                       | <b>A, B, C, D, E</b> | WGCC meetings, one preliminary in Oslo in cooperation with the NDPHS September 2008  | In budget                      | WGCC chair, Children's Unit and host country | October 2008, spring 2009 | Two meetings in member states                                  | Decisions on priorities, action plans, budget, staffing, specific activities.  | Evaluation          |

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