



Northern Dimension
Partnership in Public Health
and Social Well-being

Northern Dimension Partnership in Public Health and Social Well-being

Progress Report for 2009

(As of 9 November 2009; to be updated at the end of 2009)

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Abbreviations and acronyms used

- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group)
- EGCC – Expert Group for Cooperation on Children at Risk (a Council of the Baltic Sea States expert group having a status of a NDPHS' associated expert group); previously named WGCC
- 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)
- SWG – *ad hoc* Strategy Working 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); subsequently renamed to the EGCC

Further information is available at the NDPHS website at www.ndphs.org.

1. Political background

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a cooperative effort of thirteen governments, the European Commission and eight international organizations. The overall objective of the Partnership is to promote sustainable development in the Northern Dimension (ND) area by improving human health and social well-being. The Partnership aims at contributing to intensified co-operation in social and health development and assisting Partners and Participants improve their capacity to set priorities in health and social well-being, as well as to enhance co-ordination of international activities within the Northern Dimension area.

The Partnership works according to the provisions spelled out in the **Declaration concerning the establishment of a NDPHS** (the Oslo Declaration),¹ which stipulates that the Partnership shall promote co-operation and internationally coordinated actions in order to fulfill specific objectives within the following two priority areas:

(i) Reducing major communicable diseases and prevention of lifestyle related non-communicable diseases

The main focus shall be on HIV/AIDS, tuberculosis, sexually transmitted diseases and antibiotics resistance. Concerning non-communicable diseases, special attention shall be paid to the determinants of cardiovascular diseases, including excessive use of alcohol and smoking as well as the use of, and the risk factors associated with excessive consumption of alcohol and illicit drug use.

(ii) Enhancing and promoting healthy and socially rewarding lifestyles

Under this objective, the Partnership shall 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. Children and young people shall be the main target groups.

From the beginning of 2007, the Northern Dimension process is defined by two documents, namely the **Political Declaration on the Northern Dimension Policy**² and the **Northern Dimension Policy Framework Document**³ – both endorsed at the Northern Dimension Summit on 24 November 2006 in Helsinki, Finland.

The new Northern Dimension policy puts a strong emphasis on cooperation between the EU and Russia, with the full participation of the other two partners, namely Iceland and Norway, in matters relevant to the ND. These four partners committed themselves to continuing and further developing cooperation within the framework of the NDPHS. In this context, the NDPHS is seen as a tool to pursue the ND policy objectives of one of the six priority sectors agreed upon in the ND Policy Framework Document, namely “social welfare and health care, including prevention of communicable diseases and life-style related diseases and promotion of cooperation between health and social services.”

¹ Available at http://www.ndphs.org/?doc,Oslo_Declaration.pdf.

² Available at http://www.ndphs.org/?doc,Political_Declaration_on_Northern_Dimension_Policy.pdf.

³ Available at http://www.ndphs.org/?doc,Northern_Dimension_Policy_Framework_Document.pdf.

2. Introduction

This NDPHS annual progress report presents the main activities implemented by the Partnership during the year 2009. Information contained herein is provided with reference to and against the objectives and action lines included in the NDPHS Work Plan for 2009¹ adopted during the 5th Partnership Annual Conference held on 19 November 2008 in Ottawa, Canada. A section presenting conclusions and summarizing strengths and opportunities as well as obstacles and weaknesses have also been included. Finally, **annexed to this report are the progress reports of the NDPHS “core” and “associated” Expert Groups** (HIV/AIDS, PHC, PH, SIHLWA and the CBSS EGCC).²

As regards the action lines, five of them have been included in the NDPHS Work Plan for 2009:

- **Action Line 1: NDPHS Project Database**
Finalizing the project and ensuring its follow-up.
- **Action Line 2: Financing NDPHS’ and other parties’ undertakings**
Ensuring adequate funding for NDPHS and Partnership-relevant activities and projects.
- **Action Line 3: NDPHS Expert Groups**
Providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework.
- **Action Line 4: Ensuring coordination of regional efforts to fight trafficking in human beings**
- **Action Line 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.
- **Action Line 6: Continuing efforts to further increase the visibility of the Partnership**
Making the NDPHS more recognizable and well-known.
- **Action Line 7: Follow-up of the Partnership evaluation**

For each of the above action lines a number of actions to be implemented by the Partnership, collectively, or its Expert Groups, individually, was defined.

Concerning the NDPHS Expert Groups’ actions, the Expert Groups’ work plans for 2009 were annexed to the NDPHS Work Plan for 2009 in their entirety, and summarized in the latter’s main section.

¹ Available at www.ndphs.org/internalfiles/File/About_NDPHS/NDPHS_Annual_Work_Plan_for_2009.pdf.

² Baltic Sea Network (BSN) on Occupational Health and Safety activities within the framework of the NDPHS are run through the SIHLWA Sub-group on Occupational Safety and Health. Consequently, BSN did not submit a separate progress report and its relevant activities are reflected in the SIHLWA Progress report in Annex 4).

3. Achievements of the Partnership during 2009

3.1 Executive Summary

The Partnership's activities were run in accordance with its Work Plan for 2009 and, on the whole, the NDPHS was able to successfully implement it. Chaired by Norway and co-chaired by Russia, the Partnership made progress and delivered tangible results by running a wide array of concrete and pragmatic activities which included, but were not limited to: information sharing and dialogue, policy development, project development and implementation, networking solidification, expertise exchange, information production and dissemination, advocacy, and administrative and organizational issues.

In all its endeavors the Partnership was able to rely on its multi-faceted structure and its broad network composed of countries, international organizations as well as its networks of experts and the NDPHS Secretariat. Two meetings of the NDPHS Committee of Senior Representatives (CSR) were held during 2009,¹ as well as a ministerial-level Partnership Annual Conference (PAC).² The latter was preceded by a side event "Good Prison Health – Better Public Health – Safer Society."³

All NDPHS Expert Groups were actively working, holding regular meetings, enjoying committed leadership and actively contributing toward the NDPHS goals and objectives. All of them, but the Prison Health EG, were involved in developing or facilitating/implementing flagship projects. At the same time Expert Groups were faced with a variety of challenges such as lack of ample financial resources to run a wider range of project based activities, and unsatisfactory or lacking participation of some Partners in their work.

The Partnership website, database and project pipeline, which make parts of its Coordinating and Financing Mechanism, were constantly updated and their functions were further developed.

Effort also continued to improve the Partnership's out-reach activities and information collection and dissemination. The attendance of the NDPHS representatives in many non-NDPHS events, the cooperation with the South East European Health Network, regular issuing of NDPHS e-news and e-newsletter, and the development of further language versions of the NDPHS Folder with fact sheets – they all have resulted in further increasing the Partnership's visibility.

On the other hand, however, the Partnership was struggling to ensure that ample funding would be made available for it, which was to a large extent the direct result of the countries participating in the Partnership being faced with economic and other hurdles.

The above and other issues were thoroughly discussed within the Partnership, not least during the follow-up of the NDPHS evaluation made in 2008. The follow-up discussions took place both within the NDPHS Strategy Working Group (SWG)⁴ as well as during the two CSR meetings held in 2009. They were based on the concrete and pragmatic recommendations developed by the SWG and aimed to make the Partnership and its activities more focused, relevant and beneficial to the Partner Countries and Organizations and, foremost, the societies in the region.

¹ Meeting documents are available at www.ndphs.org/?mtgs_csr_15_gdansk (CSR 15 Meeting on 23-24 April, in Gdansk, Poland) and www.ndphs.org/?mtgs_csr_16_riga (CSR 16 Meeting on 15-16 October, in Riga, Latvia).

² Held on 25 November in Oslo, Norway. Meeting documents are available at www.ndphs.org/?mtgs_pac_6_oslo.

³ Held on 24 November in Oslo, Norway. Meeting documents are available at www.ndphs.org/?mtgs_prison_health_public_health.

⁴ Meeting documents are available at <http://www.ndphs.org/?mtgs:62>.

3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2009

The following actions have been taken by the Partnership to implement the NDPHS Work Plan for 2009:

Action Line 1: NDPHS Project Database (Finalizing the project and ensuring its follow-up)

The Partnership finalized the NDPHS project “A Database on Public Health Projects in North Eastern Europe and its neighbouring countries” (NDPHS Project Database), the strategic objective of which was to achieve a coordinated policy and project approach in actions against HIV/AIDS and lifestyle-related diseases, as well as to promote healthy and socially rewarding lifestyles. The project involved a wide array of actions and has yielded many tangible results during 2007 and 2008, among them the Partnership’s website, database and project pipeline, which are now the main elements of the Partnership Co-ordinating and Financing Mechanism. It was co-funded by the NDPHS Partner Countries and the European Commission.

Main actions taken:

- **Evaluation of the Database Project and preparation of the final reports**
After the project ended on 31 January 2009, a final evaluation of the project was performed by the French Ministry of Health in cooperation with the NDPHS Secretariat, and, subsequently, the Project Partners finalized narrative (technical) and financial reports and submitted them to the Executive Agency for Health and Consumers, together with other required documentation.
- **NDPHS Database maintenance, updating and further development**
The NDPHS Database continued to collect and disseminate information and data on:
(i) approx. [630] ongoing and implemented projects; (ii) approx. [370] organizations, and (iii) approx. [270] persons (project leaders, experts, etc.) working with public health and social well-being issues in the Northern Dimension area; and (iv) approx. [50] publications.¹ The NDPHS Secretariat aided by an external consultant ran a major clean up and updating of the database records. A dialogue continued with the European Commission’s services to have the *Cordis* database connected with the NDPHS Database which is planned to be done soon. The database is frequently visited by visitors from within and from outside the region (altogether approx. [17,500] visits during the entire 2009), and, when necessary, the NDPHS Secretariat supports those who use it.
- **NDPHS Project Pipeline maintenance and further development**
(See Action Line 2, action “Mobilize resources for the NDPHS Project Pipeline”).
- **Further promotion and publicizing of the NDPHS Database and Project Pipeline**
In 2008, the NDPHS produced, printed and disseminated a folder with eleven fact sheets in English and Russian languages, which *inter alia* promoted the NDPHS website, Database and Project Pipeline among relevant stakeholders and the public at large as effective tools for policy and project development, and for dissemination of their achievements.² In 2009, the folder and fact sheets were additionally translated and posted on the website in German, Latvian, Lithuanian and Polish languages. The NDPHS tools were also publicized in the NDPHS leaflet prepared in late 2009³ and during the external events attended by the Partnership representatives.

¹ Available at www.ndphs.org/?database.

² Available at www.ndphs.org/?folder_and_factsheets.

³ Available at <http://ndphs.org/?leaflet>.

Action Line 2: Financing NDPHS' and other parties' undertakings (Ensuring adequate funding for NDPHS and Partnership-relevant activities and projects)

In accordance with the Oslo Declaration and along this action line, the Partnership took efforts to provide funding for the NDPHS Expert Groups, the Secretariat and other relevant activities, such as meetings or projects.

Main actions taken:

- **Financial support for the NDPHS Expert Groups**

All Expert Groups enjoyed the financial and organizational support of their Lead Partner Countries (Finland, Norway and Sweden), which provided the necessary funding for the Expert Groups Chairs' and ITAs' activities, meetings, travels as well as remunerations.

At the same time, some of the Expert Groups stressed the need for the Partners to ensure the continuity of the above financial support as well as the need to allocate funds for their operational budgets, which would help them better involve in the development and implementation of projects. Also, some Expert Groups expressed worries about the lack of long-term funding for ITAs. Regarding funding for projects, one positive example is the *ImPrim* project,¹ the development of which was facilitated by the NDPHS PHC Expert Group, and which was granted funding from the EU Baltic Sea Region Programme 2007-2013. This was possible thanks to seed money allocated by Sweden for the development of a project proposal.

The Expert Groups stressed the need for a financial mechanism that would allow for rapid planning and implementation of, e.g., activities aimed at getting experience and information about approaches that are innovative and "unusual" and may have very good impact. In this connection the Expert Groups expressed their wish to be able to benefit from the NDPHS Project Pipeline and noted that, regrettably, the situation regarding project funding had worsened in 2009 when compared to 2008 (cf. information further down).

- **Contributions to the NDPHS Secretariat**

Most, but not all Partners and Associated Partners, paid their contributions to the NDPHS budget in 2009. Despite having been pledged earlier, [three] contributions have not been paid.² This worrisome situation called to question the Partners' adherence to the principle of co-financing from Northern Dimension partners agreed upon in the renewed Northern Dimension Policy Framework Document, and it requires a remedy.

On top of their regular contributions, Finland, Germany and Sweden provided voluntary contributions amounting to EUR 10,000, EUR 2,150 and SEK 110,000, respectively, for contracting of consultancy services to aid the work of the Strategy Working Group.

It should also be mentioned that, while the NDPHS Secretariat continued to be hosted by the CBSS Secretariat and uses the latter's legal capacity for its operations, the Partners continued efforts aimed to authorize to the NDPHS Secretariat its own legal capacity. To that effect a meeting of legal experts was held in November, which discussed possible further steps in concluding an agreement. *[Further details to be added after PAC]*

¹ "ImPrim - Improvement of public health by promotion of equitably distributed high quality primary health care systems." Total project budget is over EUR 2.6 million. Further details about the project can be found at www.ndphs.org/?doc,ImPrim_project_brief_info.pdf.

² As of [04 November], contributions for 2009 were still expected to be received from [Canada, Denmark and Iceland].

- **Mobilize resources for the NDPHS Project Pipeline**

In 2008, three financing agencies, namely the Ministry of Foreign Affairs of Finland, the Norwegian Ministry of Health and Care Services and the Swedish Committee for International Health Care Collaboration (SEEC), were connected to the NDPHS Project Pipeline.¹ The Partnership's ambition for 2009 was to encourage their continued involvement in the pipeline and possibly connecting additional financing agencies, so as to make the pipeline a true "market place" for project proponents and project donors working for public health and social well-being in the ND area. This goal has not been achieved and in 2009, only one donor (the Norwegian Ministry of Health and Care Services) used the pipeline for the purpose of making two calls for project proposals and collecting project applications through it. During the spring and autumn calls, it offered in total approximately EUR 1,200,000 for health-related projects to be conducted in North-West Russia.

In addition to facilitating project funding activities, the pipeline also continued to provide an up-to-date overview of funding possibilities for projects in the Northern Dimension area, which were offered by financing agencies that, although not participating in the pipeline, offered financing for health and social well-being projects in the Northern Dimension area (cf. http://www.ndphs.org/?pipeline.page.non-pipeline_agencies).

In 2009, the pipeline continued to be frequently visited by visitors from within and from outside the region (altogether approx. [9,400] visits during 2009), and, when requested, the NDPHS Secretariat supported project proponents who were using it. Also, the pipeline mechanism was further developed and improved in 2009, following the requests of the Norwegian financing agency.

- **Other contributions**

In addition to financial contributions, Partner Countries and Organizations also provided in-kind contributions to the Partnership. For example, the Nordic Council of Ministers assigned two of its staff members in its Information Office in St. Petersburg to support the NDPHS Secretariat on a part-time basis. Partners were also involved in the co-organization of conferences and provided their personnel to help advance the Partnership's activities at all levels.

Action Line 3: NDPHS Expert Groups

(Providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework)

Currently, the NDPHS has four Expert Groups, and two Associated Expert Groups. In this section brief, summarized information is provided regarding the progress made by them, as well as a few key conclusions. **A detailed description of the Expert Groups' state of affairs and progress made in 2009 is provided in their progress reports attached to this report as Annexes 1-5.**

Main actions taken:

- **Organization of meetings, conferences, seminars and workshops**

All Expert Groups held meetings on a regular basis (2-3 times during the year). Some of these meetings were combined with workshops and seminars organized by EGs, which attracted an extended participation of the countries hosting these events. Additionally, the Prison Health Expert Group was substantially involved in the organization of the NDPHS Conference on Prison Health organized as a PAC side-event.

¹ Available at www.ndphs.org/?pipeline.

Whereas the participation in the meetings of the EG has improved as regards several Partners, the financial and economic crisis had adverse impact on the participation of some others. Therefore, some Expert Groups reiterated the need for further improvement in participation of the Partners in their groups' activities. This regards both the nomination of representatives and providing funding for their participation. The importance of ensuring stable representation, which would not be disturbed with frequent changes of country representatives, should be recalled to that end. As stressed on many occasions, it is vital that the members of the Expert Groups be distinguished experts in the field and have a good command of issues in their countries. This is crucial if the NDPHS wants (i) to continue promoting useful discussions about trends and phenomena not yet published elsewhere and key issues of prevention policies; and (ii) to facilitate policy and information exchange aimed at promoting effective solutions and, finally, through these measures, (iii) to enhance regional collaboration and harmonization far beyond the practical projects that have been implemented. No less important is that the appointed representatives would, when necessary, be able to do work for the Partnership also on their home front, rather than only participating in Expert Group meetings. The CSR Members have an important role in ensuring proper representation from their countries in the NDPHS Expert Groups. It is believed that regular meetings of the CSR country members with their country representatives would be very helpful in this respect, as such meetings would help keep the representatives in Expert Group informed and actively engaged in the NDPHS work.

Regarding meetings beyond the NDPHS own framework, representatives of the Expert Groups also participated in a range of conferences, workshops and meetings. The external events offered the EG experts possibility to provide professional advice and technical support to relevant authorities and/or other stakeholders, as well as to advocate the NDPHS and their own Expert Groups. The following are just a few examples of activities other than the own regular meetings of the Expert Groups:

- The Lithuanian member of the **HIV/AIDS Expert Group** was the main organizer of the *5th European Conference on Social and Health Research on AIDS and Drugs* held in Vilnius, on April 28-30. The **HIV/AIDS EG Chair** was responsible for drafting and finalizing the conference outcomes document (see e-newsletter July 2009, <http://www.ndphs.org/?e-newsletter,2009#issues>). A majority of the Group members participated in the conference and gave their contributions.
- **The PHC EG ITA** has participated in the Meeting of Prison Health EG in Vilnius, February 9th, to get background information about the PAC Meeting's side event devoted to Prison Health. During the 7th Meeting in Kaliningrad, PHC EG members discussed problems and opportunities in relation to primary health care for prisoners/ex-prisoners. The EG Member from Finland, Mr. Simo Kokko, provided further input with his comments to the Prison Health Declaration and prepared the presentation for the side event.
- **The PH EG ITA** visited Belarus. Meetings with the Deputy Minister of Interior Affairs, and the Head of Medical Services of the Penitentiary system were held. The Prison Central Hospital was visited, and ongoing activities and projects were discussed. Belarus expressed its willingness to deepen its contact with the NDPHS and proposed some interesting topics for collaboration in the field of Prison Health. Meetings with SIDA representative in Belarus, UNDP and local NGOs, working in the prison settings, were also organized.
- **SIHLWA** and NDPHS Secretariat both visited WHO-EURO in 2009 in order to bring the links with NCDs, alcohol, tobacco, nutrition, violence & accidents and youth related health promotion up to standard. SIHLWA recommends making these contacts a continuous tradition and to try to organize, for example, 9th SIHLWA meeting in WHO-EURO Copenhagen jointly with NCM. Once the new

Regional Director of WHO takes office in February 2010, special effort from the NDPHS side must be made to get good links with her/him.

