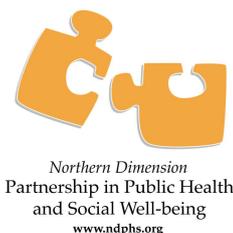


**EG on SIHLWA
9th Meeting
Copenhagen, Denmark
at WHO-EURO and Nordic Council of Ministers
24 – 26 March 2010**



Reference	SIHLWA 9/1/Info 1 (100218)
Title	Scope and purpose of the NDPHS SIHLWA EG
Submitted by	SIHLWA Coordinating Chairman
Summary / Note	-
Requested action	For information

As stipulated by the Terms of Reference¹ provided by the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS) governing bodies and as indicated in the NDPHS Work Plan for 2010² the 9th meeting of the Expert Group “**Social Inclusion, Healthy Lifestyles and Work Ability**” (SIHLWA) will be held - as announced already earlier - in Copenhagen, Denmark Thu 24 – Fri 26 March. It is planned that we will start the SIHLWA-9 meeting at WHO-EURO premises, Scherfigsvej 8, with a joint plenary session on Wednesday afternoon 24 March. We will split into 4 sub-groups all day on Thursday 25 March (ADO, ALC and OSH sub-groups continue their meetings in WHO-EURO but IMHAP sub-group will hold its meeting at NCM premises Store Strandstræde 18). We will finish with a joint concluding plenary session on Friday 26 March. This arrangement will give us some more time in the sub-groups allowing better opportunity for discussion and elaboration of plans.

The sub-groups’ and SIHLWA secretariat (Chairs and Co-Chairs and SIHLWA Coordinating Chair and International Technical Adviser and Lead-Partners’ and Co-Lead Partners’ possible representatives) will have an administrative meeting on Wed 24 March at 10:00 – 12:00 in WHO-EURO prior to the official start of SIHLWA-9.

The fact that the meeting will be hosted jointly by WHO-EURO and Nordic Council of Ministers, the programme will be planned so that the participants will be provided an opportunity to learn more about the work of WHO and NCM in our field of work. It

¹ See on http://www.ndphs.org/?sihlwa_eg but note that these Terms-of-Reference are presently being re-written according to the new NDPHS strategy and action plan, and hence will be an important topic at SIHLWA-9 meeting

² See on http://www.ndphs.org/?mtgs,sihlwa_9_copenhagen

also will provide an opportunity to have personal contacts with respective and responsible regional advisers, technical officers and programmes providing synergistic advantage for our work.

On Fri 26 March afternoon after the official closing of SIHLWA-9 meeting we will try to organize an opportunity for SIHLWA-9 participants to have an informal programme to learn more about relevant WHO-EURO programmes linking with our own work through NDPHS/SIHLWA. Detailed suggestions will be sent to those registered to SIHLWA-9 meeting. You may also contact our ITA Hanna Koppelomäki (hanna.koppelomaki@ttl.fi), if you want to discuss about your personal wishes and interests for Fri afternoon programme in EURO, and we will try to accommodate your needs together with WHO-EURO colleagues.

As a cross-cutting theme we try to have the concept of how we strengthen our links in-between formal NDPHS/SIHLWA meetings and see this as tool to improve our own work in our respective organizations. Especially broadened project activities would bring NDPHS/SIHLWA much closer to our countries and priority action there.

The **EG SIHLWA** consists of 4 sub-groups:

Subgroup on Alcohol (ALC) (Chair Dr Lars Møller³ and Co-Chair to be identified).

Subgroup on Adolescent Health and Socially-Rewarding Lifestyles (ADO) (Chair Mikko Vienonen⁴/ SIHLWA Coordinator; Co-chair Dr Aldona Jociute⁵, Head of Bureau for the Health Promoting Schools, State Environment Health Centre, Lithuania)

Subgroup on Occupational Safety and Health (OSH) (Chair Wiking Husberg⁶/ ILO-Russia; Co-chair Remigijus Jankauskas⁷/ Institute of Hygiene/MoH/ Lithuania)

Subgroup on Indigenous Mental Health, Addiction and Parenting (IMHAP)⁸ (Chair Eric Costen⁹/ Health Canada, Director of Mental Health & Addictions; Co-Chair to be determined)

WHO-EURO Division of Health Programmes provides overall oversight from WHO side.

As usual, this 9th SIHLWA meeting will have all four sub-groups (see above) coming together, and the program will consist of joint sessions and individual sub-group sessions as indicated in attached proposed provisional program.

