



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

## **NDPHS Work Plan for 2010**

Adopted during the 6<sup>th</sup> Partnership Annual Conference  
25 November 2009, Oslo, Norway

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### Abbreviations and acronyms used

- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS’ associated expert group)
- HIV/AIDS EG – Expert Group on HIV/AIDS (a NDPHS’ “core” Expert Group)
- ITA – International Technical Adviser
- ND – Northern Dimension
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being
- PH EG – Expert Group on Prison Health (a NDPHS’ “core” Expert Group)
- PHC EG – Expert Group on Primary Health Care (a NDPHS’ “core” Expert Group)
- SIHLWA EG – Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (a NDPHS’ “core” Expert Group)
- 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)

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

## I. Introduction and policy context

This Work Plan gives an overview of the actions to be launched and, where specified, completed in 2010 by the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). It builds on the 2003 Oslo Declaration as well as on the new NDPHS Strategy adopted during the ministerial-level Partnership Annual Conference held on 25 November 2009, and foremost aims at advancing sustainable development in the Northern Dimension area through the improvement of public health and social well-being. Efforts to achieve the enhanced quality of life and demographic situation envisaged by the Declaration will be undertaken via intensified cooperation between and co-ordination among the Partner Countries and Organizations, as well as all other relevant stakeholders.

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

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

## II. Focus on the new NDPHS Strategy

The focus of this Work Plan is on the implementation of the new NDPHS Strategy, which was developed by the NDPHS during 2009 and subsequently adopted during the 6<sup>th</sup> Partnership Annual Conference.

By implementing the Work Plan the Partnership will take the first big step toward its mid-term vision, which it will strive to achieve during the coming four years of the NDPHS development and action.

### **NDPHS Vision: 2013**

By the end of 2013, envisioned progress has been made in accordance with the goals agreed upon in the 2009 Partnership Annual Conference, thereby moving the Partnership towards the long-term goals set up in the Oslo Declaration. The Partnership has achieved tangible results in policy development and project facilitation. Activities which have been implemented, or are under implementation, balance both health and social dimensions and involve relevant actors and stakeholders in the region. The Partnership's functioning has been strengthened by the implementation of clear rules concerning organizational matters.

The Partnership's activities help address common problems shared by the societies in the region, and contribute to the improvement of people's health and social well-being in a pragmatic way. The Partnership is recognized as a useful source of knowledge and expertise by other actors in the region, and they approach the Partnership for cooperation and advice.

The Partnership is a dynamic cooperation with a well-operating and solid network, and benefits from access to the necessary resources for its work and aims to ensure the success of its ongoing and future visions and goals.

### III. Action lines

The Partnership will take efforts to meet its objectives during 2010 through the following lines of action.

#### Action Line 1. Continuing the orientation on policies, strategies and projects

Consistent with its new Strategy, the Partnership shall continue to first and foremost be a forum for development of strategies and policies, and coordination of activities on health and social well-being in the Northern Dimension area. At the same time, it will continue its efforts to facilitate project activities, which are needed in order to provide results when it comes to concrete problems. Projects that complement the development of strategies and policies in the region should bring added value to the work of the NDPHS and keep its work as pragmatic and useful as possible.

##### ➤ Specific actions

- Continue (i) policy and strategy development as well as exchange of best practices and policies, and (ii) identifying problems in the region and developing project ideas which could be put in a market place; facilitate and, when relevant, "outsource" projects;
- Take the necessary actions to ensure successful discharging of the Partnership's role as the Lead Partner for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (cf. also Action Line 3);
- Where appropriate, become also involved in other regional strategies and processes which are coherent with the Partnership's own goals and objectives, and where the Partnership can play a role;
- Expert Groups: each develop/facilitate at least one regional flagship project, where relevant, fully controlled and implemented by the national experts in the group. At least one strategic project will be implemented by the NDPHS or other actors in each thematic area included in the NDPHS Strategy (cf. Annex 1). The Expert Group members should work together on the project proposal, seek funding, and subsequently take part in the implementation and reporting of the project;
- Donors from NDPHS Partner countries and organizations: more actively use the expertise of the Expert Groups. Relevant project applications could be sent to the Expert Groups for evaluation and recommendations, for revisions, funding or rejection;
- Expert Groups: take efforts to position yourselves as knowledge hubs for activities in the respective fields of expertise in the Northern Dimension area, and thereby serve as contact points and facilitate the networking between specialists involved in similar type of projects;

- Introduce an official project labeling procedure based on clear-cut guidelines, which would guarantee that the label would not be misused;
- Develop a separate page on the NDPHS website, which will be dedicated to the NDPHS labeled projects, linked to the project records in the NDPHS database.