- **Participation and contribution to NDPHS meetings other than own EG meetings**
EG Chairs and ITAs took part in and contributed to the PAC event, two CSR meetings, two Expert Group Chairs and ITAs meetings as well as a meeting of the SWG Sub-group on Expert Group matters. Additionally, the Expert Groups, and foremost the PH EG, contributed to the NDPHS Conference on Prison Health. [The outcome of this conference, including, but not limited to the Declaration on Principles of Cooperation Between Prison Health and Public Health Services and Development of a Safer Society, was presented to the ministerial-level Partnership Annual Conference held on 25 November, where the Declaration was adopted.]
- **Leadership and co-ordination**
All Expert Groups enjoyed strong support of their Lead Partners who also provided the chairmanship for the Expert Group. However, the situation regarding the Co-Lead Party for the PH EG requires attention considering that the group was still awaiting the nomination of its Co-lead Partner and the PH EG Vice-Chairs. Further, The SIHLWA ALC Sub-group has neither Chair nor Vice-Chair, which – in the situation that it is expected that the NDPHS would run, within the framework of the EU Strategy for the BSR, a fast-track project dealing with alcohol – is worrisome. WHO EURO could and should play an active role in this area of the NDPHS work.

Coordination of the EGs was done by International Technical Advisers who also assisted their EG Chairs (the HIV/AIDS, the PHC, the PH and SIHLWA EGs) and by the Coordinating Chair (SIHLWA EG).

An overview of the **current Lead and Co-lead Partners in the Expert Groups is provided in Annex 6.**

- **Co-ordination and cooperation with other Expert Groups**
All Expert Groups stayed in a close dialogue with each other and with the Secretariat, for example through the above-mentioned EG Chairs and ITAs meetings, the CSR meetings and the PAC event.
- **Support in finalizing the NDPHS' written contribution to the EU Strategy for the Baltic Sea Region**
All Expert Groups contributed to the development of the NDPHS position paper concerning the EU Strategy for the Baltic Sea Region, which was the NDPHS' contribution to the European Commission's Consultation on the EU Strategy for the Baltic Sea Region.¹
- **Development of NDPHS fact sheet, e-Newsletter and other publishing activities**
 - In 2009 the SIHLWA Expert Group issued a fact sheet regarding the topic of *Brief Identification and Early Intervention on hazardous and harmful alcohol consumption in the Baltic Sea Region*. It stems from a short questionnaire, which was prepared and disseminated among SIHLWA contact persons. Responses came from seven countries and results were later studied and analyzed.
 - In March 2009, discussions started among the PHC Expert Group members on the topic of tomorrow's role of family doctors and nurses. The input received from PHC EG members has been summarized and structured for the position paper on the same topic;
 - NDPHS e-Newsletter focusing on HIV/AIDS was issued in May 2009 (1/2009, <http://www.ndphs.org/?e-newsletter,2009#issues>). The issue outlined the pressing

¹ Available at <http://www.ndphs.org/?database.view.paper.53>.

need to prevent the spread of HIV/AIDS in the Northern Dimensions Area. [The 2/2009 issue of the NDPHS e-Newsletter released in December 2009 was dedicated, *inter alia*, to the topic of prison health, which was also the lead thematic topic during the PAC event in 2009 and its side-event].

- **Development of EG regional projects, and support to and involvement in other project-based activities**

Some Expert Groups were involved in activities to support the development and/or implementation of regional as well as other projects. Some of the Expert Groups also monitored and evaluated the results of projects and activities implemented under the Partnership initiative, in order to ensure that financing is allocated in a way that achieves maximum results. Also, they helped promote the dissemination of successful projects recently implemented in the Northern Dimension area.

The following are a few examples of EGs' involvement in project-based activities (both development and implementation):

- The PHC EG facilitated the development of the above-mentioned "ImPrim" project ("Improvement of public health by promotion of equitably distributed high quality primary health care systems"), which has been approved by the Baltic Sea Region Programme 2007-2013 Monitoring Committee for funding. A Project Planning Workshop has been held January 20-21 in Riga, Latvia, where 11 partners participated, representing 7 organizations from 6 countries;
- Members of the PH EG have contributed to the development of the Project Proposal on Female Prisoners for the submission to the Baltic Sea Regional Initiative (not yet successful);
- An extensive research project European MSM Internet survey on knowledge, attitudes and behavior as to HIV and STI was started. It is coordinated by the German member and supported by the HIV/AIDS Expert Group;
- Within the SIHLWA OSH Sub-group, the Finnish Institute of Occupational Health continued the implementation of a project: Implementing the "Health at Work" strategy in NW Russia (2008-09), which focused on Karelia.

Detailed information about this type and other Expert Groups' activities is provided in their annexed progress reports (in section "project based activities").

- **Securing funding for Expert Group activities**

See Action Line 2, section "Financial support for the NDPHS Expert Groups."

Action Line 4: Ensuring coordination of regional efforts to fight trafficking in human beings

The Nordic Council of Ministers (NCM) started developing a new website that aims at strengthening coordination of activities and avoiding duplication among actors operating in the Northern Dimension Partnership. The website will have a calendar showing meetings, conferences and other activities arranged by international organizations/task forces and countries in the Northern Dimension Region. The website will also include links to international organizations and task forces in the Northern Dimension area, name of focal point persons, etc. Also key documents for cooperation, e.g., the Palermo Protocol will be included. This website will be linked to the NCM and the NDPHS websites.

This action is a direct follow up of the Informal Coordination Meeting on the Fight Against Trafficking in Human Beings within the Northern Dimension area, held in December 2008 and hosted by the NCM to which relevant task forces and international organizations were invited. The meeting also decided that an Informal Coordinating and Networking Meeting will be held every second year hosted by the NCM.

Action Line 5: Engaging 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 continued its efforts to involve all relevant actors in its work, including those who are not NDPHS Partners, in the organization's activities. This was primarily done while participating in external events and by inviting to NDPHS events individuals and organizations from the outside of the NDPHS network.

- **Continuing cooperation with Belarus (on an expert level) and the South East European Health Network (SEEHN)**

Following the establishment of cooperation with Belarus and the SEEHN in 2008, the Partnership continued working with them during 2009. The NDPHS Secretariat and the PH EG ITA took part in 21st SEEHN Meeting to discuss expert-level cooperation between the two networks. Further, Belarusian experts were invited to and participated in the meetings of the PHC and PH Expert Groups (one of the PHC EG meetings held during 2009 was hosted by Belarus).

- **Continuing actions to involve relevant other expert groups, including those which are active in Russia, in pursuing the NDPHS goals and objectives**

The NDPHS (the CSR Chair, the NDPHS Secretariat and the Expert Groups) undertook various efforts (e.g. organized bilateral meetings, informal consultations, conferences and a seminar to which it invited external experts), as well as hosted study visits and developed contacts with individual experts. For example, HIV/AIDS EG had contacts with International Circumpolar Surveillance Steering Committee and is constantly communicating with the Joint Working Group on Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council. Also, recently the ECDC nominated a member into the HIV/AIDS EG.

- **Connecting with and engaging local and regional administrations in Russia, as well as NGOs**

Actions such as those listed in the preceding item were taken. Also, the NDPHS Secretariat continued to work with the NCM Information Office in St. Petersburg to implement this action line. The HIV/AIDS EG continued its long-lasting contacts with the Health Care Committee of St. Petersburg and the Ministry of Health of the Republic of Karelia, the Murmansk Regional Administration and Ministry of Health and Social Development of the Murmansk Region, as well as with Archangelsk Regional Administration and the Ministry of Health of the Republic of Komi. The most recent contact was made with the Administration of the Nenets Autonomous District (in 2009). There are numerous contacts and collaboration projects with Russian NGOs, of which could be mentioned e.g. NGO Stellit in St. Petersburg and NGO Rassvet in Archangelsk.

Action Line 6: Continuing efforts to further increase the visibility of the Partnership

(Making the NDPHS more recognizable and well-known)

In line with the NDPHS Information Strategy, the Partners, Associated Partners, Expert Groups as well as the NDPHS Chairmanship and the NDPHS Secretariat continued efforts to increase the visibility of the Partnership. The NDPHS website, NDPHS Project Pipeline and NDPHS Database substantially contributed to this.¹

¹ The total number of hits to the NDPHS website from May 2007 to 22 September 2009 was 296,152 (of this 92,473 in 2009) [to be updated at the end of 2009, accordingly].

- **Interacting with relevant actors in the Northern Dimension area and keeping them informed about developments within the NDPHS as well as making presentations at national and international conferences, workshops and other events**

The Chair and Co-chair Countries, Expert Groups and the Secretariat made presentations at many international events in the ND area and beyond it. The following are examples of events during which the NDPHS CSR Chair or the NDPHS Secretariat made presentations:¹ the consultation meeting with DG SANCO (29 January, Brussels, Belgium); the 2nd Stakeholder Conference on the EU Strategy for the Baltic Sea Region (5-6 February, Rostock- Warnemuende, Germany); the 7th Meeting of the Northern Dimension Steering Group (5 March, Oslo, Norway); the 5th European Conference on Clinical and Social Research on AIDS and Drugs (28-30 April, Vilnius, Lithuania); the 8th Meeting of the Northern Dimension Steering Group (18 June, Reykjavik, Iceland); the above-mentioned 21st SEEHN Meeting (24-26 June, Bucharest, Romania); the consultation meeting with the WHO EURO and NCM (27-18 August, Copenhagen, Denmark); the 9th Meeting of the Northern Dimension Steering Group (28 September, Moscow Russia); the Northern Dimension Senior Officials Meeting (12 November, Stockholm, Sweden). It should be noted that the cooperation between the NDPHS and the SEEHN contributed to further increasing the visibility of the Partnership in the south-eastern flank of Europe.

- **Including provisions regarding the NDPHS in relevant high-level and other documents**

In January, the NDPHS made a contribution to the European Commission's Consultation on the EU Strategy for the Baltic Sea Region.² The NDPHS views were followed in the EU BSR Strategy Action Plan developed by the Commission services and announced on 10 June 2009 together with the EC communication concerning the Strategy. The Strategy was adopted by the European Council during its meeting on 29-30 October 2009.

- **Production and dissemination of information and PR materials**

The NDPHS Secretariat was continuously updating the information on the website in order to help coordinate the work of the Partnership and to reach out to the NDPHS' target groups (e.g. through front page news section, an e-newsletter, e-news and press releases). Also, several improvements were made to the structure, visual design and the website engine mechanism. Further, the NDPHS produced and disseminated [two] issues of the e-newsletter³ (to approximately 700 subscribers), [five] issues of e-news⁴ (to approx. 14,000 subscribers), [one] press release⁵ (to approx. 220 subscribers) and prepared a leaflet.⁶ After the Database Project ended, the profile of the NDPHS e-Newsletter was changed accordingly, and it now puts more emphasis on the substantive issues dealt with by the Expert Groups. The first issue of the e-newsletter in 2009 focused on communicable diseases, and [the second issue focused on prison health.]

In spring, during its 15th meeting, the CSR discussed and agreed on further steps how to increase the visibility of the Partnership.

Further, the folder and fact sheets, which were produced in 2008 in English and Russian languages, were in 2009 translated and posted on the website in German, Latvian, Lithuanian and Polish languages. Finally, a new fact sheet "Early Identification and Brief Intervention on hazardous and harmful alcohol consumption in the Baltic Sea Region," which was developed by the SIHLWA Expert Group, was posted on the same page in English, Polish and Russian languages.

¹ The Expert Group participation and presentations have been presented in detail in the respective annexes to this progress report.

² Available at <http://www.ndphs.org/?database.view.paper.53>.

³ Available at <http://www.ndphs.org/?e-newsletter>.

⁴ Available at <http://www.ndphs.org/?e-news>.

⁵ Available at <http://www.ndphs.org/?press-releases>.

⁶ Available at <http://www.ndphs.org/?leaflets>.

Action Line 7: Follow-up of the Partnership evaluation

In line with decision taken during the PAC held in November 2008, an *ad hoc* Strategy Working Group (SWG) was established under the chairmanship of Sweden. The group worked during January-September 2009,¹ developed a report for the CSR, in which it specified actions it recommended be implemented as the follow-up of the NDPHS evaluation of 2008.

During its October meeting, the CSR approved, with three revisions, the recommendations presented by the SWG. Further, the CSR decided to establish an *ad hoc* Working Group on Expert Groups' Terms of Reference (EGTOR) and requested it to develop Terms of Reference for new/restructured Expert Groups that will be tasked to work toward the agreed upon goals and implement/facilitate the implementation of operational targets. To that end, the CSR agreed that – when justified and necessary, within the limits consistent with the EU Strategy for the Baltic Sea Region – the operational targets can be modified by the CSR pending the outcome of the EGTOR work.

4. Conclusions

The NDPHS, which is one of the two operating Northern Dimension partnerships to date, **is a tool to work in one of the sectors defined by the Northern Dimension policy**, namely “social welfare and health care, including prevention of communicable diseases and life-style related diseases and promotion of cooperation between health and social services.”

Relying on its multi-faceted structure and its broad network composed of countries, international and interregional organizations as well as its networks of experts and the Secretariat, the NDPHS successfully implemented all but a few actions foreseen in its Work Plan for 2009.

A number of tangible results have been delivered by the Partnership through a wide array of concrete and pragmatic activities which included, but were not limited to: information sharing and dialogue, policy development, project development and implementation, networking solidification, expertise exchange, information production and dissemination, advocacy, as well as administrative and organizational issues. Many of them, but not all, are described in this progress report, while more detailed information can be found on the NDPHS website at www.ndphs.org.

Of particular importance for the Partnership's continued work was the report developed by the NDPHS Strategy Working Group, which presented a set of recommendations aimed at making the Partnership's work more focused, relevant and beneficial to the people in the Northern Dimension area.

The decision that the **Partnership will assume the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region is of great value** as it will help the NDPHS increase its importance in the region and play a significant role in the regional cooperation in the Northern Dimension area as well as put the NDPHS in a better position to attract financing for its project-based activities. At the same time, it requires that the Partnership's working methods and the expert-level structures be adjusted accordingly. This has already begun with the adoption of the new NDPHS strategy following recommendations developed by the *ad hoc* Strategy Working Group, and is supposed to be completed in early 2010 based on the outcome of the *ad hoc* Working Group on Expert Groups' Terms of Reference.

¹ All meeting documents are available on the NDPHS website at: <http://www.ndphs.org/?mtgs:62>.

Progress made by the Partnership was, to a large degree, possible **thanks to human and financial resources provided by the Partners**. Especially the Partnership Chair Country Norway, as well as those Partner Countries who have committed themselves to leading/co-leading NDPHS Expert Groups (Finland and Sweden), are commendable for their efforts. On the other hand, however, **some Partners did not allocate sufficient resources to the Partnership, which calls for their proper attention and efforts** as regards their involvement in and contributions to the NDPHS in the future. Especially acute was the **problem of three missing contributions to the NDPHS budget**.

As regards the **NDPHS Expert Groups** – all of them made a very good progress in 2009. The development and adoption of the NDPHS Declaration on Prison Health as well as successful raising of funds for the Primary Health Care Expert Group's "ImPrim" project make a good start for the NDPHS contribution to the implementation of the EU Strategy for the Baltic Sea Region.

To be able to continue and further increase the pace of their work, it is vital that the NDPHS Expert Groups be provided with ample resources as well as proper support of the Partners in terms of, *inter alia*, their active participation in the work of the groups. It is therefore recommended that several of **Partners, who abstained from participation in the work of the Expert Groups, join in and reinforce them** with their own expertise. Further, it is recommended that efforts continue to **get Co-Lead Partners in place for all Expert Groups and nominate Vice-Chairs for the groups**. It is vital that the members of the Expert Groups be distinguished experts in the field and have a good command of issues in their countries. This is crucial if the NDPHS wants to continue facilitating policy and information exchange aimed at promoting effective solutions. Not less important is that the appointed representatives would, when necessary, be able to do work for the Partnership also on their home front, rather than only participating in Expert Group meetings. The CSR Members have an important role in ensuring proper representation from their countries in the NDPHS Expert Groups.

Efforts should also be taken to ensure the continuity of the funding offered through the NDPHS Project Pipeline and to increase the number of financing agencies participating in the pipeline. The pipeline has already demonstrated its value to both the financing agencies and project proponents as well as the NDPHS Expert Groups. It is, therefore, recommended that **Finland, Norway and Sweden would consider encouraging their financial agencies to continue offering financial support through the NDPHS Project Pipeline**.

While, during the period under review, the NDPHS Secretariat was able to enjoy the legal capacity of the CBSS Secretariat, which hosts it, it is instrumental that the **Partner Countries swiftly complete the process of authorizing a legal capacity to the NDPHS Secretariat**.

It can finally be concluded that, whereas the Partnership was able to complete another successful year of its activities, its future successful work is entirely in the hands of the Partners whose commitment displayed, *inter alia*, through **active participation and provision of resources, is the main prerequisite for the NDPHS to continue delivering tangible results**.

HIV/AIDS Expert Group Progress report for 2009

1. Expert Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

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1.3 Financial resources for leadership

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

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group

²⁵ In January 2009 former National Public Health Institute (KTL) and National Research and Development Centre for Welfare and Health (STAKES) were emerged into a new National Institute for Health and Welfare (THL) which took over the responsibilities and commitments of both previous organisations.

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The most recent nomination was done in July 2009 when the ECDC nominated Dr. Mika Salminen as their representative in the Expert Group.

Observers were invited representing CEC, UNAIDS, WHO, IOM and some other international organizations and NGOs.