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⁷ jank@dmc.lt

⁸ IMHAP sub-group was established at SIHLWA-7 in Östersund (May 2009), Under NDPHS Goal 11: "Public health and social well-being among indigenous peoples in the ND area is improved" a mandate for IMHAP has now been established. The Terms of Reference will be formulated together with the new SIHLWA-TOR in Copenhagen

⁹ eric_costen@hc-sc.gc.ca

Provisional program and on-line registration form (including hotel reservation information) are to be found on http://www.ndphs.org/?mtgs,sihlwa_9_copenhagen

The latest update of SIHLWA members, the list of participants at previous SIHLWA-8 meeting and the list of NDPHS national counterparts (Committee of Senior representatives/ CSR) are all available on the above mentioned web-site. As advised in the separate invitation letter, the role of national Senior Representative(s) is to oversee the nominations and to discuss the right representation from their respective countries and organizations. SIHLWA members are advised to be in close contact with them on the topics they want to bring to SIHLWA meetings and should there be any questions as to practical terms considering their participation (travel expenses, reporting, etc.).

Following the practice adopted by the NDPHS, the members and participants are expected to cover their own travel and accommodation, hopefully with the kind support of their respective ministries and/or institutions. The lunches and coffees during the meeting are offered by hosting organizations free of charge. The conference reception will kindly be hosted by WHO-EURO on Wednesday 24 March and conference dinner by Nordic Council of Ministers on Thursday 25 March.

The meeting is planned to start on Wednesday 24 March at 13 o'clock (registration and lunch at 12-13) and will close on Friday 26 March at about 12:30. Therefore, most participants should be able to arrive even from abroad on Wednesday morning and leave on Friday afternoon, if they wish.

The meeting will focus on strategic challenges to the SIHLWA Expert Group provided by the newly adopted NDPHS work plan and strategy. The new SIHLWA work plan for 2010 and beyond has not yet been prepared, as we all need to review new NDPHS goals, operational targets and indicators and how they will be put into practice in our respective field of work.

Furthermore, we will review the tasks put in front of us at SIHLWA-7 and SIHLWA-8 meeting in 2009, the Partnership Annual Conference in November 2009 and the Declaration on Principles of Cooperation between Prison Health and Public Health Services and Development of a Safer Society.

New SIHLWA (lifestyle related) NDPHS goals, operational targets and indicators are formulated as follows:

- **Thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments**

Unequal socio-economic conditions and lack of empowerment among disadvantaged population groups play major roles in the development of non-communicable diseases (NCD). These circumstances contribute to increasing health inequities. However, policies and actions directed towards "vectors" of NCD will mitigate such health inequities. Hence, the NDPHS will have contributed to the development of comprehensive policies and actions in the entire region to prevent and minimize harm from tobacco smoking, alcohol and drug-use to individuals, families and society (especially young people) through the achievement of the following:

Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced

Operational target 7.1: By 2012, the Partnership will have developed a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan.

Indicator 7.1A: Project application submitted to donors for funding.

Operational target 7.2: By 2014, the above-mentioned project will have been implemented in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.

Indicator(s) 7.2A: Indicator(s) agreed by donors and implementing agencies will be used.

Required expertise on the NDPHS side: Expertise currently available in the SIHLWA EG, the PHC EG and PH EG is required.

Goal 8: Pricing, access to and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol

Operational target 8.1: By 2011, the Partnership will have organized a side event back-to-back with the Baltic Sea Parliamentary Conference (BSPC) to promote parliamentarians' attention to and awareness of the impact of alcohol on society and to propose actions to be taken by national parliaments to reduce this impact and to support evidence based and cost effective preventive methods.

Indicator 8.1A: Number of BSPC parliamentarians who participated in the side event.

Indicator 8.1B: Number of countries represented by the parliamentarians.

Operational target 8.2: BSPC parliamentarians, as a result of the side event, will have included a plea to national parliaments in the ND area to adopt legislation aimed to limit the impact of alcohol on society in the BSPC Resolution 2011.

Indicator 8.2A: Number of countries in which BSPC parliamentarians have addressed national parliaments to limit the impact of alcohol on society.

Required expertise on the NDPHS side: Expertise currently available in the SIHLWA EG is required.

Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.