### **Action Line 2. Strengthening a two-fold approach towards health and social well-being**

Consistent with its new Strategy, the Partnership shall scale up its efforts to strengthen the social well-being facet within the NDPHS.

#### ➤ **Specific actions**

- Take the necessary actions to strengthen two-fold approach towards health and social well-being within the Partnership. The already existing NDPHS Expert Groups: include the social dimension in the work and invite representatives from the social sectors to take part in meetings. Also, connect social well-being issues with the already existing health topics that the Expert Groups are working on;
- The *ad hoc* Working Group on NDPHS Expert Groups' ToR: ensure that the two-fold approach towards health and social well-being is properly addressed in the (to be) proposed Terms of Reference for the new/restructured Expert Groups.

### **Action Line 3. Implementing the NDPHS goals and mid-term operational targets (OTs), and monitoring the progress in the implementation of the OTs**

During its 6<sup>th</sup> Partnership Annual Conference, the NDPHS adopted goals and, linked to them, operational targets and indicators (cf. Annex 1).<sup>1</sup> They make the core of the NDPHS' new strategy and are meant to be an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC and have been divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas. It is planned that the operational targets will be implemented during 2010-2013.

With the beginning of 2010, the Partnership will commence efforts to implement the operational targets with a view to contributing to the achievement of the agreed goals.

#### ➤ **Specific actions**

- Take the necessary actions to successfully launch a coordinated effort to implement the operational targets. This will include, but be not limited to:
  - The development of Terms of Reference (ToR) for new/restructured Expert Groups. The proposed ToR will be developed by the *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference with a view to having them adopted by the CSR during its spring 2010 session;
  - Ensuring that the Partnership's relevant activities properly take into account the NDPHS' role of the Lead Partner for the Health priority sub-area in the EU Strategy for the Baltic Sea Region, e.g. by:

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<sup>1</sup> 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 based on the outcome of the *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference.

- Taking into account the NDPHS' Lead Partner role in the above-mentioned ToR for the new/restructured Expert Groups;
  - Organizing a side-event with a focus on the EU Strategy's Health priority sub-area during the PAC in 2010. Such an event could be considered a formal kick-off meeting involving not only the NDPHS Partners and Participants, but also other relevant actors to be involved in the implementation of actions within this priority sub-area. Its purpose would be to agree on the allocation of work between the parties involved, milestones and timetable, etc.;
- Set up a mid-term reporting mechanism, which will allow the CSR and PAC to monitor the accomplishment of the agreed operational targets and the overall progress towards the goals (cf. also item IV "Annual Reporting").

#### **Action Line 4. Setting up new and restructuring the existing Expert Groups and their subsequent launching**

As stipulated by the Oslo Declaration, in order to carry out its tasks, the CSR may establish expert groups consisting of experts from interested Partners and Participants and other international experts, as appropriate. The Declaration also clearly spells out the role of the Expert Groups in the process.

Following the outcome of the NDPHS evaluation of 2008 and the latter's follow up work in 2009, the Partnership will, in 2010, adjust its expert-level framework to its new Strategy. The Expert Groups, which are the pillars of the Partnership, will have the central role in the implementation of the NDPHS operational targets.

##### ➤ **Specific actions**

- As soon as the CSR adopts the new Terms of Reference for the Expert Groups, set up new/restructure the existing Expert Groups, as appropriate, in accordance with the agreed *Criteria for establishing Expert Groups*;
- Take the necessary actions to ensure successful launch of these groups (e.g., agree on the Lead Partners and Chairs and Vice-Chairs, as well as appoint members to the Expert Groups in accordance with the agreed rules);
- The existing Expert Groups: continue working along the previously agreed action lines until the new/restructured Expert Groups are in place and, at the same time, take the necessary actions to ensure smooth transfer to the new/restructured Expert Groups.

#### **Action Line 5. Ensuring coordination of regional efforts to fight trafficking in human beings**

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

## **Action Line 6. Providing adequate funding for the NDPHS and Partnership-relevant activities and projects**

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

The NDPHS has set up a Partnership’s Coordinating and Financing Mechanism. Elements of this mechanism include, but are not limited to, the NDPHS Project Pipeline and the NDPHS Appropriations Account, which are among the tools that the Partnership will use to finance relevant activities and projects.