2.2. Participation of Partners in EG project-based activities

Project activity under the umbrella of the EG was intensive during the first half of 2009. Five Finnish-Russian projects continued in Northwest Russia, and the planning phase of a new project on TB and HIV was implemented. Four new proposals were sent to the Finnish Ministry of Social Affairs and Health. Six Norwegian/Russian projects were implemented, and three were completed. Sweden has one project still going on in NW Russia, but the main focus of Swedish collaboration has been transferred to Belarus. An extensive European MSM survey was started, coordinated by the German member of the Group. Two projects were implemented by the Baltic countries (concerning treatment and care for HIV/AIDS and TB and accelerating prevention within the health system in the Baltic States financed by WHO/EURO, as well as the HIV/AIDS Prevention among IDUs and Bridging Population financed by the EU and national governments).

“FLAGSHIP PROJECT”

The project “Development of Low Threshold Support Centres in Murmansk Region” continued to support prevention activities among injecting drug users, commercial sex workers and bridging populations in the cities of Murmansk and Kandalaksha (Kantalahti). A new proposal was submitted to replicate this model in the Leningrad Region of Russian Federation.

A new project "Promoting Testing for and Treatment of Communicable Diseases among Vulnerable Groups in the Kaliningrad Region" (2009- Jan 2011) was developed. NCM Kaliningrad office invited HIV/AIDS Expert Group into the Advisory Committee of the project.

A list of ongoing projects initiated, coordinated or evaluated by the Expert Group is attached as Attachment 1.

Barents HIV/AIDS Programme is working under the umbrella of NDPHS and has tight contacts with the HIV/AIDS Expert Group. The ITA is simultaneously the Programme coordinator of the Barents HIV/AIDS Programme. The Steering Committee of the Programme meets twice a year to map the HIV situation and activities in prevention, surveillance and treatment in the region, as well as to review project proposals. All Norwegian applications concerning HIV projects in Northwest Russia are sent to the ITA for consulting before admitting financing.

3. Actions taken to implement the Expert Group’s annual Work Plan

The following actions have been taken to implement the Action Plan for 2009:

3.1 Expert Group meetings.

The tenth meeting of the Expert Group was held in Ottawa, Canada, on 18-20 March, hosted by the International Health Directorate of Health Canada. Travel costs of the Baltic participants were kindly covered by Canada; and those of the Russian member by

Finland. Unfortunately, the Belorussian member did not get financing and could not participate.

In connection with the EG meeting a **thematic day on HIV-TB co-infection** with a sub focus on aboriginal populations was organised. Presentations on the theme were made by representatives from Public Health Agency of Canada, First Nations and Inuit Health Branch (Health Canada), Correctional Services Canada as well as from the Expert Group chair and a Finnish TB expert. The purpose of the day's programme was to share expertise, knowledge and tools to inform country approaches to addressing HIV-TB co-infection, particularly in the context of indigenous communities or communities that are highly marginalized and/or vulnerable.

Two site visits were also conducted on March 18th and 20th to demonstrate local programming responses to HIV-TB co-infection, as a means to share local Ottawa expertise with the NDPHS. One visit was to Ottawa Public Health and the other was to Wabano Clinic, an aboriginal community health centre.

(The meeting minutes are available at http://www.ndphs.org/?mtgs.hiv/aids_10_ottawa).

3.2 Project activities according to the priorities of the Expert Group

- **Regional collaboration**

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

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

Since HIV is strongly linked with social issues, all activities, be they to promote prevention or to support and improve treatment and care involve strong social dimension and projects, are regularly implemented in collaboration with social care professionals and organisations. Also, on the coordination level authorities responsible for social well-being and care are included in the cooperation networks.

Integration of social and health care is mentioned in several ongoing and planned projects. Examples are the Murmansk Low Threshold Support Centre (LTSC) project, as well as in the Leningrad Oblast project which supports HIV positive pregnant women. Nonetheless, there are still problems in combining social and health care for people living with HIV and AIDS 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 for several years now. There are ongoing projects and a new proposal was prepared to prevent HIV among drug users, commercial sex workers and bridging populations in the Leningrad Region.

- **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. A project proposal on developing low threshold services in the Leningrad Region (mentioned above) includes a component of collaboration between Narva and Ivangorod/Kingisepp.

- **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. Controversies and disputes on this topic were

highlighted in the conference conclusions from the Vilnius Conference published in the e-newsletter of the NDPHS.

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

New project proposals are ready and waiting for funding. This is one of the objectives of the Leningrad Region project proposal, and it is the theme of the proposal with Murmansk Region.

- **Prevention of HIV among MSM**

A significant research project was started by title "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI". The project aims at piloting a web-based EU-wide monitoring system to collect self-reported data from MSM on sexual risk behaviour, sexual health and information needs. The German member of the Group coordinates the research, and among participants are the Polish, Estonian, Lithuanian and Portuguese members of the EG.

- **Prevention of MTCT**

It is included in several projects, e.g. in the Leningrad Oblast project supporting HIV positive women mentioned above. A new project proposal was developed to prevent HIV among reproductive-aged women in the Republic of Karelia, Russian Federation.

- **Enhancing implementation of common best practices**

Included in some projects but would benefit from a separate project. Best practices of inter-sectoral collaboration to prevent drug use are being collected in the Finnish-Russian project in the Murmansk Region, Russia. Prevention of drug use is directly linked with prevention of HIV. A new proposal has been developed to choose a model for municipal work against drug use and to apply it in the Murmansk Region.

3.3 TB-related activities

A TB expert from the Finnish Lung Health Association (FILHA) participates in the Expert Group meetings and the HIV-TB co-infection has been discussed in them, especially in Canada (March 2009). This theme is worked on also in several projects e.g. in "TB/HIV collaboration in Murmansk" coordinated by FILHA.

3.4 Collaboration with other expert groups

Collaboration is carried on in several ways: the ITA of the Prison Health Expert Group participates at the HIV/AIDS EG meetings; the Chair of the HIV/AIDS EG participates at the Prison Health EG meetings; the Chair and ITA participate in Chairs and ITAs meetings organized by the NDPHS Secretariat. An important channel of information exchange is the small meetings for the Finnish Chairs, ITAs and members of EGs organized by the Ministry of Social Affairs and Health, Finland.

3.5 Barents Region collaboration

The Barents HIV/AIDS Programme has continued and has had new sub-projects added during the year. This Programme is basically for NW Russia but parts of it have been used to enhance cross-border collaboration between Russia and the Baltic countries. The Steering Committee meeting of the Barents Programme was organised in 16-17 April in Luleå, Sweden, with a strong input from the HIV/AIDS Expert Group. The meeting focused on the development of HIV situation as well as trends in illicit drug use in the Barents region. 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. The Norwegian-Russian HIV projects implemented in the Archangelsk Region under the umbrella of Barents and NDPHS collaboration were evaluated by the HIV/AIDS EG Chair in December 2008 - January 2009

Baltic Sea Region strategy and action plan

The European Union Strategy for the Baltic Sea Region was developed, and the HIV/AIDS EG participated in preparing the NDPHS position paper that was submitted to the EC.

3.6 Other meetings

The Lithuanian member of the Expert Group was the main organizer of the **5th European Conference on Social and Health research on AIDS and Drugs** in Vilnius, April 28-30. The EG Chair was responsible for drafting and finalizing the conference outcomes document (see e-newsletter 1/2009, <http://www.ndphs.org/?e-newsletter,2009#issues>). The majority of the Group members participated in the conference and gave their contributions.

A project planning **seminar on Logical Framework Approach** was organized by common efforts of the Estonian member and ITA **in Narva, Estonia** (June 3-5). Participants came from Russia (Leningrad Region, Murmansk, Archangelsk, Syktyvkar and Petrozavodsk), Finland and Estonia. The project proposal with the Leningrad Region was developed on basis of seminar results and submitted to the Ministry of Social Affairs and Health, Finland.

Another **Logical Framework Workshop** was organized **in Murmansk** in June 1-5 to plan TB/HIV collaboration. The EG Chair participated as an expert at this event. FILHA submitted a project proposal on basis of this workshop and other base-line studies.

Activities of the Expert Group were presented at the **International Circumpolar Surveillance Steering Committee meeting** in Helsinki in May 15.

Co-chair represented the EG in the annual **HIV Think Tank** meeting organised by the CEC.

The 8th Nordic Baltic Congress on Infectious Diseases was held in St. Petersburg, Russia on 23-26 September. Two members of the EG acted as chairmen of the HIV session and gave presentations. The ITA presented the EG activities and collaboration around the Baltic Sea Region.

3.7. Other issues

The NDPHS e-newsletter 1/2009 with HIV theme was issued in May (available at <http://www.ndphs.org/?e-newsletter,2009#issues>).

Many of the Group members are national HIV coordinators of their countries and constantly consulted by their ministries on health policy issues.

Some other consultations were also asked from the Expert Group, e.g:

- Commenting the OECD Accession Review of the Russian Health System for the Ministry of Social Affairs and Health, Finland (July);
- Memorandum on Arctic collaboration for the Ministry of Social Affairs and Health, Finland (August).

Further, the Norwegian member of the HIV/AIDS EG prepared together with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) "Guidance for provider-initiated voluntary medical examination, testing and counseling for infectious diseases in injecting drug users" (http://www.emcdda.europa.eu/attachements.cfm/att_87147_EN_EMCDDA_GuidelinesIDUexamination_ver5-5_220709_finalpreedit.pdf).

Finally, the EG ITA organized a study tour from Archangelsk and Leningrad Region to Finland to get acquainted with low threshold services and sexual health education (May 13-15).

4. Other actions taken by the Expert Groups

4.1 Project-based activities

a) Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II

i) Project objectives were

To stop and better control the spread of HIV/AIDS in Finland's neighbouring regions; and to reduce the social and economic costs of HIV/AIDS that causes a burden on societies.

The purpose of the project (the immediate objective) is the co-ordination of activities in the Northern Dimension and Barents regions to control HIV and AIDS and reduce harmful consequences.

Geographical area: Barents and Northern Dimension Partnership Regions.

ii) Project leader

National Institute for Health and Welfare (THL), International Affairs (Coordinator - EG ITA).

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland

iv) Project time frame

January 2008 – December 2010

v) Overall conclusions and recommendations for the future

The first phase of the Project was implemented during February 2005 – December 2007. The first phase included three components:

1. Coordination of the Barents HIV/AIDS Programme.
2. Subproject "Development of low threshold services in Murmansk region" (see below).
3. Coordination of the HIV/AIDS EG of NDPHS.

Some *observations* based on the experience of the first phase:

- Local ownership of the project is the key issue for success;
- When the project initiative comes from the local partners, sustainability is better;

- Local ownership needs to be developed from the planning phase;
- An agreement with the local authorities in the beginning of the project smoothens the way forward;
- Multisectoral collaboration is easier in smaller regions (e.g. Murmansk compared with St. Petersburg);
- Collaboration between several NW Russian regions brings added value. The representatives of different regions are very eager to learn from each other rather than from foreign partners;
- Sustainability issues have to be taken into account starting from the planning phase of a project. An exit strategy is needed already by launch of the project;
- It is important to be sensitive about cultural differences;
- Personal relationships are essential in collaboration;
- Knowledge of Russian language is necessary in the Project coordination office.

The Project included a subproject called "Further development of low threshold services in Murmansk and Kantalahti", which is described below.

b) Further development of low threshold services in Murmansk and Kantalahti

(Continuation and expansion of the earlier project "Development of Low Threshold Support Centre (LTSC) in Murmansk Region")

i) Project objectives and geographical area

Overall objective:

To stop and better control the spread of HIV in the Murmansk Region.

Purpose:

The capacity of Murmansk Region to provide and sustain services preventing HIV/AIDS among high-risk groups increased.

Geographical area: Murmansk Region (possible replication in other NDPHS regions).

ii) Project leader

THL, International Affairs (Coordinator - EG ITA).

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland.

iv) Project time frame

January 2008 – December 2010.

v) Overall conclusions and recommendations for the future

Conclusions and recommendations from the earlier phase February 2005 – December 2007:

From partners in Murmansk:

- 1) To ensure success, harm reduction projects working with drug addicts should employ institutions and professionals who have gained experiences of working with the target group;
- 2) The inception period should focus more on raising awareness among regional and municipal authorities, law enforcement managers, mass media in order to get their

support;

- 3) A flexible funding system and simple reporting system facilitate purchases needed for project implementation.

From the evaluator:

- 1) "The work of the Doverie centre should continue and a similar arrangement introduced to other major cities in the region, first of all in Kantalahti.
- 2) A doorstep survey assessing the risk factors, infections and demographic features of the clients should be conducted and repeated at regular intervals. This could best be done as a research project with some academic institute.
- 3) Assessment of the future needs for personnel and other resources should be done based on the growth of the number of clients during the next year.
- 4) The current personnel needs continuous training in the field with links with similar activities in other countries and regions.
- 5) Links with Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) should be further developed. The Barents programme including the current project represents significant outputs among regional collaboration. Related projects could be linked and copied in other regions to the NDPHS to recruit wider basis for potential financiers or collaborators."

c) Expanding Network for Coordinated and Comprehensive actions on HIV/AIDS Prevention among IDUs and Bridging Population (ENCAP, Development of Low Threshold Centre activities in the region)

i) Project objectives and geographical area

Development of low threshold services for injecting drug users, their partners and commercial sex workers.

Work packages:

- 1) Development of surveillance methods.
- 2) Development of clinical management.
- 3) Advocacy.
- 4) Networking.
- 5) Training.

Geographical area: Latvia, Lithuania, Estonia, Bulgaria, Finland.

ii) Project leader

Public Health Agency, Latvia (Coordinator - the Latvian EG member, Lithuanian and Estonian members as partners).

iii) Main project donor(s)

EC SANCO, participating countries.

iv) Project time frame

July 2006 - July 2009.

d) European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI

i) Project objectives and geographical area

Overall objective:

Monitoring risk behaviour trends in order to provide essential data needed for the development of interventions and the evaluation of their impact.

Purpose:

Piloting an innovative web-based EU-wide monitoring system to collect self-reported data from MSM on sexual risk related behaviours and sexual health and information needs.

Geographical area: Germany, Italy, Netherlands, United Kingdom, Spain, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, France, Hungary, Ireland, Lithuania, Poland, Portugal, Slovenia, Sweden, Switzerland, Romania, Russia, Ukraine, Greece, Macedonia, Serbia, Moldova, Finland and Latvia.

ii) Project leader

Ulrich Marcus, Robert Koch Institut, Germany (member of the HIV/AIDS EG)

iii) Main project donor(s)

EU Commission

iv) Project time frame

2009 - 2011

v) Expected results

The project will provide the EU MS and institutions with an up-to-date and comprehensive survey of knowledge, attitudes and behaviours and resulting prevention challenges in a population group highly affected by HIV and STI.

More information at <http://www.sigmaresearch.org.uk/go.php/projects/gay/project46/>.

ii) Project leader

Ulrich Marcus, Robert Koch Institut, Germany (member of the HIV/AIDS EG)

iii) Main project donor(s)

EU Commission

iv) Project time frame

2009 - 2011

v) Expected results

The project will provide the EU MS and institutions with an up-to-date and comprehensive survey of knowledge, attitudes and behaviours and resulting prevention challenges in a population group highly affected by HIV and STI.

e) Strengthening of Intersectoral Action to fight drug abuse and drug-related harm in Murmansk Region 2008 - 2009

i) Project objectives

Overall objectives:

Reduction of drug use and drug related harm in Murmansk Region.

Development of successful partnership models to fight drug abuse and drug related harm.

Purpose:

To identify and assess local and international good practices of successful partnership models to fight drug abuse and drug-related harm and give recommendations on the topic in Murmansk region.

ii) Project leader

THL, International Affairs

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland (*through NDPHS project pipeline*)

iv) Project time frame

April 2008 - November 2009

v) Overall conclusions and recommendations for the future

The project was started in April 2008. Expected results are:

- 1) Relevant stakeholders identified and working groups formed
- 2) Experiences from previous and ongoing projects in Northwest Russia collected and assessed
- 3) International experiences of successful partnership models collected and assessed
- 4) Good practices to combat drug use and drug related harm identified and recommendations made for Murmansk Region.

A new project proposal has been submitted to Finland to complete the work started in this project, it is titled "Strengthening of municipal anti-drug networking in the Murmansk Region".

f) Psychological and social support to HIV infected women in Leningrad Oblast

i) Project objectives

Overall objectives:

Reduction of stigma of HIV positive people, especially pregnant women and their children

Social and psychological adaptation of HIV+ women and their families

Reduction of mother-to-child transmission of HIV

Reduction of abandonment of children

Purpose:

Capacity of specialists and service system to give psychological and social support to HIV+ women increased

ii) Project leader

THL, International Affairs

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland.

iv) Project time frame

2007–2009.

v) Overall conclusions and recommendations for the future

Project was started in April 2007. Expected results are:

- 1) Network between relevant local organizations formed
- 2) Needs of HIV positive women in social and psychological support assessed
- 3) Capacity of specialists in giving social and psychological support to HIV infected women increased
- 4) Working methods of psychological and social support created and tested in pilot districts
- 5) Capacity of service system increased

g) Prevention of HIV infection in the Republic of Karelia

i) Project objectives and geographical area;

The overall project objective is to stabilize the incidence of HIV/AIDS in the Republic of Karelia. The purpose of the project is to improve the professional capacity of specialists working in the Karelian health care and educational institutions in the field of HIV prevention work.

ii) Project leader

THL, International Affairs

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland.

iv) Project time frame

2007–2009.

v) Overall conclusions and recommendations for the future

Project was started in April 2007. Expected results are:

- 1) Partnerships between project participants created and infrastructure updated
- 2) Professional level of healthcare and education specialists in HIV prevention developed
- 3) Knowledge level in working and studying youth 17-29 years old improved
- 4) Knowledge level among inmates improved

In addition to these projects, there are 12 projects going on under the umbrella of the EG, seven project proposals have been reviewed by the Group, and 21 projects have been completed. See the project list in Attachment 1.

5. Strengths and opportunities

The strength of the EG was the involvement of high level experts representing the Partners. Their position allowed open discussion about key issues of prevention policies and the process that enhanced regional collaboration and harmonisation far beyond the practical projects that have been implemented. It also provided an important forum for mutual information concerning trends and phenomena not yet published elsewhere.