Operational target 9.1: By 2012, experiences, legislation and best practices in tobacco control are exchanged through a series of seminars organized by the WHO EURO with the participation of other interested NDPHS Partners. Among the issues to be addressed are

(i) the strengthening of the national tobacco control surveillance systems in view of making them internationally comparable; and (ii) the strengthening of the use of data for the policy making. Actions to be taken will be consistent with and contribute to the implementation of the Framework Convention on Tobacco Control (FCTC) and will be run in close cooperation with the FCTC Secretariat.

Indicator 9.1A: Number of seminars organized.

Required expertise on the NDPHS side: Expertise currently available in the SIHLWA EG, PH EG and the PHC EG is required.

Goal 10: The NDPHS Strategy on Health at Work is implemented in the ND area

Operational target 10.1: By 2013, the Partner countries have implemented the agreed actions in the NDPHS Strategy on Health at Work.

Indicator 10.1A: A report on the implementation of the Declaration is in place.

Indicator 10.1B: Actions included in the Strategy are evaluated country by country..

Required expertise on the NDPHS side: Expertise currently available in the SIHLWA EG is required.

Goal 11: Public health and social well-being among indigenous peoples in the ND area is improved

Operational target 11.1: By 2010, the Partnership will have developed a work plan which will clearly specify steps to be taken towards: (i) improving mental health, (ii) preventing addictions, and (iii) promoting child development and family/community health among indigenous peoples. The work plan will be implemented by 2013.

Indicator 11.1A: A jointly-developed work plan addressing the above issues is in place.

Required expertise on the NDPHS side: If a Working Group on Indigenous Mental Health, Addiction and Parenting (IMHAP) is established with interested member countries, it should be responsible for the achievement of the above. It should also be carefully coordinated with the Arctic Human Health Expert Group (AHHEG).

In the light of these goals, operational targets and indicators SIHLWA-9 and our four sub-groups need to reorient our activities and projects. There are new challenges for which new resources (taskforces and projects?) need to be put into practice. Some of our previously planned activities may no longer fit into the new framework. More efficiency and measurable outcomes and results will be expected from our work.

The participants of SIHLWA-9 meeting are urged to be open minded, innovative and critical in our elaborations as the year 2010 may become a real watershed in our working methods and style.

Common SIHLWA topics to be discussed with all four sub-groups together will include:

- Providing feedback on the NDPHS Work Plan for 2010 and Strategy towards 2013.
- Providing feedback on NDPHS goals, operational targets and indicators and links with European Commission adopted EU Strategy for the Baltic Sea Region, Implications and possibilities for SIHLWA action and projects.
- Providing feedback from Partnership Annual Conference, Oslo 25 Nov. 2009
- Providing feedback on Declaration on Principles of Cooperation between Prison Health and Public Health Services and Development of a Safer Society (Oslo 24 Nov 2009)
- Providing feedback on the work of ad hoc Working Group on NDPHS Expert Groups' Terms of Reference and what practical implications it will have to SIHLWA-EG and its four sub-groups in the future. New Draft SIHLWA TOR will be provided before the SIHLWA-9 meeting to participants to facilitate well informed discussion and feed-back for the Secretariat.
- Focusing on strengthening links with main partners (especially WHO-EURO, Nordic Council of ministers, and national actors on NCDs and healthy lifestyles).
- Other issues as considered relevant.
- Following the recommendations of previous meetings, sufficient working time will be allocated to four sub-groups, namely 1) adolescent health and social well-being, 2) alcohol, 3) occupational safety & health, and 4) Indigenous mental health, addictions & parenting to elaborate on their own ongoing projects and country specific work: Following the recommendation of SIHLWA-8 meeting (Riga 2009), this meeting also tries to facilitate better exchange of ideas between the four sub-groups

The subgroup on adolescent health and socially-rewarding lifestyles (ADO)¹⁰ will:

- Report from all SIHLWA ADO sub-group participants on action taken in 2009 and plans for 2010 in their respective countries/ organizations
- Innovate on the Flagship project on alcohol and drug prevention (GOAL 7) in

¹⁰ ADO-subgroup agenda will be further elaborated and revised as feasible before SIHLWA-9 as will be advised by ADO group secretariat and members (marked in GREEN text)

cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan (Note: THIS TASK IS COMMON TO ADO ALC and OSH)

- Discuss and formulate the wording of ADO Terms of Reference as part of new SIHLWA TOR
- Discuss and formulate ADO Short-Term Work-plan for 2010 and beyond until 2013.
- Discuss further the content of thematic report on ADO for NDPHS Data-Base to compile a profile on youth's health behaviour and on existing policies targeted at youth's health at north-west Russia and Northern Europe. This "Northern dimension youths health profile" would comprise information on young people's (10-25 year olds) substance misuse and other risk behaviour, such as sexual behaviour and nutrition. Evaluate and add to the work done in countries since SIHLWA-8 meeting.
- Discuss the elaboration of ADO-Fact sheet (2 pp.) for the NDPHS web-site
- Other issues as considered relevant.