### **➤ Specific actions**

- Actively seek and ensure that funding is available for the NDPHS Expert Groups’ activities and the functions of the NDPHS Secretariat, as well as other activities decided upon by the CSR or the PAC. The NDPHS Appropriations Account is a useful tool, which may provide micro-financing for initiating and possibly facilitating some project-based activities of the Partnership, and foremost its Expert Groups. At the same time, consistent with the NDPHS new Strategy, the Partnership shall increasingly seek funding opportunities outside its own framework. To that effect, national contact points for EU funding programs will be approached for advice regarding the funding opportunities that the NDPHS projects could benefit from;
- Mobilize resources for the NDPHS Project Pipeline;
- NDPHS Expert Groups: assess projects included in the NDPHS Project Pipeline,<sup>1</sup> or submitted to the EG in order to be included to the Pipeline, if requested.

## **IV. Annual reporting**

Within the framework of the (to be set up) mid-term reporting mechanism, the NDPHS Expert Groups shall prepare individual Annual Progress Reports concerning their respective activities during 2010. These reports shall be submitted to the NDPHS Secretariat at the latest one month before the PAC 7 in autumn 2010.

Based on the received reports, the Secretariat shall prepare an overall NDPHS Annual Progress Report for 2010, for presentation to the PAC 7.

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

## **NDPHS goals, operational targets and indicators**

Adopted during the Sixth Partnership Annual Conference (PAC)  
25 November 2009, Oslo, Norway



## Introduction

This document specifies the NDPHS goals and, linked to them, the operational targets and indicators adopted during the 6<sup>th</sup> Partnership Annual Conference (PAC) on 25 November 2009. They are meant to be an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC and have been divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas.

**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 based on the outcome of the *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference.**

The Partnership's mission is to promote sustainable development of the Northern Dimension area by improving peoples' health and social well-being. The adopted overarching **goals** are what the Partnership should strive to achieve, either independently or as one of many actors in the ND area. The latter can be done either together with other organizations or by the Partnership alone.

The **operational targets** are specific, measurable and time-targeted objectives that should be achieved by the Partnership on its own or with the involvement of other actors during 2010 – 2013.

For each operational target at least one **indicator** is included, meant to serve as a tool for monitoring the accomplishment of that target by the Partnership and the overall progress towards the respective goal.

### 1. Overall goal, operational targets and indicators

#### **Goal 1: The role and working methods of the NDPHS are strengthened**

**Operational target 1.1:** By 2013, international/regional, national, sub-national and local health authorities or other actors have recognized the NDPHS as a renowned source of knowledge and expertise in the region and contacted it for cooperation and/or advice in their own planned activities (at least two actors from each level).

**Indicator 1.1A:** Number of actors per each of the abovementioned levels who have contacted the NDPHS for cooperation and/or advice.

**Operational target 1.2:** Social well-being aspects are systematically and concretely included in the work of the NDPHS including, but not limited to its Expert Groups.

**Indicator 1.2A:** The percentage of NDPHS activities (projects, policy papers) including social well-being aspects out of the total number of respective NDPHS activities in a given period of time.

**Operational target 1.3:** By 2013, external expertise is involved in the NDPHS policy development. This will be achieved through, *inter alia*, identifying relevant actors and subsequently approaching them with an invitation to take part in the Partnership policy development as well as project development and implementation. Activities will be undertaken to promote the establishment of cooperation frameworks, such as partnerships involving national, local and sub-regional actors and expert networks (e.g. universities, hospitals and prisons). In this way the NDPHS will be able to promote practical cooperation contributing to its own goals through activities run beyond its institutional framework.

**Indicator 1.3A:** Number of organizations and/or authorities, not currently participating in the NDPHS, involved in NDPHS policy development.

**Operational target 1.4:** By 2013, external expertise (especially of relevant national, sub-national and local actors in the area of public health and social well being, when available) is involved in the NDPHS project development and implementation.

**Indicator 1.4A:** Number of external organizations and/or authorities involved in NDPHS project development and implementation.

**Operational target 1.5:** By 2013, the regional dimension of the NDPHS is further developed among other things by facilitating projects involving partners from more than only two countries.