6. Obstacles and weaknesses

The main weakness in the work of the EG is the lack of financing mechanism that would allow rapid planning and implementation. Often the impetus is lost if the financing can only be expected 12-18 months after the planning phase. The expert group activities could be very valuable in getting experience and information about approaches that are innovative and “unusual” and may have very good impact. Mechanisms that make this possible have been developed and implemented elsewhere, for instance in TB prevention.

Temporary economic constraints should not prevent EG members from participating in the meetings regularly.

Support of the NDPHS Secretariat is very important for the EG work. Recruitment of a new Senior Advisor and ensuring Secretariat's work financially would benefit the EG work.

7. Conclusions and recommendations

The work will continue according to the outlines previously adopted. The potential benefits from the NDPHS Database and Project Pipeline could benefit the work or the EG

in the future. Since HIV is a high-priority are in many agendas including CEC, UNAIDS, WHO, members of the EG and their affiliate organisations get involved in various collaborations and combinations all over Europe and wider. The important task of the EG is to observe the special conditions and features of the HIV epidemic in the region and take initiatives to develop best possible methods for preventive interventions, treatment and care.

Members of the Expert Group are distinguished experts in the field and have a good command of HIV related issues in their countries. It is important that their role is fully acknowledged by the Partners, including by providing necessary resources.

**List of Projects of the Expert Group on HIV/AIDS
of Northern Dimension Partnership in Public Health and Social Well-being**

Projects under implementation in September 2009

FINNISH-RUSSIAN PROJECTS

1. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II." (2008-2010) Coordination: National Institute for Health and Welfare (THL), Finland and Ministry of Health and Social Development of the Murmansk Region. Approximate budget EUR 600,000 (3 years). Financier: Finland.
2. "Further development of low threshold services in Murmansk and Kantalahti" (2008-2010). Continuation of the Pilot project of the above mentioned programme. Coordination: THL (Finland) and Murmansk Regional AIDS Centre. Approximate budget EUR 300,000 (3 years). Financier: Finland.
3. "Strengthening of inter-sectoral action to fight drug abuse and drug related harm in Murmansk Region 2008–2009". Coordination: THL, Finland and Anti-Drug Commission of the Murmansk Region. Approximate budget EUR 178,000. Financier: Finland through NDPHS project pipeline.
4. "Prevention of HIV infection in the Republic of Karelia in 2007–2009". Coordination: THL, Finland and Republican AIDS Centre of Karelia. Approximate budget EUR 300,000 (3 years). Financier: Finland.
5. "Psychological and social support to HIV infected women in Leningrad Oblast 2007–2009". Coordination: THL, Finland and Leningrad Oblast AIDS Centre. Approximate budget EUR 300,000 (3 years). Financier: Finland.
6. TB/HIV collaboration in Murmansk. Project planning phase 2009. Coordination FILHA, Finland. Financier: Finland

NORWEGIAN-RUSSIAN PROJECTS

7. "Cross action between STI Clinic in Archangelsk and Olafia Clinic in Oslo". Coordination: Norway. Approximate budget for 2009: NOK 300,000. Financier: Norway (B504).
8. Vera". Development of international network of interaction between organisations dealing with women and adolescents, involved in commercial sex business and trafficking victims. Coordination: NGO Stellit, Russia (Pro Sentret, Norway).
9. Youth peer education in Archangelsk related to HIV, STI and communication skills. Coordination: Pertinax Group, Norway, three partners in Archangelsk Region. Financier: Norway (B808; NOK 125,000 granted in 2009).
10. Research project "The Governance of HIV/AIDS Prevention in North-West Russia". Coordination: Norwegian Institute for Urban and Regional Research, Norway. Approximate budget: EUR 622,500. Financier: Research Council of Norway. Training and dissemination component of the project is financed by the Finnish Ministry for Foreign Affairs through NDPHS project pipeline.
11. Educational project "New View" in the sphere of the HIV/AIDS and drug addiction prevention, organization of voluntary group for the specialists, working with teenagers and young people, students of higher and special educational institutions. Coordination: Norwegian Sami Mission, partner "New Beginning", Murmansk Region. (Project B816; granted NOK 200,000 in 2009).
12. "HIV and co-infections in Murmansk region, seminar". Coordination: University Hospital of Northern Norway. Project region: Murmansk Oblast, Russia.

SWEDISH-RUSSIAN PROJECTS

13. Quality assurance and synchronization of the STI/HIV control and prevention in Russia. (2006 - December 2009) Coordination: Uppsala University, Sweden; Central Research Institute for Skin and Venereal Diseases, Russia. Project region: Leningrad Oblast, Russia.

BALTIC PROJECTS

14. "Scaling up treatment and care for HIV/AIDS and TB and accelerating prevention within the health system in the Baltic States" - WHO/EURO. Approximate budget: EUR 15,000 + annual additions.
15. Expanding Network for Coordinated and Comprehensive actions on HIV/AIDS Prevention among IDUs and Bridging Population (ENCAP, Development of Low-Threshold-Center activities in the region). Coordination: Latvia. Approximate budget EUR 1.3 million. Financers: EU, National governments.
16. HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania. Coordination: UNODC. Approximate budget USD 5,000,000. Financier: UNODC.

OTHER PROJECTS

17. "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI". Start in 2009, duration 30 months. Coordination Robert Koch Institut, Germany. Partners in 20 countries, including Poland, Estonia, Lithuania and Portugal. Approximate budget EUR 1.2 million. Financier EU and others.
18. Promoting Testing for and Treatment of Communicable Diseases among Vulnerable Groups in the Kaliningrad Region (2009- Jan 2011). Coordination: NCM Kaliningrad office and Ministry of Health of the Kaliningrad Region. Approximate budget 250,000 EUR. Financing NCM and Ministry of Health of the Kaliningrad Region.
19. H CUBE project. A network project to study and face HBV, HCV and HIV/AIDS in participating countries. Ten countries participate including Poland and Lithuania. (<http://www.hcube-project.eu/h3/index.php?pag=9>).

Projects under consideration (in August 2009)

1. Strengthening and integrating inter-sectoral HIV prevention efforts in Central Europe. Coordination: Poland. Project proposal.
2. "Enhancing HIV/AIDS reporting in the Republic of Karelia through training of media professionals 2008-2009: Towards a media response to HIV/AIDS". Project proposal. Applied from Finland (proposal withdrawn for the time being).
3. TB/HIV collaboration in Murmansk. Project proposal by FILHA. Applied from Finland.
4. Development of low threshold services in the Leningrad Region. (Includes a component of collaboration between Narva and Ivangorod.) Project proposal under development by THL.
5. HIV prevention among women of reproductive age in the Republic of Karelia. Coordination: National Institute for Health and Welfare (THL), Finland and the Republican AIDS Centre, the Republic of Karelia. Project proposal under development by THL.
6. Strengthening of municipal anti-drug networking in the Murmansk Region. Project proposal under development by THL.
7. "Face the problem". Training of specialists and volunteers in HIV, STI and drug use prevention in the Archangelsk Region. Project idea. Waiting for further development.

PHC Expert Group Progress report for 2009

1. Expert group leadership and coordination

1.1 Lead partner and Co-Lead Partner

Lead partner: Sweden
Co-lead partner: Poland

Chairman

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1.2 International Technical Advisor

The Primary Health Care Expert Group, through Lead Partner Sweden since September 2007, has appointed a part-time working International Technical Advisor (ITA):

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1.3 Financial resources for leadership

Funding for the chairperson (travel costs) has been covered by the Ministry of Health and Social Affairs, Sweden. Funding for ITAs has been provided by the East Europe Committee of the Swedish Health Care Community.

PHC EG 7th meeting in Kaliningrad was hosted and partially funded by Kaliningrad MoH. PHC 8th meeting in Minsk was funded by Belarus Ministry of Health and WHO Regional office in Belarus. Participation of Belarus expert in the Kaliningrad meeting was funded by SEEC. Expenses for participation of other experts in EG meetings were covered by their respective Ministries.

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group

The expert group had two meetings, in Kaliningrad on 5-6 March and in Minsk 10-11 September 2009.

Partner representatives:

Estonia

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Health Policy Department

Ms Heli Paluste (until August 2009)
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2.2 Participation of Partners in EG project-based activities

Initiated by PHC EG the project_“**Improvement of public health by promotion of equitably distributed high quality primary health care systems**” (acronym ImPrim) was developed and submitted to the Baltic Sea Region (BSR) Programme in March 2009. The Lead Partner, East Europe Committee of Swedish Health Care Community, has been leading the process of elaborating the project proposal to the BSR Programme. A Project Planning Workshop was held from 20-21 January in Riga, Latvia, where 11 partners participated, representing 7 organizations from 6 countries. The project application was signed by 13 partners from 7 countries and 5 Ministries of Health acting as Associated Partners. Total project budget: € 2,644,000.

ImPrim project application has been approved by the Baltic Sea Region Programme 2007-2013 Monitoring Committee, and was accepted for funding among 17 projects.²⁶

A complicating factor in the project application was the inability of the European Commission and the Russian Federation to agree on the conditions for the signing of the European Neighborhood and Partnership Instrument (ENPI) Financial Agreement by Russia. The result of this non-agreement was that Russian partners could only act as Associated Partners, and ENPI funding is not available. Russian partners had very ambitious plans to improve Primary Health care in Kaliningrad oblast, through more efficient primary health care models. They could benefit through activities planned within ImPrim project. Therefore PHC EG Chair has investigated for external funds for a Kaliningrad pilot project through the Ministries of Health of Germany, Norway and Finland, through the Ministry of Foreign Affairs in Sweden and through SEEC itself. Therefore limited funds are also expected to be available for initial activities in Kaliningrad region, which corresponds to the activities planned in the frame of the ImPrim project.

To NDPHS PHC activities corresponds funded through NDPHS Pipeline project NDPHS project ID 14: Establishing EBM and developing Quality of Care in PHC through extended networks between PHC doctors and nurses in Northwest Russia, implemented by Blekinge Centre of Competence (project leader Dr. Ingvar Ovhed). The overall objective of the project is to use networks between doctors and nurses in Russia, Sweden and other Nordic and Baltic countries to strengthen the quality of primary health care. Approximately budget planned for 18 months is 92 000 Euro, and the main project donor is the Ministry of Health, Finland. Project time frame ranges from July 2008 to December 2009. The project has several subprojects:

- Subproject 1: audit for nurses in Murmansk, Archangelsk, St. Petersburg, Pskov and Kaliningrad on Hypertension and life-style advice. During 2008 this subproject was reported to the participants with follow ups in all five regions – Murmansk, Archangelsk, St. Petersburg, Pskov and Kaliningrad. Moreover, this project was focused on during spring 2009 and a part of the Norwegian activities in Archangelsk region, presented at the WHO-minister meeting in Oslo April 1st, 2009.
- Subproject 2A: family doctors audit on antibiotic treatment of acute respiratory infections (3685 consultations registered by 39 family doctors in Murmansk, Archangelsk and Pskov (in Kaliningrad they had parallel the same audit in the EU-project”Happy audit”). During 2009 the registration and follow up activities were carried out in Murmansk, Archangelsk and Pskov regions. Hopefully there will be a possibility to have a second registration in 2010, financed by other sources.
- Subproject 3: the audit: ”Treatment of Hypertension and Diabetes. All regions except for Archangelsk plan for a registration period from September to October 15th, 2009.

²⁶ E-news on this occasion was sent out by the NDPHS Secretariat and is available at <http://www.ndphs.org/?e-news>.

Registration is going on in Kaliningrad, Pskov, St. Petersburg and Murmansk regions. Parallel a new audit has been started in Archangelsk region on Family doctors early detection of cancer. Also nurses will take part in his partly the follow up of the cancer audit will be done in cooperation with Norwegian projects, financed by the Norwegian National Board of Health (Helsodirektoratet).

- Subproject 4. – Establishing an Audit Centre at the State University in Archangelsk”. An important milestone in this work was a one-week workshop at Blekinge Centre of Competence, where 15 doctors and nurses from Archangelsk took part, as well as colleagues from Klaipeda, Lithuania and Kaliningrad..

3. Actions taken to implement the Expert Group’s annual Work plan

The work plan is a strategy aiming at contributing to improved public health for all groups of the whole population through developing equitably accessible, high quality and cost effective primary health care in all ND countries. Action lines include:

- Promotion of healthy lifestyles by functioning health promotion mechanisms;
- Enhancement of collaboration with social and other relevant sectors and local communities;
- Strengthening holistic approach when working with patients, families and local community by primary health care teams;
- Control of communicable diseases;
- Prevention of non-communicable diseases;
- Evidence-based diagnostics and treatment of and rehabilitation after diseases and injuries.

In order to reach these objectives the following activities have been implemented in 2009:

Working Area: Framework for the PHC EG functions:

- The Chair and ITA of the PHC EG participated in Chair-ITA 8th meeting in Brussels March 3rd, 2009 and Chair-ITA 9th meeting in Vilnius, September 2-3rd;
- The PHC EG Chair and ITA of the PHC EG participated in the 15th CSR meeting in Gdansk, April 23rd – 24th;
- The ITA of the PHC EG participated in the Prison Health 7th Meeting in Vilnius February 9th, 2009;
- The Chair of the PHC EG participated in the Meeting in WHO Euro office in Copenhagen, between representatives of the NDPHS and WHO Euro;
- The 7th PHC meeting in Kaliningrad, March 5-6th - participating experts from Belarus, Finland, Latvia, Lithuania, Poland, Russia, Sweden;
- The 8th PHC meeting in Minsk, September 10-11th, - participating experts from Belarus, Finland, Lithuania, Poland, Russia, Sweden and WHO representative;
- The PHC EG Chair and ITA participated in the CSR Meeting in Riga, October 15th-16th;
- The PHC EG Chair and EG Member Simo Kokko participated in the PAC meeting in Oslo, November.

PHC EG has contributed to the NDPHS Strategy Working Group in setting up strategic goals of the NDPHS and medium term operational targets:

- (1) The PHC EG members have responded to the questionnaire developed by the SWG.
- (2) The PHC EG Chair and ITA have made proposals to the strategic document, developed by the SWG, when this issue was discussed during the EG Chairs and ITAs Meeting in Vilnius.

During the PHC EG Meeting in Kaliningrad, extensive discussions took place considering the future role of the PHC EG. Participants at the meeting supported conclusions from the Report of the Evaluation team that the EG should start planning in long term perspective (following long term plan of the NDPHS, when it will be developed by SWG and approved by CSR). Also, it was agreed that more attention should be devoted to issues of social well-being.

Working Area: Production of thematic reports and situation analyses

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 decided to 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 the PHC EG. Following the PHC EG action plan for 2009, during the meeting in Kaliningrad, March 2009, discussions have started on the topic proposed by EG member from Norwegian professor Toralf Hasvold: "Tomorrow's role of Family doctor and Nurse". The input received from PHC EG members has been summarised and a structure for the position paper on the same topic has been proposed. During the PHC EG Meeting in Minsk it was decided to narrow the focus of the position paper and mainly describe in it future competences needed for the professionals of extended PHC teams that better address future challenges. For receiving more input from the family doctors working in practice it was supported an initiative of the Finnish EG member Ms. Paula Vainiomäki to propose for the Baltic Family Medicine Conference in Piarnu (September 24-26th, 2009) workshop, facilitated by PHC EG members and ITA.

4. Other actions taken by the Expert Group (not covered in item 3)

The Prison Health Expert Group invited all EGs to provide their input to the PAC Meeting's side event devoted to Prison Health. The ITA of the PHC EG participated in the Meeting of the Prison Health EG in Vilnius, February 9th, to get background information about the planned event. During 7th Meeting in Kaliningrad PHC EG members discussed problems and opportunities in relation to primary health care for prisoners/ex-prisoners. It was agreed that the PHC EG should contribute with the expertise from primary health care perspective on how to improve health care of prisoners and continuity of care for ex-prisoners. The EG Member from Finland, Mr. Simo Kokko, provided further input with his comments to the Prison Health Declaration and prepared the presentation for the side event.

The PHC EG Chair, on behalf of the Expert Group, provided input for the CSR Chair speech for the 2nd Stakeholder Conference on the EU Strategy for the Baltic Sea Region (5-6 February 2009, Rostock-Warnemünde, Germany).

5. Strengths and opportunities

- Primary health care again is a priority issue in BSR and European countries;
- PHC EG members representing differently organized PHC, and having diverse professional background, have the opportunity to share experiences of ongoing PHC development in their respective countries and to find solutions on how PHC could better contribute for equity, cost containment, comprehensiveness and health care quality;
- Initiated by PHC EG Flagship project ImPrim has been accepted for funding among 17 projects approved by the Baltic Sea Region Programme 2007-2013 Monitoring Committee;
- Membership commitment and continuity is generally good;

- The EU Strategy for the Baltic Sea Region highlighted primary health care, with possibilities for Partnership to coordinate health activities;
- The developed ImPrim project is in line with priorities in BSR countries and Russia, Belarus;
- The number of development ideas in the expert group is increasing;
- The responsibility of PHC EG members for implementation of the ideas is increasing;
- Position paper as an opportunity to integrate ideas from different countries on future PHC role and trends for development.

6. Obstacles and weaknesses

- Social well-being is not sufficiently addressed;
- Lack of representatives from other PHC team members (like nurses, social workers);
- Lacking long term funding for ITA and group activities;
- Funding for member participation is not always available which is an obstacle for sustainable participation of members from some member countries (Estonia, Latvia).

7. Conclusions and recommendations

7.1. PHC EG will finalize discussions on the long term perspective of PHC EG, following the long term plan of the NDPHS, when it is developed by the SWG and approved by the CSR.

7.2. The Expert Group could take a more active role in appraising project applications when applied through the NDPHS Project Pipeline. Also, the PHC EG could be more active in monitoring and evaluating the results of projects and activities implemented under the Partnership initiative, in order to ensure that the donor financing be allocated in a way that achieves maximum results

7.3. Policy conclusions should remain an important area of work of the PHC EG. The position paper on Tomorrow's role of Family doctor and Nurse in ND Region should include practical recommendations for PHC organization and for future competences needed for the professionals of extended PHC teams that better address future challenges of health care systems.