The subgroup on alcohol (ALC)¹¹ will:

- Report from all SIHLWA ALC sub-group participants on action taken in 2009 and plans for 2010 in their respective countries/ organizations
- Innovate on the Flagship project on alcohol and drug prevention (GOAL 7) in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan (Note: THIS TASK IS COMMON TO ADO ALC and OSH)
- Innovate on Goal 8: Pricing, access to and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol and elaborate on how to achieve Operational target 8.1 (By 2011, the Partnership will have organized a side event back-to-back with the Baltic Sea Parliamentary Conference (BSPC) to promote parliamentarians' attention to and awareness of the impact of alcohol on society and to propose actions to be taken by national parliaments to reduce this impact and to support evidence based and cost effective preventive methods).
- Discuss and formulate the wording of ALC Terms of Reference as part of new SIHLWA TOR
- Discuss and formulate ALC Short-Term Work-plan for 2010 and beyond until 2013.
- Discuss the need and possible content of thematic report(s) on ALC for NDPHS Data-Base and focus on brief intervention-related questions.
- Other issues as considered relevant.

The subgroup on occupational safety and health (OSH)¹² will:

¹¹ ALC-subgroup agenda will be further elaborated and revised as feasible before the SIHLWA-9 meeting as will be advised by ALC group secretariat and members (marked in RED text)

¹² OSH-subgroup agenda will be further elaborated and revised as feasible before the SIHLWA-9

- Report from all SIHLWA OSH sub-group participants on action taken in 2009 and plans for 2010 in their respective countries/ organizations
- Innovate on the Flagship project on alcohol and drug prevention (GOAL 7) in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan (Note: THIS TASK IS COMMON TO ADO ALC and OSH)
- Review and strengthen the action on Goal 10 so that the NDPHS Strategy on Health at Work is implemented in the ND area as planned (by 2013, the Partner countries have implemented the agreed actions in the NDPHS Strategy on Health at Work)
- Discuss and formulate the wording of OSH Terms of Reference as part of new SIHLWA TOR
- Discuss and formulate OSH Short-Term Work-plan for 2010 and beyond until 2013.
- Review the progress of the ILO NW Russia OSH projects.
- Innovate on new project opportunities and ideas. Particular emphasis should be on strengthening our impact on social wellbeing as indicated in the NDPHS evaluation report 2008.
- Other issues as considered relevant.

The section on Indigenous Mental Health, Addiction and Parenting (IMHAP)¹³
will:

- Report from all SIHLWA IMHAP sub-group participants on action taken in 2009 and plans for 2010
- Innovate and prepare a plan on Goal 11: Public health and social well-being among indigenous peoples in the ND area is improved and elaborate on how to achieve Operational target 11.1 (By 2010, the Partnership will have developed a work plan which will clearly specify steps to be taken towards: (i) improving mental health, (ii) preventing addictions, and (iii) promoting child development and family/community health among indigenous peoples. The work plan will be implemented by 2013).
- Discuss and formulate the wording of IMHAP Terms of Reference as part of new SIHLWA TOR
- Discuss and formulate IMHAP Short-Term Work-plan for 2010 and beyond until 2013
- Other issues as considered relevant.

Unfortunately, due to financial constraints throughout our region this time there will not be simultaneous English – Russian interpretation, and all plenaries and sub-

meeting as will be advised by OSH group secretariat and members (marked in BLUE text)

¹³ IMHAP-section agenda will be further elaborated and revised as feasible before the SIHLWA-9 meeting as will be advised by IMHAP group secretariat and members (marked in VIOLET text).

group meetings are conducted in English only. As soon as the financial situation improves and/or we can find a sponsor to cover interpretation costs, we would return back to the previous practice of having English-Russian simultaneous interpretation

We expect that approximately 40-50 people would be present.

Welcome to Copenhagen in March!

Yours sincerely,

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Meeting background documentation in due course of time to be found on
http://www.ndphs.org/?mtgs.sihlwa_9_copenhagen