7.4. Good experiences from workshops and seminars with national representation during the last two EG meetings should continue and PHC EG should provide expertise (and/or initiation of projects) to address priority PHC problems in targeted countries. As an example resulting from the Kaliningrad workshop, a project with Norwegian partners has been initiated and a seminar for Kaliningrad Health Care Minister and health care administrators has been organized in Klaipeda, Lithuania, on the experience of introduction of private PHC in-dependent contractors

7.5 The World Health Report 2008 is an important document which underlines the importance of PHC to address new challenges of health care systems. The PHC EG should, as appropriate in the ND countries, use the report as a starting point for concrete policy conclusions and initiation of projects for strengthening PHC in the ND region.

7.6. Partners who do not take part in the work of the Expert Group should be encouraged to participate on a continuous basis.

7.7 PHC EG welcomes the preliminary offer from the European Commission to the NDPHS to coordinate health and social well-being activities under the BSR programme. The Expert Group will take its responsibility in supporting the Partnership in this task.

PH Expert Group Progress report for 2009

1. Expert group leadership and co-ordination

1.1 Lead Partner and Co-Lead Partner

Norway is the Lead Partner of the PH EG. So far, no vice chair or co-lead partner has been elected.

1.2 International Technical Advisor

The Lead Partner of the PH EG has employed Mr. Zaza Tseretelli as the ITA of the PH EG from 17 March 2008.

1.3 Financial resources

The Lead Partner has ample funding in place for the leadership and for employment of an ITA.

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group

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During the reporting period three meetings of the Expert Group were held: in Vilnius, in Helsinki and in Oslo. Participation at those meetings has been as follows:

- Vilnius (February): Canada, Finland, Germany, Latvia, Lithuania, Norway, Poland, Sweden, WHO HIPP, Eurasian Harm Reduction Network (EHRD), University of Bremen, HIV/AIDS EG, PHC EG;
- Helsinki (June): Finland, Germany, Norway, Poland, Russia, Sweden, FILHA (Finland);
- Oslo (November): Canada, Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, Russia, Sweden, WHO HIPP.

New members to the PH EG have been nominated (Denmark, Estonia and Russia).

1.2 Participation of Partners in EG project-based activities

Members of the PH EG have contributed to developing the Project Proposal on Female Prisoners for the submission to the Baltic Sea Regional Initiative.

Members have contributed to the preparation of NDPHS input towards EU Strategy for the Baltic Sea Region.

Members of the PH EG have developed a draft Oslo Declaration on Prison Health for adoption by the Ministers of the different NDPHS countries at the Ministerial Meeting at the Partnership Annual Conference (PAC).

3. Actions taken to implement the Expert Group's annual Work Plan

Following the responsibilities of the PH EG's Work Plan, the following activities have taken place during the reporting year (January-December, 2009) in chronological order:

The PH EG has met three times: In Vilnius (February 9-10, 2009), Helsinki (June 16-17, 2009) and Oslo (November 23-24, 2009).

January: the Chair and the ITA participated in a joint meeting with the Norwegian Lung Health Association (LHL) and the Finnish Lung Health Association (FILHA). The meeting took place in Oslo on January 23. In the meeting the participants discussed the activities implemented by LHL and FILHA in Northwest Russia, and the possibility to develop a joint program on the management of HIV and TB co-infections in the prison settings of NW-Russia.

Mr. Anders Nystedt, Sweden, participated in a meeting organized by Stockholm County related to the upcoming Swedish Chairmanship of the EU. The aim of the meeting was to discuss and identify the possible topics for joint projects of Stockholm County and the Russian health institutions. Among other topics, prison health issues were discussed. It was decided that antibiotic resistance (including TB MDR issues) would be the main field of collaboration.

February: the Chair together with the ITA participated in a meeting with WHO, which took place in Copenhagen, Denmark on February 2. The purpose of the meeting was to exchange information on current activities implemented by WHO HIPP and NDPHS PH EG, and to discuss possible collaboration during 2009. One of the topics discussed was the side event related to prison health, which would be organized in Norway at the end of 2009, and WHO participation in that meeting.

The Chair and the PH EG members **Olga Zeile**, Latvia, **Ursula Scheben**, Germany, and **Anders Nystedt**, Sweden, participated in the International Conference on Prison Health at

the 90th anniversary of the Lithuanian Penitentiary system. PH EG was in charge of organizing and co-chairing of the main session of the meeting related to Harm reduction activities in prison settings.

The EG members were actively involved in drafting of the strategic actions in the field of Prison Health, for inclusion in the NDPHS Strategy and its accompanying Action Plan. This document was prepared for submission to the European Commission, for an EU Strategy for the Baltic Sea Region.

March: the ITA participated in a joint meeting of NDPHS Expert Group Chairs and ITAs, which took place in Brussels, on March 3. Expert Groups' progress, future activities, and involvement in other NDPHS activities were discussed. The ITA updated the meeting participants on preparations of the forthcoming PAC 6 side event on Prison Health. The ITA also informed the meeting participants that PH EG is developing a draft Declaration on Prison Health that would be presented at the PAC meeting for adoption.

The ITA participated in the working meeting of HIV/AIDS EG, which took place in Ottawa, Canada, on March 18-20. The discussions during the meeting were around the TB/HIV co infections, and a big part of it was related to the prison settings. The representative of the Canadian Correctional services made a special presentation of the issue.

Ms. Birute Semenaite, Lithuania, participated in the 1st Conference of the Connections Project "Joining the Dots: criminal justice, treatment and harm reduction" 25-27 March, Krakow, Poland.

Ms. Rauni Ruohonen, Finland, visited Murmansk Oblast on 9.-13, March, in the frame of the Murmansk TB/HIV project:

The members of the EG responded to the questionnaire, developed by the Strategic Working Group (SWG), related to the future role of EGs within the NDPHS.

April: The Chair together with the ITA participated in the CSR meeting, which took place in Gdansk, April 23-24. The aim of the meeting was to exchange information on current activities implemented by the NDPHS partner countries, and to discuss the preparation for the upcoming PAC meeting.

The day before the CSR meeting, they also participated in **the ad hoc Strategy Working Group (SWG)** meeting. This was the third meeting of the SWG, and the main issues discussed were: Mid-term vision and goals, strategies and policies, and other Expert Group related matters. The Chair and the ITA presented PH EG vision on the future role of the EG, and the possible areas of activities.

The Chair together with the ITA, Mr. Andres Skulberg, Norway, (the Ministry of Justice), the Chair of the CSR, (Ms. Toril Roscher-Nielsen), and the Senior advisor of the Norwegian Ministry of Health and Care Services (Ms. Vibeke Gundersen) had a special meeting in relation to the preparation of the side event on Prison Health. The preparation of the draft declaration, the meeting programme, and other administrative issues were discussed, and future steps towards preparation were agreed upon.

The ITA visited Belarus. Meetings with the Deputy Minister of Interior affairs, and the Head of Medical Services of the Penitentiary system were held. The Prison Central Hospital was visited, and ongoing activities and projects were discussed. Belarus expressed its willingness to deepen its contact with the NDPHS, and proposed some interesting topics for collaboration in the field of Prison Health. Meetings with SIDA representative in Belarus, UNDP and local NGOs, working in the prison settings, were also organized.

Ms. Ursula Scheben, Germany, participated in the 4th European meeting of German speaking countries on AIDS help (Gesundheitsförderung in Haft), which took place in Vienna, Austria, on April 15-17. The representatives of Germany, Austria and Switzerland exchanged information related to the good practices of HIV and AIDS treatment, and discussed issues related to drug addiction treatment, including in prison settings.

Ms. Birute Semenaite, Lithuania, participated in the 5th European Conferences on Clinical and Social Research on AIDS and Drugs, which took place in Vilnius, Lithuania, on April 28-30. She also participated in the ENCAP Transactional meeting on Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS prevention among IDUs and Bridging Population (ENCAP). This meeting also took place in Vilnius, Lithuania.

Ms. Rauni Ruuhonen, Finland, participated in the training course and seminar organized in the frame of the St. Petersburg and Leningrad region TB, on March 30 – April 4.

The PH EG prepared a first draft of Mid-term goals - by request of the SWG -, in order to facilitate the development of the NDPHS working strategy for the next 4 years (2010-2013).

The PH EG prepared a first draft of the Oslo Declaration on Prison Health. It was decided that the title of the side event would be “**Good Prison Health – Better Public Health - Safer Society**”. The aim of this one-day event would be to generate discussions about the health needs and health risks of prisoners in the Penitentiary establishment and after release, and offer policy-makers some recommendations how to improve the Prison Health care system.

May: the Chair participated in the meeting of the Expert Group on “**Social Inclusion, Healthy Lifestyles & Work Ability**” (“**EG on SIHLWA**”), which took place in Östersund, Sweden, on May 4-5. In this meeting she briefed the SILWHA group members on the activities of the PH EG, and informed them on the side event on Prison Health, which will take place in Oslo, November 2009. Invitation to participate in the side event was given. She proposed the group nominate a presenter and a topic of its possible presentation at the side event. The possibilities to further explore how to increase collaboration between the respective EGs were also discussed.

The ITA participated in an international conference “Identifying Europe’s information needs for effective drug policy”, which took place in Lisbon, on May 5-7. This conference, commemorating 15 years of monitoring Europe's drug phenomenon, underlined the need for rapid and innovative responses to Europe’s changing drug problems, including in prison settings. In connection with the conference, a meeting with the Senior representatives from EMCDDA was held, and they were invited to participate in the side event which will be organized by NDPHS in November. The invitation was accepted, and EMCDDA representatives also agreed to give a presentation.

The ITA also met with the representatives of the Ministry of Health and the Ministry of Justice of Portugal. Their possible participation in the work of the PH EG was discussed and in principle agreed upon. It was also decided that the representative of the Ministry of Justice of Portugal would participate in the Oslo Side event on Prison Health.

Mr. Andreas Skulberg, Norway, participated in the official visit of the Norwegian Ministry of Justice to Russia, and the meeting with the Russian counterpart, which took place in Moscow. During the visit a meeting with the Head of the Russian Federal Correctional Services was organized, and issues related to the nomination of a Russian Representative to the PH EG were discussed. The agreement to nominate a Russian representative was reached. Ms. Alla Kuznetsova, the First Deputy Head of Medical department of the Federal Correctional Services of Russia, was nominated to the PH EG.

Mr Anders Nystedt, Sweden, gave two presentations “International experience and methods of active HIV prevention” and “Epidemiological situation and HIV/AIDS & TB care system in the Nordic countries” at a meeting in Kaliningrad, Russia – Interdepartmental collaboration to combat communicable diseases (HIV/TB) in the NW of Russia. The government of the Kaliningrad Region of Russia, the Federal Public Health Institute of Moscow, and the Nordic Council of Ministers/Nordic Council arranged this meeting.

Ms. Rauni Ruohonen, Finland, visited Murmansk Oblast on May 1-5, in the frame of the Murmansk TB/HIV project.

Due to changes of the staff of the Estonian Ministry of Justice, a new member, **Ms. Mari Aaremae**, was nominated to represent Estonia in the PH EG. The ITA met with the representatives of the Ministry of Justice of Estonia, where the new member was introduced, and fields of future cooperation were discussed.

June: the Ministry of Justice of Denmark nominated **Mr. Knud Chr. Christensen** as a Danish representative to the PH EG. Mr. Christensen is a chief physician at Copenhagen Prisons and Dept. of Prison and Probation, and was chairman of PH EG under the TF of CBSS 2003-2004.

The PH EG has revised and developed a second version of Mid-term goals, so-called Strategic goals, for the next 4 years of activities in the Prison Health field.

The PH EG has revised and developed a second version of the Oslo Declaration on Prison Health. The draft version was distributed among the NDPHS EGs and partner organizations for their comments and inputs. Discussions were held with the Chairs of the other EGs, in order to indicate the possible topics of their presentations at the Oslo side event on Prison Health.

The ITA together with the Head of NDPHS Secretariat participated in the working meeting of South East European Health Network (SEEHN), which took place in Bucharest, on June 24-27. Presentation on the activities of the PH EG was delivered to the participants of the meeting, and possible fields and ways of collaboration were discussed. Information on PH EG activities was also shared with the representative of the European Parliament in Strasbourg. The members of SEEHN were invited to participate in the Oslo side event on Prison Health, and to give a presentation.

The Chair had a working meeting with the Head of the CSR, the Norwegian CSR member, and representatives of the Ministry of Justice of Norway in order to discuss preparations for the Side event on Prison Health in Oslo.

Ms. Rauni Ruohonen, Finland, participated in 44th Nordic Lung Congress in Aarhus, Denmark, June 11-13. The meeting provided an opportunity for physicians, researchers, nurses, physiotherapists, and other allied health professionals from the Nordic and the Baltic region to present and share experiences in respiratory health care and research from a Nordic perspective. She also visited St. Petersburg, in the frame of the St. Petersburg and Leningrad region TB, on March 30 – April 4.

Ms. Birute Semenaite, Lithuania, participated in the Second meeting of ENCAP, Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS prevention among IDUs and Bridging Population (ENCAP), Coordination and Transnational meeting, which took place on June, 10-12, in Narva-Joesuu, Estonia.

July: **The Chair and the ITA** visited Denmark in order to meet with the representatives of WHO HIPP and to discuss the draft Declaration on Prison health, including the WHO participation in the Side event. It was decided that WHO HIPP would have a presentation at the event, and give an overview of the prison systems in Europe. The preparation for the

HIPP meeting in Madrid was also discussed, and PH EG member participation in this meeting was agreed.

The Chair together with ITA met at the same time with the newly nominated Danish member of the EG, and together with him visited the Copenhagen Prisons, Vestre Fængsel. Mr. Christensen was briefed on the current activities of the PH EG, and issues related to the preparation of the Side event in Oslo.

The Chair together with ITA and the Norwegian CSR member had a meeting with the representative of the Ministry of Justice of Norway in order to discuss the preparations for the Side event on Prison Health. It was agreed that the Norwegian Minister of Justice would send an invitation letter to his colleagues in the NDPHS Partner countries, inviting them to participate in the Oslo Side event on Prison Health.

The ITA visited Lithuania, Latvia and Poland. Meetings with the representative of the Ministry of Justice, the representative of the Ministry of Health, the CSR member, and the member of the PH EG were held. The main issue of the discussions was the revision of the draft Declaration on Prison health. The Ministry of Justice and the Ministry of Health were also informed on the Strategic goals as well as the possible future activities of the PH EG. In those discussions Poland has expressed its willingness to host the meeting of the PH EG in 2010, in Gdansk.

The ITA had also the similar type of meeting in Estonia.

September: the Chair and the ITA participated in the 9th meeting of the Chairs and ITAs of NDPHS. The meeting took place in Vilnius, on September 3. Among the many issues discussed were the preparation of PAC and the Side event on Prison Health, and the preparation of NDPHS Strategic Goals for the next 4 years. The Chair of the SWG updated the meeting participants on the work of SWG.

The ITA together with the Lithuanian representative of EG participated in the 4th International conference «Actual problems of penitentiary medicine». This conference took place in Minsk on September 8-10,, and was organized by the Ministry of Internal Affairs of the Republic of Belarus in cooperation with the project of Global Fund «Support the government program “Tuberculosis” in the Republic of Belarus».

Ms. Birute Semenaite, Lithuania, participated in the training organized by Training Academy in Barcelona, Spain, on 14-18 September. The topic of this training was Connections, Integrated responses to drugs and infections across European criminal justice systems.

Ms. Rauni Ruohonen, Finland, took part in the evaluation of the project "Strengthening TB control in Arkhangelsk region including prison" from 24.8. - 3.9.

October: The Chair and the ITA participated in the 16th meeting of the NDPHS Committee of Senior Representatives. The meeting took place in Riga, Latvia, on October 15-16. In the meeting the CSR members were updated on progress made by the EG, and the future action plan was presented. The draft Oslo Declaration on Prison Health was discussed, and its submission to the Ministerial meeting of the PAC was approved.

The Chair and the ITA and several members of EG have participated in HIPP Network Meeting and International Conference 'Prison Health Protection'. The conference took place on October 27-31, in Madrid, Spain. The two-day International Conference 'Prison Health Protection' on 29-30 mainly focused on blood borne viruses and other communicable diseases.

November: A one-day Side event (conference): GOOD PRISON HEALTH – BETTER PUBLIC HEALTH – SAFER SOCIETY – was organised by the PH EG in Oslo, Norway, on

November 24, with the purpose to advance the view and understanding of correctional facilities as public health stations that have a significant impact on the health status of the community at large, including the development of a safer society. Representatives of all Partner countries, invited guests from Canada and Portugal, and also International organisations took part in this event. At the end of the meeting the participants approved a conference Declaration (which was elaborated in close collaboration with all Expert groups and NDPHS partner countries). The Declaration was later submitted to the Ministerial meeting (PAC).

The Chair and the ITA took part in the Partnership Annual Conference (PAC) of the NDPHS, which was hosted by the Norwegian Government in Oslo on November 25.

During the reporting period **the Chair and the ITA** had several meetings, both separately, or together with the Ministry of Justice in Norway, the Ministry of Health and Care Services, and the Directorate of Health and Social Affairs, in order to discuss the preparation of the PAC Side event, and also to elaborate the possibilities for project planning in North West Russia.

Intensive work has also been undertaken in order to establish, broaden, and engage more extensively a network of partners, including Prison authorities from Belarus, Portugal, and countries representing SEEHN. Several meetings and activities were held in close collaboration with United Nations organizations (WHO, UNODC) and non-governmental organizations (NGOs) working in the field of prison health. Because of this networking, representatives of all the above countries and organizations have participated in the working meetings of the PH EG.

In the meetings in the NDPHS Partner countries with representatives of the different Ministry of Justice undertaken by the Chair, ITA and the EG member of the respective country, discussions revolved around a number of themes related to the future plans of reforming the prison health care services. One of the main topics was related to possible problems in offering the adequate health care services to the inmates due to the budgetary cuts, resulted from the economical crisis in the Partner countries. Even if several problems were foreseen, it was decided, and agreed that the next years will be used for a detailed assessment of the Prison Health care services in the respective countries, in order to prepare plans for the future development after the crisis will come to an end. This agreement was elaborated in the Strategic Goals of the PH EG for the next 4 year of activities.

The PH EG, based on discussions within the group and with the representatives of the Ministries of Justice of the Partner countries, has developed a project proposal on HIV/AIDS Prevention among female prisoners, in order to submit for financial support to the Baltic Sea regional program. However, due to the drastic changes in the state budget lines related to the Penitentiary system, it was decided to postpone the submission of the proposal. According the rules, the countries participating in the possible project were due to co-finance the project. It would be most problematic to cover the first year by the participant countries (it would then be reimbursed by the Financer). Due to the budgetary cuts, countries were unable to fulfill these requirements.

4. Other actions taken by the Expert Group

4.1 Project-based activities

The PH EG has not completed any of its own projects, except for the Oslo Declaration on Prison Health. The individual members of the Expert Group are however active in research or other project-based activities on a local or national level.

4.2 Non-project based activities

Members of the Expert Group from different countries are actively involved in many projects and programmes currently being carried out in their respective countries and internationally. For example Ms. Birute Semenaite (Lithuania) is involved in the following projects: a) Connections, Integrated responses to drugs and infections across European criminal justice systems; b) UNODC project HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania; c) Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS prevention among IDUs and Bridging Population (ENCAP)

Ms. Ann Marie Hume and the Correctional Service of Canada (CSC) have been very active in preparing for the H1N1 influenza situation. CSC is developing a public health strategy for federal inmates and has undertaken an environmental scan of select prison health systems. As well, CSC are implementing an infectious disease strategy for women offenders and completing an Aboriginal Health Strategy.

Ms. Olga Zeile (Latvia) is taking active part in the Project "HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania", established in 2006 (funded by the Dutch government).

The goal and objectives of the project are extremely relevant to the responses to HIV and AIDS in each of the three countries. HIV transmission in each of these countries is strongly related to injecting drug use, and prison settings represent both an environment in which HIV transmission can occur and a context in which people living with HIV are found disproportionately. There are many barriers to the introduction of effective HIV prevention measures in prison settings. Nevertheless, the project has already placed the issue of harm reduction measures in prisons on each country's agenda. It is hoped that, in the next two years, this increased conversation and dialogue will lead to concrete actions, such as the introduction of opioid substitution therapy in prison settings.

Ms. Rauni Ruohonen (Finland) has been actively involved in development and implementation of the project "Fighting tuberculosis in St. Petersburg and Leningrad Region". This is a joint new project of the Finnish Ministry of Justice and the Ministry of Social Welfare and Health, which is implemented by FILHA. She took part also in preparation of the new project "TB/HIV collaboration in Murmansk region 2009 –2012".

The Chair, the ITA and the WHO representative of the EG have regularly provided the Partnership's website/database with information and publications related to International Prison health.

5. Strengths and opportunities

Currently, representatives of 12 countries (all Partner countries of NDPHS, except Iceland), and WHO, are represented at the EG on PH. In 2009, representatives of Russia and Denmark have joined the group. During the previous years several project proposals and ideas were coming from Russia. It was impossible to discuss them due to the absence of a Russian member in the PH EG. The current nomination of one of the top decision makers within the Federal Penitentiary system of Russia provides a good opportunity to enlarge the scope and range of activities in this region. Portugal, although it is not a Partner country, has expressed its interest to participate in the meetings of PH EG.

The PH EG was actively involved in networking with the different institutions and International organizations working in the field of prison health. They were invited, and have participated in the meetings of the PH EG, bringing their knowledge and experience, and sharing it willingly with the Partner countries. The PH EG has established contact with the

SEEHN, and started to elaborate the field of possible cooperation with countries of this network.

Each member brings a government-level commitment to exchange experiences and to produce best-practice advice, and does it in a very open, friendly, and professional style. The PH EG working meetings provide excellent opportunities for countries to bring and discuss sensitive issues related to the Health care system in the different prison settings, in order to compare their approaches and to find ways to solve possible problems. The PH EG is in close contact with other EGs of the NDPHS. The issues, which can be of interest to other EGs, are discussed and analyzed in a collaborative style.

The PH EG has the advantage of enjoying close co-operation with the Lead Partner Norway. This close collaboration was of utmost importance while preparing the Side event on Prison Health at the PAC meeting. Close collaboration was established with the Norwegian Ministry of Justice, who became one of the main organizers of the Side event.

The PH EG has established a good working relation with the CSR, which has been an important supporter of the preparation of the Oslo Declaration on Prison Health. The work with the CSR underlined the importance and the need of closer cooperation between the Ministry of Health and Ministry of Justice, which, as a consequence, leads to a general improvement of the Public health. This cooperation, in addition to the knowledge and experience of the CSR and PH EG members, gives a good base for forming stronger partners for those who are involved in prison health, and in general also be of importance for the NDPHS.

6. Obstacles and weaknesses

The major problem of the work of the PH EG, which is out of control of the NDPHS, is unfortunately related to the economical crisis, which seriously hit the Baltic countries. Due to this situation, representatives of those countries were mostly unable to participate in the working meetings of the EG. The contacts with those countries were kept through e-mail and phone conversations, however, their absence in the meetings, was an important obstacle to discuss several issues more in depth.

The same financial problems create an obstacle in development of closer collaboration with Belarus and the experts of this country. Lithuania, which originally was planning to allocate money for support of Belarus experts, was unable to do so. As a result, the Belarus expert was unable to participate in the meetings of the PH EG, and discussions on possible project activities were halted.

Unfortunately, the issues related to the Prison Health are still frequently seen, in some of the countries, as too specific and narrow. Improved understanding of the role of Prison health for the Public health, and political will is needed, in order to move and improve the very sensitive and important issue covering one of the most vulnerable population in our countries. Prisoners often come from the poor, deprived, and marginalized groups in any society, and these groups are particularly vulnerable to HIV, STIs [sexually transmitted infections] and TB. Proper health care, as long as the persons are detained in penitentiary establishments and then after release, will be of greatest importance in order to preserve their health conditions and physical function. This will also increase their opportunity to embark on productive activities in the society instead of continue a criminal career, and, on the long run hopefully participate in creating a safer society.

7. Conclusions and recommendations

According to the Oslo Declaration “(...)The Partnership aims at contributing to intensified co-operation in social and health development and assist Partners and Participants in improving their capacity to set priorities in health and social well-being, as well as to enhance co-ordination of international activities within the Northern Dimension area”. It means that the PH EG, in the same way as all other EGs of NDPHS, can be seen as a tool for NDPHS to implement the Oslo Declaration in practice. It also means that the different country's priorities, requests and initiatives should be seen as a major drive force for the work of the EGs, and the decisions how to act in the future to be made in close cooperation with the CSR members. In such discussions the EG can also identify needs that are not yet covered by existing activities, and then initiate, with the support of the CSR, new activities in the NDPHS Partner countries in order to improve their Prison Health care system.

Closer cooperation with the Ministry of Health representatives needs to be established within the Partner countries. It can be recommended: 1) nomination of a member to the PH EG from the Ministry of Health; 2) initiating of regular meetings between the CSR and PH EG members in order to update and exchange information on ongoing activities which are taken place in the penitentiary system.

The PH EG would like to express special thanks to the Finnish Ministry of Justice and the Finnish Ministry of Health for invaluable assistance in organising an EG meeting in Helsinki on very short notice.

Finally, PH EG would like to emphasise once again, that persons who are detained in prisons are coming from a community, many with family and friends, and will return to the same environment after release. When we focus on the health of those at greatest risk and try to achieve an improvement of their health conditions, we, at the same time, are protecting the health of the community, and as a consequence, the entire country. When we protect and improve the health of the communities and the entire country, we also promote sustainable development of the NDPHS' area, as we facilitate the improvement of general human health and social well being.

SIHLWA Expert Group Progress report for 2009

1. Expert group leadership and coordination

1.1 SIHLWA Lead Partner(s) and Co-Lead Partner(s)

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1.2 SIHLWA technical management support

SIHLWA Expert Group due to its structure of 3 sub-groups (since May 2009 tentatively 4 sub-groups after the Indigenous Mental Health, Addictions and Parenting/ IMHAP group has decided to apply for a 4th sub-group status) has decided to have a **Coordinating Chairman** for the whole group. The position of Coordinating Chairman was held since the beginning of SIHLWA's existence (November 2005) by:

Dr Mikko Vienonen
Consultant in International Public Health, M.D., Ph.D.
E-mail: m.vienonen@kolumbus.fi, GSM: +358 50 442 1877
Address: Sysimiehenkuja 1, 00670 Helsinki, Finland

International Technical Advisor for the whole group was selected and nominated in April 2008. This position was held since then and all year 2009 (40 % work time) by:

Ms Hanna Koppelomäki
International Technical Advisor (ITA)
Expert Group on Social Inclusion Healthy Lifestyles and Work Ability (SIHLWA)
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The **EG SIHLWA** consists of 3 sub-groups:

- Sub-group on adolescent health and socially-rewarding lifestyles
- Sub-group on alcohol
- Sub-group on Occupational Safety & Health

Each sub-group has their own functionaries.

1) Sub-group on alcohol²⁷

Chairperson (acting until June 2009)

Mr. Kari Paaso

Senior Expert

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Vice -chairperson

Dr. Evgeny Krupitsky

(acting until June 2009)

Chief, Department of Addictions

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Vice -chairperson

Ms. Magdalena Pietruszka

(acting until June 2009)

Senior Officer

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2) Sub-group on adolescent health and socially-rewarding lifestyles

Chairperson

Dr Mikko Vienonen

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Vice -chairperson

Dr Aldona Jociute

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370 5 273 7397 □ E-mail:

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²⁷ For the Alcohol Sub-group the chair in principle was expected to be identified from WHO-EURO cosponsoring the sub-group. Temporarily since January 2007 the group was chaired by Mr Kari Paaso (former technical adviser on alcohol for WHO-EURO). In 2009 EURO was still not able to select a successor for Mr Paaso. In the future the chairmanship is expected to return to WHO in due course. In June 2009 and Mr Paaso informed that he can no longer continue as a representative of Finland in the ALC-subgroup and hence also a new chairperson needs to be nominated..

3) Sub-group on occupational safety and health²⁸

Chairperson

Mr. Wiking Husberg

Senior OSH Specialist

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Vice-chairperson

Dr. Remigijus Jankauskas

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1.3 Financial resources for leadership

Funding for SIHLWA part time coordinating chair (consultative basis) is provided by the Ministry of Social Affairs and Health (MoSA&H) of Finland. Additionally, travel of SIHLWA functionaries to necessary administrative meetings (e.g. CSR, Chairs and ITAs meetings, etc.) are covered by the Lead Partner.

Also participants to SIHLWA expert group meetings are to some extent covered by the MoSA&H Finland budget allocation to SIHLWA, such as Finnish national experts' participation, and expenses of certain key-note speakers.

2. Partner participation in Expert Group activities

In 2009 the 7th **SIHLWA Expert Group** met in Östersund, Sweden on 4-5 May. Only sub-groups (ADO and ALC) were present because OSH sub-group had a coinciding meeting of the Baltic Sea Network of Occupational Health & Safety. However, the new IMHAP team successfully had their first meeting in Östersund and decided tentatively continue as fourth SIHLWA sub-group, if the Committee of Senior Representatives (CSR) and Partnership Annual Conference (PAC) will approve and endorse this decision. Altogether 29 persons from 9 countries attended (ADO 12, ALC 9, and IMHAP 8). The report of the 7th SIHLWA meeting (as well as reports of all previous meetings) is available on <http://www.ndphs.org/?mtgs:30>.

The 8th **Expert Group** met in Riga, Latvia on 7-9 October. It was held as a joint meeting with the Baltic Sea Network on Occupational Health and Safety (BSN). All four SIHLWA sub-groups were present and altogether XX persons attended (ADO X ALC X IMHAP X OSH X). The report of the 8th SIHLWA meeting, when finalized, will be available on http://www.ndphs.org/?mtgs,sihlwa_8_riga

2.1 Participation of Partners in SIHLWA meetings

Partners are invited to nominate participants to the biannual SIHLWA meetings, during which the three SIHLWA sub-groups meet in parallel. It is very important to have all Partner Countries and relevant organizations who have indicated their interest to participate²⁹ to do this nomination.

²⁸ For OSH sub-group the Chair is, in principle, identified from ILO cosponsoring the sub-group.

²⁹ In 2008 only Denmark and Iceland have explicitly indicated that they would not desire to send representatives to SIHLWA EG. Therefore, unless otherwise informed, the SIHLWA secretariat will not send invitation letters to them.

In the attached table the present situation after eight SIHLWA meetings is presented, aiming to illustrate how different partner countries and organizations have sent their representatives to previous SIHLWA meetings (1st Stockholm, 2nd Helsinki, 3rd Vilnius, 4th Helsinki, 5th Oslo, 6th Oslo, 7th Östersund, 8th Riga).

KEY TO TABLE: a = Alcohol sub-group was represented; b = Adolescent health sub-group was represented; c = OSH sub-group was represented

Countries & Organizations	1 st Stockholm	2 nd Helsinki	3 rd Vilnius	4 th Helsinki	5 th Oslo	6 th Oslo	7 th Östersund	8 th Riga
CANADA	a,b	-	-	a	a,b	-	d	to be added
DENMARK	-	-	-	-	-	-	-	
ESTONIA	a	a	a,b	a	a,b,c	a,c	-	
FINLAND	a,b,c	a,b,c	a,b,c	a,b,c	a,b,c	a,b,c	a,b,d	
FRANCE	-	-	-	-	-	-	-	
GERMANY	-	-	-	-	-	-	-	
ICELAND	-	-	-	-	-	-	-	
LATVIA	a	b	a,b	a,b	a,b	a,b	b	
LITHUANIA	-	a,b,c	a,b,c	a,b,c	b,c	a,b	a	
NORWAY	a	a	a	a	a,b,c	c	b	
POLAND	b	-	b,c	c	b	a,b	b	
RUSSIAN FED.	a	a,b,c	b	a,b	a,b,c	a,b,c	b	
SWEDEN	a,c	a,b	a,b	a	a,b	a	a, d	
BSSSC	N.A.	N.A.	N.A.	N.A.	a,b,c	-	-	
CBSS	-	-	b	b	-	-	-	
ILO/Russia	c	c	c	c	c	c	-	
NCM	-	b	b	a,b	b	a,b	-	
NHV		b	-	b	-	b	b	
WHO/EURO	a,b	a	a	c	a	-	-	
NordAN	N.A.	N.A.	N.A.	a	a	a	-	
GREENLAND							d	

See Attachment 3 for updated SIHLWA membership table.

2.2. EG project-based activities

- **SIHLWA Stakeholder Analysis** (started in September 2008 and was completed in October 2009): St. Petersburg, Leningrad Oblast, Republic of Karelia, Murmansk Oblast, Vologda Oblast.
- **First review of the “Health at Work” strategy**, based on a questionnaire to the Ministries of the member states and review of the implementation of the Health at Work strategy winter 2008-09. The Secretariat produced a summary of the implementation phase in seven countries March 2009.
- **SIHLWA ADO sub-group: A&DPrevY-SPb phase 2:** The Centre of Health Promotion/ Finland, A-Clinic Foundation/ Finland, Institute of Welfare & Health/ Finland, Russian Federation (St. Petersburg),: **Alcohol and drug prevention among youth 2nd phase** ended in December 2009.
- **SIHLWA OSH sub-group: ILO NW Russia OSH project 2nd phase** (2007-09): Improved OSH systems (five active NW Russia regions – Leningrad Oblast, Murmansk Oblast, Vologda Oblast, Arkhangelsk Oblast the Republic of Karelia);
- **SIHLWA OSH sub-group: 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 Services (BOHS), training and interventions in high-risk sectors, e.g. in road transport, and Barents Newsletters. The themes in 2009 of the Barents Newsletters have been: OSH profiles; Road transport and OSH; Risk assessment; Mining and metallurgy; Information and networking; and Occupational health services.

2.3. EG other activities

- **SIHLWA ALC sub-group:** Fact sheet on EIBI (Early Identification and Brief Intervention of Hazardous & Harmful use of Alcohol) in English and in Russian first to be used at the EU-Alcohol Conference in Stockholm 21-22 September and placed on the NDPHS website,³⁰
- **SIHLWA OSH sub-group: Regional OSH profiles** of five NW Russia regions (Leningrad Oblast, Murmansk Oblast, Vologda Oblast, Arkhangelsk Oblast the Republic of Karelia); participation in compilation of the National OSH Profile of the RF;
- **SIHLWA OSH sub-group: Situational analysis:** Follow-up of questionnaire to Member States concerning the implementation of the “Health at Work” strategy.
- **SIHLWA OSH sub-group: Training courses** on Risk Assessment and Management, OSH Economy, Social Partnership in the OSH field;
- **SIHLWA ADO sub-group: Facts-sheet for SIHLWA ADO** sub-group in English and in Russian (in preparation, to be finalized in 2010).

2.4 SIHLWA Projects in preparation in 2009:

- **SIHLWA ADO & ALC subgroups: EU Commission Strategy for Baltic Sea Region (fast-track) Alcohol and Drug Prevention among Youth including EIBI:** Early Identification and Brief Intervention of Hazardous & Harmful Use of Alcohol “EIBI”. Tentative areas Estonia, Latvia, Lithuania, Poland, St. Petersburg City, Leningrad Oblast, Republic of Karelia, Murmansk, Cherepovets city /Vologda Oblast, Arkhangelsk, Republic of Komi, Nenets Autonomic Area. Potential funders (tentative): Finland, Norway, EC, others?
- “PYLL” – analysis for the Republic of Karelia and/or Vologda/Cherepovets city;
- “Life at Stake” (“Na konu zhizn”) TV programme on healthy lifestyles’ impact on individual people;
- **ILO NW Russia OSH project 3rd phase (2010-11):**
- Implementing the “Health at Work” strategy in other countries.

3. Action taken to implement the Expert Group’s annual Work Plan

- **January - May:** Preparation for the 7th SIHLWA EG meeting in in Östersund 4-5//2009;
- **January – April -> 7th SIHLWA meeting May 4-5 preparation.** Important issues on the agenda were: scaling up social well-being component within SIHLWA and strategic considerations (note available), 2) upcoming EU-presidency alcohol conferences, 3) PAC-6 & prison health lifestyle challenges, 4) SIHLWA thematic papers (ADO, ALC, OSH), IMHAP – “to be or not to be?” 5) Work on the long-term meeting schedule for SIHLWA 2009 and beyond. Further discussions with Partner countries and organizations (2 per year);
- **February- April:** Scaling up Indigenous Mental Health – Addiction – Parenting following the recommendations from PAC-5 & Ottawa side event. Luleå 18/03/2009 and preparation for SIHLWA-7 May 4-5.
- **February:**

³⁰ Available in English, Polish and Russian at http://www.ndphs.org/?folder_and_factsheets.

- “EC law & trade agreements impact on alcohol policy” Riga 25-26/2/2009 (NAD & EC & SIHLWA-ALC). Was followed up in SIHLWA-7 and at Swedish EU Presidency alcohol conferences in September 2009
- Working visit to WHO-EURO on issues related to healthy lifestyles and search for synergies in our work (note for the file is available and distributed among SIHLWA-7 participants)
- Working visit to NCM/CPH: strengthen social well-being components in ADO projects. Interested in IMHAP (co-lead partner)
- **March:** participation in 8th Chairs & ITAs’ meeting 03/03/09 in Brussels focusing on the new strategic discussion
- **April:**
 - Finalization of the report of 6th SIHLWA EG meeting in Oslo in 2008 is available (including PP-presentations) on http://www.ndphs.org/?mtgs,sihlwa_6_oslo
 - Coordinating Chair participation in the 15th CSR meeting (including SWG hearing) in Gdansk/Poland 22-24/4/09.
 - “SIHLWA-WILD CARD” Life at Stake / На кону – жизнь (Na konu – zhizn’) reality TV-program promotion/adoption for Russia. SIHLWA’s role “enzymatic”. Actual work by THL/FIN, FIN Medical Association, Finnish TV, TARINATALO TV-producer. Progress surprisingly successful.
 - PYLL – Potential Years of Life Lost. Updated business proposal has been sent to Vologda Oblast.
- **May:** Coordinating Chair mission Moscow to the Federal Youth Alcohol Conference organized by the Moscow Patriarchat 20.11/5/09. SIHLWA-ADO presentation.
- **May -> September:** Preparation for the 7th SIHLWA EG report;
- **June - September:** Preparation for the 8th SIHLWA EG meeting in Riga 7-9/10/2009;
- **June:** SIHLWA-ADO member (Hanna Heikkilä) participated in the Third European Conference on Health Promoting Schools: Better Schools through Health in Vilnius/Lithuania 15-17/6/09
- **September -> December** preparation of SIHLWA Annual Report 2009.
- **September -> October:** Preparation of IMHAP official adoption and approval as SIHLWA 4th subgroup in CSR-16 and PAC-6
- **September:**
 - Participation of SIHLWA Coordinating Chair in Moscow 16-19/9/09 in All-Russian Forum “Healthy Nation –foundation for flourishing Russia. Presentation at All-Russian scientific – practical conference 17/9/09 on “Formulation of healthy lifestyle”. Title of SIHLWA presentation: The struggle towards healthy lifestyle among Russia’s northern neighbours – successes and failures”. Presentation at All-Russian scientific – practical conference 18/9/09 on “Healthy nutrition – healthy nation”. Title of SIHLWA presentation: From salt epidemics into fat and sugar epidemics – nutritional experiences from Russia’s northern neighbours”.
 - Participation of SIHLWA Coordinating Chair and ITA in the EU Alcohol conference 21-22/9/09 in Stockholm (Sweden’s EU Presidency Conference) by providing a SIHLWA /NDPHS stand, EIBI-poster, EIBI Fact sheet, and with a SIHLWA affiliated NGO “Booze Rebellion” and City of Helsinki “KLAARI” youth alcohol prevention service an exhibition and information on negative impact of alcohol advertizing on youth.
 - Participation of SIHLWA Coordinating Chair in the Global WHO Alcohol conference 23/9/09 in Stockholm following Sweden’s EU Presidency Alcohol Conference.
 - Participation of coordinating Chair and ITA in 9th Chairs & ITAs’ meeting in Vilnius 1-2/9/09 focusing on the new strategic NDPHS discussion, EU-Commission Strategy for Baltic Sea Region, upcoming PAC-6 and discussion on the renewal of EG ToRs.
- **October:** Coordinating Chair and ITA participation in the 16th CSR meeting in Riga/Latvia 15-16/10/09
- **October – December:** Preparation of the SIHLWA-8 meeting report which in due course is available (including PP-presentations) on http://www.ndphs.org/?mtgs,sihlwa_8_riga

- **October – December:** Preparation and finalization of SIHLWA Annual Progress Report 2009;
- **October -> November:** Preparing the presentation for PAC-6 side-event on the theme on “Healthier lifestyles for would-be, current and ex-prisoners – a silver bullet or a red herring”
- **November:** Coordinating Chair and ITA participation in the 6th PAC meeting in Oslo/Norway 25/11/09 and the PAC-side-event on “Good Prison Health – Better Public Health – Safer Society” Bringing in the theme on “Healthier lifestyles for would-be, current and ex-prisoners – a silver bullet or a red herring”
- **November – December:** Preparation and finalization of SIHLWA Annual Action Plan 2010 after the recommendations of the SWG have been finalized;
- **November – December:** Preparation (start) of updating SIHLWA ToR 2010 – 2013 after the recommendations of the SWG have been finalized;

4. Other actions taken by the Expert Group

Proposed Sub-Group on Indigenous Mental Health, Addiction and Parenting (IMHAP)

There are a number of indigenous peoples within the Northern Dimension with diverse cultures, and they share similar perspectives about the holism of health and well-being, connection to the land, and social cohesion related to the strengths of their cultures. Indigenous peoples also share some similar risks to health, including higher rates of suicide and mental illness.

On November 20 - 21, 2008, as a side event to the PAC-5 meeting in Canada, the First Nations and Inuit Health Branch, Health Canada, hosted a one and one-half day meeting on the Health of Indigenous and Remote Northern Communities to further explore how to increase involvement and discuss tools and approaches to advance the health of Indigenous and remote northern communities within this international partnership. The purpose of the meeting was to further explore and develop priorities for an NDPHS shared international agenda on the health of Indigenous and remote northern communities. A total of sixty nine people attended the meeting including members of the Committee of Senior Representatives NDPHS, thematic experts; a presenter from Alaska, United States of America, the Chairs and Technical Advisors of the four NDPHS Expert Groups, Indigenous representatives from the Assembly of First Nations, Inuit Tapiriit Kanatami, the Inuit Circumpolar Council and member countries in addition to officials from Health Canada, Correctional Service of Canada, and the Public Health Agency of Canada.

The meeting resulted in topical priorities for future work: mental health and addictions, primary healthcare delivery, communicable diseases, and nutrition. In addition to the priorities for indigenous health developed at the meeting, there has been a proposal tabled to create a new sub-group to focus on Indigenous Mental Health, Addiction and Parenting (IMHAP). This is supported by the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability, SIHLWA and the First Nations and Inuit Health Branch, Health Canada. The NDPHS Committee of Senior Representatives was informed of these plans at their April 2009 meeting, as well as with the NDPHS Strategy Working Group.

Since April 2009, work has begun to develop an agenda of work, based on the priorities set during the Ottawa meeting in November 2008. This sub-group is being chaired by Eric Costen, Director of the Mental Health and Addictions Division of the First Nations and Inuit Health Branch, Health Canada. Maria-Pia de Palo, from the Nordic Council of Ministers has expressed interest in co-leading this work. The IMHAP Sub-Group met for the first time in May 2009 at the semi-annual Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA) meeting in Östersund, Sweden.

The next steps are to build consensus on the Goal Statements and Objectives at the IMHAP meeting in Latvia in October 2009, and to advocate for the approval of the IMHAP as a Sub-Group of the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Abilities. Additional work planned for completion by the end of this year include a factsheet on IMHAP, share knowledge and information about successful work in indigenous health, and to broaden out the IMHAP membership.

Proposed IMHAP Goal Statement and Proposed Activities

To strive to improve mental health (including increased resiliency, self-esteem, hope), prevent addictions (including harm reduction- and abstinence-based approaches), and promote child development and family / community health (supporting Indigenous family values, structures, restoring parenting skills) among Indigenous people, NDPHS countries shall:

- 1) Focus policy and financial efforts on the social determinants of public health (with a particular attention on education as a key determinant of health).
 - Work to preserve and promote Indigenous culture in a global environment.
 - Explore impacts of loss of culture and strategies for preserving cultural practices as experienced by Indigenous peoples.
- 2) Increase awareness and public education among non-Indigenous people of the history, culture, and strengths of Indigenous people.
 - Develop strategies for data and knowledge sharing. Identify media and public awareness strategies.
- 3) Promote culturally safe approaches, including in adapting health services, government structures and processes.
 - At the 8th SIHLWA meeting 7-9/10/09 Sweden presented on Sámi experiences, and Finland presented on “D.R.O.P.”, the Sámi substance abuse program.
 - Explore opportunities to hear from The Sámi National Centre for Mental Health, and its programs, including the “The Family Ward”.
 - Discuss the implementation Indigenous and/or culturally specific tools for mental health, addiction, and parenting supports.
- 4) Engage Indigenous people in decision-making processes and increasing their control in designing and delivering services.
 - Within SIHLWA, continue to advocate the underlying principle of striving to ensure the meaningful engagement of Indigenous peoples as equal partners in the group.
- 5) Value Indigenous knowledge as an important element of evidence informed decision making, and facilitate its exchange.
 - Explore the role of traditional healing, parenting methods, and other cultural approaches to mental health.
- 6) Provide services that meet Indigenous people where they are in a language that they understand.
 - Identify methods in preventing suicide contagions among Indigenous youth.
 - Consider gender differences in promoting resiliency.

Activities that cut across all six objectives include:

- Work with the Council of Senior Representatives to attract new IMHAP membership, with Norway identified as a priority.
- Develop an IMHAP fact sheet to share information about the sub group and relevant issues.
- Present information on the status of Indigenous mental health, addictions and parenting issues from the IMHAP member countries.

5. Strengths and Opportunities

- The NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Abilities has a considerable strength in its 4 sub-groups (ADO, ALC, IMHAP and OSH). The three old sub-groups (ADO, ALC and OSH) have had a clear agenda and a strategic Action Plan for 2009. The establishment of a new group focusing on the indigenous people's health and based on PAC-5 Ottawa elaborations has brought a new element in this work. SIHLWA in fact is "four in one", which makes it unique among NDPHS Expert Groups;
- The IMHAP sub-group is garnering interest from a wide range of countries, and represents an opportunity to build partnerships with indigenous groups. With IMHAP as a proposed fourth sub-group of SIHLWA, the voices of indigenous peoples will add to the richness of the NDPHS.
- The flagship projects of each sub-group have been under strong development process in 2009. The OSH sub-group has actively implemented the NW Russia OSH project already in its 2nd phase. The ADO sub-group has, in 2009, started the 2nd phase of its Alcohol & Drug Prevention among Youth in SPb. The 1st phase (2007-08) was funded by Nordic Council of Ministers and the 2nd phase is funded by MoFA/ Finland (81 000 Euro). The project has focused on journalists and decision makers and for strategic management of change. Three Russian NGOs have implemented grass-root level action in schools, vocational schools and in the streets.
- The ALC sub-group has been in a quieter period after implementing the feasibility project on EIBI (Early Identification & Brief Intervention on Hazardous & Harmful use of Alcohol in SPb). The project revealed that there is not enough preparedness in SPb or Leningrad region to move into EIBI project piloting in PHC or narcological institutions, so that a feasible project plan could be prepared. But the doors seem to be more open to experiment EIBI through social sector, which would be a new and innovative opening. It may be that the EU-Commission Strategy for Baltic Sea Region and suggested fast track project on Alcohol and Drug Prevention among Youth as a joint effort with ADO and ALC subgroups could be a viable and challenging option. We would need to broaden the scope beyond NW Russia and include also Estonia, Latvia, Lithuania and Poland in the effort. We would need to follow the pattern provided by the PHC EG who had a consultant helping them with project preparation for EU. Present resources in SIHLWA would not be able to provide as much expertise and time as would be needed.
- The OSH sub-group has been able to take advantage of the opportunity provided by the PAC 4 Conference in November 2007, when a "Health at Work" strategy was developed and adopted. The OSH group did not remain resting on its laurels, but has continued to follow up with countries the outcome on how they have so far implemented (or planned to implement) the "Health at Work" strategy, which they all had adopted in November 2007;
- In 2009 again the unique opportunities of SIHLWA members having one "leg" close to ministerial and other decision makers, and the other "leg" close to implementing agencies and NGOs were demonstrated. Several of our members have had the opportunity to provide information and strategic proposals to our governing bodies when it comes to strategic issues on alcohol, tobacco, nutrition and accidents, in summary chronic lifestyle-related non-communicable diseases;
- SIHLWA members have successfully been able to advocate our mission through using *ad hoc* opportunities provided by other actors, who have wanted to use our experts and networks. For example such opportunities have been Circumpolar Public Health advocacy, alcohol issues during the EU-Conference on alcohol, Russian Federation conferences focusing on alcohol, tobacco and healthy lifestyles, and many others (see chapter 3).

6. Obstacles and Weaknesses

- As before, the biggest obstacle for more successful operative work of SIHLWA and its sub-groups is the fact that the Expert Group does not have a clear operational budget, but rather secretarial and coordinative functions are covered directly by the “Lead Partner” (MoSA&H/Finland), such as the recruitment of Coordinating Chair and International Technical Adviser and their operational expenses. In organizing meetings this is not a major problem, but urgent needs for the NDPHS Secretariat and meetings often exceed the time allocated (purchased) by the Lead Partner. This leads into a situation whereby SIHLWA functionaries are expected to work as if they were in a full time employment, and leads in practice into situation when at times they operate as “volunteers”. As there seems to be tendency that burden of work is increasing, this mode of working on the long run may become unsustainable;
- Linking with the above mentioned lack of operational funds, tasks which are necessary but not clearly “projects” suitable for funding, for instance through the “pipeline” or other donor arrangements, we either need to expect from our Partners volunteer unpaid work, or improvise *ad hoc* arrangements. A typical example of this time of activity would be the elaboration and updating of SIHLWA thematic papers for the Database. They are important for all actors and members, but someone needs to coordinate and edit the information, which SIHLWA partners could provide. An operational budget, e.g. 10,000 € per year, could greatly enhance this type of activity;
- There are some Partner countries and Organizations who have been very helpful and flexible in providing their representatives with funds for attending SIHLWA meetings. Unfortunately, this is not a rule throughout the range. As has been emphasized by the NDPHS governing bodies (CSR and PAC) and the Senior Representatives, Expert Groups are the most important operational tool for the whole NDPHS. Yet, when it comes to identifying their representatives and supporting their travel to the meetings, we have several times embarked in overwhelming difficulties. It goes without saying that a country cannot function effectively or get the benefit out of the work if their representatives cannot attend the meetings. The senior representatives also play an important role in identifying and nominating the right persons from their countries, but unfortunately, this task is not always properly fulfilled. Another problem is frequent changes of representatives, which can be understood because of frequent turn-over of expert staff in countries. Obviously, this is beyond the power of senior representatives. However, when a new expert is nominated they very seldom receive proper briefing for the task and aims of the NDPHS;
- Linking with the above mentioned draw-backs in the briefing of Expert Group’s representatives in their own countries, we have also noticed that there may be false expectations as to what SIHLWA is all about. We here in the SIHLWA Secretariat also need to improve our briefing to newcomers that the process aims at giving and taking. Most of “SIHLWA-related work” should actually take place on their home front, not just during SIHLWA meetings *per se*;
- For SIHLWA (especially the ALC and ADO sub-groups) the increasingly “laissez faire” attitude from the WHO-EURO side has become problematic. The ALC sub-group, according to our Terms of Reference, should be chaired by the EURO ALC-regional/technical adviser, but the post has not been filled in 2 years. Also the WHO-EURO Regional for Adolescent Health left in early 2008. Together with EURO and the NDPHS Secretariat we need to focus on this problem as soon as possible. The Coordinating Chair and ITA visited EURO, and we got a lot of understanding and genuine interest in the work we do, but until September, the Regional Committee WHO-EURO from our point of view has been practically paralyzed due to aggressive Regional Director Election. (*Continuation after 15/9 will be needed on this statement.*)

7. Conclusions and recommendations

- SIHLWA expert group and its 3 [-> 4] subgroups (ADO, ALC & OSH [& IMHAP-> 2009]) have during the 4 years of SIHLWA existence found a solid basis for its operation. Meetings have been professionally conducted, host-countries have provided excellent support, and project activities are well underway.
- The NDPHS strategic goals and plans bring new issues on SIHLWA's agenda (e.g. tobacco control and prevention of low-birth-weight babies in collaboration with PHC-EG). Therefore we may need to think over our structure and one possible option might be to put together the ADO and ALC sub-groups. This question needs thorough thinking and consultation within SIHLWA, and with the CSR and NDPHS Secretariat.
- SIHLWA-IMHAP (Indigenous Mental Health, Addiction and Parenting) 4th sub-group initiative had a good start under SIHLWA support and needs to be strengthened in every possible way. The fact that Canada has volunteered to become "Lead Partner" and that Nordic Council of Ministers (NCM) has expressed interest in becoming "Co-Lead Partner" is very encouraging. Also the IMHAP group has well organized itself and has shown its determination and capability to continue further.
- The IMHAP sub-group has highlighted the benefit of site visits and learning opportunities before and/or after SIHLWA/IMHAP meetings. Moreover, establishing linkages among indigenous groups internationally is worthwhile as it can lead to sharing of best-practices and other evidence to informed decision-making.
- SIHLWA has learned how to benefit from the NDPHS Project Pipeline. The "drying out" of the well is a threat in 2010 (and already in 2009);
- The recruitment of an ITA in spring 2008 has greatly enhanced SIHLWA's operational capacity. The only threat here is that the SIHLWA ITA continues to be hired on a part-time basis, and all components have a tendency to grow. Ideally, the EG ITA should only have this one task, which - considering the needs of all 3 (4) subgroups - could easily employ one full-time person;
- SIHLWA and the NDPHS Secretariat, each separately, visited WHO-EURO in 2009 in order to bring the links with NCDs, alcohol, tobacco, nutrition, violence & accidents and youth related health promotion up to standard. We need to make these contacts a continuous tradition and try to organize, for example, the 9th SIHLWA meeting in WHO-EURO Copenhagen jointly with NCM. Once the new Regional Director takes office in February 2010, special effort from NDPHS side must be made to get good links with her/him.
- We need to upgrade possibilities for contacts with the SIHLWA members also in between the meetings. This could be done by using appropriate websites;
- Strengthened collaboration with other expert groups will be developed based on the conclusions at our joint EGs meeting in Oslo 30 September – 1 October 2008.
- SIHLWA ADO and ALC sub-groups need to put more effort (and funds!) to elaborate thematic papers in their respective areas of expertise during 2010. In 2009, unfortunately, unfavourable circumstances (long sick-leaves in the SIHLWA Secretariat) and much effort and time spent on NDPHS strategic planning hampered our efforts in preparing thematic papers and fact sheets.
- SIHLWA is committed to providing input (as requested by the NDPHS Secretariat) on the European Commission EU Strategy for the Baltic Sea Region to coordinate the efforts of various actors in the Region (Member States, regions, financing institutions, the EU, pan-Baltic organizations, non-governmental bodies etc.) so that, by working together, they would promote a more balanced development of the Region.
- SIHLWA OSH subgroup ought to continue promoting OSH issues in NW Russia and implementing the "**Health at Work**" strategy

8. Other relevant information

None

2009 SIHLWA members' individual activities and accomplishments at home-front³¹

These activities will be collected during autumn 2009. [See for model reference SIHLWA Annual Report 2008]

I. ADO sub-group

II. ALC sub-group

III. OSH sub-group

The **ILO NW Russia OSH project** is being executed under NDPHS (SIHLWA) umbrella. The Project is a crucial cluster of the ILO programme "Poverty Reduction, Employment Generation and Local Economic Development in the North West federal Okrug of the Russian Federation". It is foreseen that it forms an element of a future regional Decent Work programme between the ILO and the Russian Federation. The base for the Project is the Programme of technical cooperation between the ILO and Russia, the NDPHS strategy "Health at Work" previous technical cooperation between ILO, Finland and Russia. 'Improvement of occupational safety and health policies' is one of the key clauses of the signed Programme of Cooperation between the ILO and the Russian Federation for 2006-2009.

The following main objectives were defined for the second phase (2007-2009) of the Project:

- Identification and determination of the scope of the OSH problem in NW Russia.
- Promotion of practical and informed social partnership in OSH at enterprise level.
- Calculation and awareness raising of the economic costs of poor working conditions.
- Development of OSH management systems at enterprises.
- Dissemination of OSH information across the language barrier.
- International OSH Cooperation in NW Region and Baltic countries.

As of September 2009, the Project has established permanent working contacts with social partners in the following regions (oblasts) of NW Russia: the city of St. Petersburg; the Leningrad region; the Republic of Karelia; the Vologda region; the Murmansk region; the Arkhangelsk region.

Information about the Project is available in the NDPHS Project Database (<http://www.ndphs.org/?database.view.project.538>)
(See also: <http://www.ndphs.org/?database.view.paper.43>)

The most important Project impacts on the national, regional and international levels are listed below:

OSH is one of the first priorities of the national country agenda in the Russian Federation.

- The Government of the Russian Federation put the OSH issues on the top positions into the national agenda of the state. The all-Russian congresses on OSH in Moscow in 2007, 2008 and 2009 organized by Minzdravsocrazvitia confirm the increasing interest in OSH problems at National level of RF.

³¹ The SIHLWA EG members received the 2009 Progress report draft at SIHLWA-8 meeting for comments. In this connection they were all asked to list "In their native countries in their official position/work in 2009, in what activities they had been involved with and accomplishments they had achieved in the field they have been representing their country in SIHLWA and in its sub-groups". These responses are referenced in Attachment 2.

Major changes were made in the OSH legislation in the RF.

- New legislation on professional risk evaluation to update the current risk assessment system (attestation of work places) is being elaborated by the Government in 2009;
- The new interstate GOST 12.0.230-2007 standard fully identical with the ILO-OSH 2001 was approved by the 11 CIS countries and by the CIS standard committee. In Russia the Standard has come in force since 1 July 2009;
- Three new national standards (GOST) on OSH management system implementation are being created in 2009.

Modern OSH management and risk assessment systems are tested and piloted by the Federal ministry.

- The Federal ministry, which has held an OSH conference in Irkutsk in July 2009, evaluated the GOST 12.0.230-2007 (ILO-OSH 2001) OSH MS approach and the related training packages produced by the Finnish funded project. The training packages will be tested in three Okrugs, based on which their inclusion in the mandatory OSH training model programme will be decided. Training of trainers for the testing seminars will take place in III quarter of 2009.
- Printed material based on good practice on introduction and implementation of the ILO-OSH 2001 in North-West Russia is used and re-printed in other Russian regions and CIS countries;
- Other Russian regions are very interested in implementation of the approaches elaborated by the Project in their regions. Participation in the following stages of the project has been requested by many regions of RF (Permsky Krai, Stavropolsky Krai, Republic of Chuvashia, Khanti-Mansiysk Autonomous Okrug – Ugra and others). The project has provided the relevant information to them. The participation of other regions will be organised by SRO Moscow.

New OSH Management Systems and tools are developed at the Regional level in NW Russia

- The Project reached out to over 42 enterprises with 60,000 workers in total and provided training to over 1,200 representatives from the constituents' organizations and enterprises. It managed to influence both the regional policies and the state of affairs at individual enterprises, thus providing a unique combination of "theory and practice". It resulted into the adoption of two regional laws on OSH and five regional OSH profiles. In 2009, the Project has developed and tested the training courses on Risk Assessment and Management, OSH Economy, Social Partnership in the OSH field.

OSH Awareness raising

- The World OSH Day is celebrated annually in all regions of NW Russia. (Moreover, a few regions organize the annual sets of activities devoted to the World Day).

The technical cooperation between Russia, ILO and the international OSH community has developed on practical issues.

- The Project cooperation with NIVA (Nordic Institute for Advanced Training in Occupational Health) has included 1-2 activities per year.
- The Project cooperates closely with the Finnish Institute of Occupational Health (FIOH) (Occupational Health Conferences and meetings, collaboration in preparation of regional profiles in selected oblasts, development of OSH in the road transport sector, etc.);
- The collaboration in the field of WHO/NDPHS "Healthy City" concept in Cherepovets (Vologda region) is a new innovation and the ILO/WHO cooperation is expanded to the EURO region.

Modern OSH management systems are developed in other Russian regions and CIS Countries.

- Kazakhstan has taken the GOST on OSH MS in use and is developing the relevant training and certification system;
- Armenia, Azerbaijan, Kyrgyzstan, Tajikistan and Uzbekistan have started to utilise the GOST standard and received corresponding training, assisted by the SRO Moscow and Finnish funding (another project on OSH in Central Asia)
- Material on good practice on introduction and implementation of the ILO-OSH 2001 in North-West Russia is used, translated and re-printed in other Russian regions and CIS countries;

Other Russian regions are very interested in implementation of the approaches elaborated by the Project in their regions. Participation in the following stages of the project has been requested by many regions of RF (Permsky Krai, Stavropolsky Krai, Republic of Chuvashia, Khanti-Mansiysk Autonomic Okrug – Ugra and others). The project has provided the relevant information to them and SRO Moscow is assisting them.

The next stage of the Project is also to be put in practice under the umbrella of NDPHS (SIHLWA). The overall **development objectives** of the third phase of the Project (2010-2011) are as follows:

1. Introduction of decent and safe work systems, through international harmonization and good governance, in North –West Russia okrug as a pilot area.
2. Reducing the level of occupational accidents and diseases due to poor working conditions, by implementing OSH management and risk assessment systems in NW Russia;

Immediate objectives are the following:

1. Provision of international (ILO, WHO, NDPHS, FIOH) experience for the implementation of the Programme of action on OSH of RF in NW Russia;
2. Consolidation of the practical experience gained during the previous phases of the project into a sustainable regional OSH policy based on the ILO Convention No. 187, in North West Russia;
3. Preparation of new OSH training modules, ready for inclusion into the curricula of Russian training centres;
4. Consolidation of the actions aimed at introducing of modern OSH management systems and practices at enterprises;
5. Continued provision of promotion, information and consultations on OSH related areas, such as occupational health services, occupational accident insurance, health promotion at work, migrant workers (in close cooperation with WHO, NDPHS, FIOH);
6. Dissemination of results achieved amongst regions of Russian Federation in cooperation with Federal ministries, institutions and social partners.

IV. IMHAP sub-group

Attachment 3 to SIHLWA EG Progress report: SIHLWA MEMBERSHIP up-date 11.09.2009/ Officially nominated representatives

SIHLWA MEMBERSHIP update 11.9.2009 / Officially nominated representatives							
SIHLWA Coordinating Chairperson: Mikko Vienonen, SIHLWA ITA (International Technical Adviser): Hanna Koppelomäki							
	COUNTRY	ADO	ADO alternates	ALC	ALC alternates	OSH	OSH alternates
		Chair: Mikko Vienonen		1 Chair: open		1 Chair: Wiking Husberg	
		Vice-Chair: Aldona Jociute		Vice-Chairs: open		Vice-Chair: Remis Jankauskas	
1	CANADA	1 Robert (Bob) Shearer		1 Frank Cesa		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 Katariina Warpenius	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	Linda Zarina	1 Ineta Vanaga	Inga Liepina	1 Ivars Vanadziņš	Jolanta Gedusa
9	LITHUANIA	1 Aldona Jociute		1 Kriveliene Gelena	Virginija Ambrazeviciene	1 Remigijus Jankauskas	
10	NORWAY	1 Simon-Peter Neumer		1 Bernt Bull		1 Trygve Eklund	Truls Johannessen 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	1 M-P de Palo & 2 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	
	SUM	14		13		11	

CBSS WGCC Progress report for mid-2008 to mid-2009

Chair: Sweden: Representative from the Swedish Ministry of Health and Social Affairs, Deputy Director Ms Agneta Björklund

Vice Chair: Denmark: Representative from the Danish Board of Social Services, Director Mr Bertil Mahs

The Working Group for Cooperation on Children at Risk, WGCC, consists of ten members; all member countries to the CBSS except Latvia have appointed senior officials to the group. The WGCC consists of representatives from the line ministries dealing with children's issues, mainly ministries of social affairs, ministries of education and designated child ministries. The group consists of six women and four men. The European Commission has not assigned a member to the WGCC. Chairmanship of the WGCC is rotated among the members to the group and does not follow the CBSS presidency. The group is from May 1st 2009 called the Expert Group for Cooperation on Children at Risk, EGCC.

Meetings of the WGCC

The WGCC, has had two meetings, one in Oslo on September 30th and October 1st 2008 at the invitation of the Norwegian Ministry of Health and one in Tallinn on March 12th to 13th 2009 at the invitation of the Estonian Ministry of Social Affairs. Reports from the meetings of the WGCC are published on the Childcentre website.

During the year, the sub group of the WGCC consisting of the representatives from Sweden, Denmark, Estonia and Lithuania has worked together with the secretariat to detail the actions taken regarding the rights of children in institutions.

During the year the Working Group for Cooperation on Children at Risk has agreed on a new priority document guiding the work for the next two years. For the years 2009 – 2011 the focus will be on

- **The protection of children from all forms of sexual exploitation** including
 - Unaccompanied and trafficked children
 - Children abused by being offered money or other forms of remuneration in exchange for sex
 - Children and online sexual exploitation
- **The protection of children from all forms of sexual abuse and sexual violence**
- **The rights of children in institutions and in other forms of out of home care.**

The WGCC also decided to rename itself the Expert Group for Cooperation on Children at Risk, the EGCC, following the reform of the CBSS. The group officially renamed itself and adopted the new priority document on **May 1st 2009**. The members of the group will continue to be appointed by the ministries responsible for children's issues in the member states and the European Commission is invited to appoint a member to the group.

During the year the following major activities have been arranged by the WGCC. Many of the activities have been made possible through the close cooperation with governmental agencies, NGOs and IOs. The WGCC sometimes takes on the role of facilitator or coordinator, allowing organisations to join with other experts and organisations in the region. The WGCC aims at supporting professionals in the region with new tools and the most recent knowledge available.

Priority A: Protecting Children from all Forms of Sexual Abuse and Exploitation
Sexual Exploitation of Children

Expert input: The secretariat co-authored the background paper “Child Pornography and online Sexual Exploitation of Children” prepared for the 3rd World Congress against Sexual Exploitation of Children and Adolescents. The WGCC was invited to the world wide consultation on the paper held in Bangkok.

Financing: ECPAT international, 100%.

Outcomes:

- a. Background document on Internet related exploitation of children published in English and in Russian.

Preparatory meetings: The WGCC and the secretariat were part of the preparatory process leading up to the 3rd World Congress, including the planning meeting in Florence, major presentations at the regional European preparatory meeting in Geneva and the thematic preparatory meeting in Florence.

Financing: Geneva meeting: ECPAT international. Florence meetings: WGCC budget and national budgets.

Outcomes:

- a. Input to the 3rd World Congress preparations leading to the WGCC presenting at 4 different workshops during the congress.

Participation and contribution at the 3rd World Congress: Members of the WGCC and the Secretariat presented the work of the group at four different workshops during the World Congress:

- WGCC programme on Unaccompanied and Trafficked Children in the Region of the Baltic Sea States
- Child abuse on the Internet with a focus on victim assistance. WGCC work in the area of protection of children on the Internet.
- Child Friendly Forensic Investigations.
- The BSR regional study on Adolescent Sexuality.

Outcome: The WGCC and the CBSS demonstrating what regional cooperation can achieve to the world countries.

Financing: National budgets and ECPAT international (Secretariat attendance).

Conference: Children and online Sexual Violence.

Financing: The World Childhood Foundation and Telia Sonera, through the Online project at Linköping University, 50% and the Swedish Children’s Welfare Foundation, 50%. Through a grant from SIDA Baltic Sea Unit, Linköping University could invite experts from several CBSS countries that would not otherwise have been able to participate.

Outcome: 170 participants at the conference, some 20 workshop presentations. CD ROM including presentations and papers. www.childcentre.info carries the presentations, some of which are video presentations.

Priority B: Street children and children without a family

During the year the WGCC has not implemented activities under this priority.

Priority C: The Rights of Children in Institutions and in Other Forms of Protection

Following the recommendations from the Conference on the topic held in Stockholm in 2006, the WGCC has set up a sub group working on the practical implementation of the suggested activities. The subgroup consists of the Swedish chair to the WGCC, the Danish vice chair and the Estonian member to the WGCC. The secretariat is also participating in the subgroup meetings and the Lithuanian member to the WGCC is part of the preparatory group for the planned conference in the fall of 2009.

Training for professionals monitoring children's institutions: Two Norwegian experts from the County Governor of Hordaland developed and conducted a four day pilot training of staff supervising and auditing children's institutions. This was the first time that the training was conducted with experts from different countries. The training was evaluated and scored exceptionally high on usefulness in the daily work of the expert participants. The WGCC will consider if this kind of training is one that should be continued.

Financing: The Norwegian Ministry of Children and Equality, 100%.

Outcome: 17 experts from Estonia, Lithuania, Denmark and Latvia trained in systemic auditing methods.

Conferences and networking: The secretariat gave input to the Council of Europe Expert Committee on Children and Family policy and to the Eurochild's 5th annual conference.

Financing: The WGCC budget and SOS Children's Villages.

Outcome: Council of Europe and SOS Children's Villages in discussions with the WGCC in co-organising conference on children leaving care planned to be organised in Vilnius during the Lithuanian presidency to the CBSS.

Publication of the mapping Keeping the door open: The study commissioned by the WGCC mapping available support measures in place in the member countries for young people leaving institutional care was printed and published. The report: Keeping the door open is now available in English and in Russian.

Financing: SIDA Baltic Sea Unit, 100%.

Outcome: The report is published in English and in Russian both in hard copy and on the web site.

Priority D: Young offenders and Self Destructive Behaviour of Children

During the year the WGCC has not implemented activities under this priority.

Priority E: Unaccompanied and Trafficked Children

National Contact Points on Unaccompanied and Trafficked Children are appointed in all CBSS member states except Germany and Russia. Ukraine, Belarus and Moldova take part in the implementation of the programme and have also appointed National Contact Points, NCP.

5th Meeting of National Contact Points and National Coordinators.

Financing: The Danish National Board of Social Services.

Outcome: The National Contact Points, the National Coordinators, WGCC members and representatives of the experts trained in the BSR CACVT training met to discuss information

sharing and hands-on assistance to unaccompanied and trafficked children. Report published on the www.childcentre.info

Expert input: The secretariat gives expert input to three actions in the Swedish government's plan against prostitution and human trafficking, Save the Children Denmark's NCM financed project preventing trafficking by media productions and to Save the Children Norway's knowledge seminar.

Financing: Swedish government, Nordic Council of Ministers, Norwegian Ministry for Children and Equality through Save the Children Norway.

Outcome: WGCC and CBSS input.

Children's Unit

The secretariat function of the WGCC is carried by the Children's Unit staffed by the Head of Unit 100% and a Project Officer 20%.

The Children's Unit operates on a separate budget built on member states' voluntary contributions. All member states except Latvia and Russia contributed to the Children's Unit in 2008. The Project Officer is a part of the follow up process to the Oslo ministerial meeting which is financed partly by the Norwegian Ministry of Children and Equality.

The Childcentre web site

The website www.childcentre.info has been updated during the year including mirror sites in all 11 regional languages and English. The Secretariat and the National Coordinators in the different countries are responsible for the updating of information on the site. The hosting of the childcentre website has been moved to a shared hosting site meaning that the cost of hosting has been reduced considerably.

Funding: The update of the childcentre website was accommodated within the WGCC budget.



Associated Expert Group to the NDPHS

The WGCC is associated expert group to the Northern Dimension Partnership on Health and Social Well-being. The WGCC meeting in Oslo on September 30th and October 1st was both a joint meeting of Expert Groups and Associated Expert Groups to the NDPHS and a meeting of the WGCC. All WGCC activities and plans are presented to the NDPHS at meetings of the CSR of the NDPHS and short information about the WGCC is presented at the NDPHS web site.

Leadership and coordination in the Partnership

(Status as of the end of 2009)

NDPHS Partners / Associated Partners	HIV/AIDS EG	PHC EG	PH EG	SIHLWA EG			
				Overall leadership	SIHLWA Subgroups		
					ADO	ALC	OSH
Canada							
Denmark							
Estonia							
Finland	Chair and ITA			Coordinating Chair and ITA	Chair		
France							
Germany							
Iceland							
Latvia							
Lithuania		ITA			Vice-Chair		Vice-Chair
Norway			Chair and ITA				
Poland	Vice-Chair	Vice-Chair					
Russia						Vice-Chair	
Sweden		Chair					
BEAC							
CBSS							
EC							
ILO							Chair
IOM							
NCM							
UNAIDS							
WHO							

 - denotes Lead Partner Country
 - denotes Co-lead Partner Country