**Indicator 1.5A:** Number of projects facilitated by the NDPHS which involve regional cooperation (partners from more than two countries are involved).

**Operational target 1.6:** By 2013, new sources of funding, such as EU programmes and private funds, are mobilized.

**Indicator 1.6A:** Number of projects funded completely or partly by new sources of financing.

**Indicator 1.6B:** Percentage of funding raised from new sources of financing out of the total raised project funding.

**Operational target 1.7:** Relevant international projects are included in the NDPHS Database for improved coordination and facilitation.

**Indicator 1.7A:** Number of new projects added to the NDPHS Database.

## 2. Goals, operational targets and indicators for thematic areas

The NDPHS goals and operational targets for thematic areas are closely aligned with the EU Strategy for the Baltic Sea Region. This is so considering that **the NDPHS has agreed to take the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region adopted by the European Council on 29-30 October 2009.**

Subject to further considerations and agreement, the NDPHS needs to make proper arrangements now to be able to play the above role, and the reflection of the above in the goals and operational targets is meant to be the first step.

**At least one strategic project will be implemented for each thematic area** by the NDPHS or other actors in the area.

- **Thematic area 1: Containing the spread of HIV/AIDS and tuberculosis**

Disparities in morbidity and mortality related to communicable diseases such as HIV/AIDS and tuberculosis will have been addressed by the NDPHS through the achievement of the following:

### **Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved**

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a project by 2011 that involves relevant stakeholders in the region and pays proper attention to the penitentiary system. This project will be implemented by 2014 and will aim to achieve the following:

**Operational target 2.1:** Reinforcing policy recommendations covering the above-mentioned goal.

**Indicator 2.1A/B:** Number and coverage of projects facilitated by the NDPHS that contribute to reinforcing policy recommendations in the above thematic area.

**Indicator 2.1C:** Number of policy documents developed by the NDPHS in the above thematic area.

**Operational target 2.2:** Geographical areas in urgent need of further local or regional projects are identified, and partners to be involved in these projects are recommended.

**Indicator 2.2A/B:** Number of geographical areas and number of partners that have been involved in the projects facilitated by the NDPHS.

**Operational target 2.3:** A best practices document covering the above-mentioned goal, to be used in further local or regional projects, is developed. The document will: (i) collect and disseminate the best practices on effective comprehensive HIV/AIDS prevention interventions and MDR TB management, (ii) evaluate and compare various intervention strategies feasible for the NDPHS region, and (iii) document and share research and evaluation results.

**Indicator 2.3A:** A jointly-developed best practices document is in place.

*Required expertise on the NDPHS side:* Expertise currently available in the HIV/AIDS EG and the PH EG is required. Expertise regarding social matters is additionally required.

### **Goal 3: Social and health care for HIV infected individuals in the ND area is integrated**

**Operational target 3.1:** By 2011, evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals are shared among the partner countries. Special emphasis will be placed on coverage of the most vulnerable population groups.

**Indicator 3.1A:** A review reflecting the best practices has been published.

*Required expertise on the NDPHS side:* Expertise currently available in the HIV/AIDS EG and PHC EG is required (PH EG expertise could also be required). Expertise regarding social matters is additionally required.

### **Goal 4: Resistance to antibiotics is mitigated in the ND area**

Through its partners, (including international organizations and national authorities) as well as its close links with health care bodies, the Partnership will contribute to policy formulation and strengthening coordination of activities aimed at counteracting the increasing resistance to antimicrobial agents. Where feasible, co-operation with the veterinary side should be sought.

**Operational target 4.1:** By 2012, the existing networks working on the above-mentioned goal are strengthened (steps are also taken to encourage the creation of the efficient surveillance of antimicrobial resistance and antibiotic consumption, with comparability between countries).

**Indicator 4.1A:** Number of new members added to the existing networks.

**Indicator 4.1B:** Increase in activity of the existing networks measured by conferences and trainings implemented.

**Operational target 4.2:** Series of trainings for professionals are organized, aimed to strengthen their capacity to help mitigate antibiotic resistance.

**Indicator 4.2A:** Number of trainings successfully implemented, including all of their components.

*Required expertise on the NDPHS side:* Expertise currently partly available in the HIV/AIDS EG and PHC EG is required.

- **Thematic area 2: Accessibility and quality of primary health care**

The NDPHS will have contributed to the improvement of access to and quality of health services through the achievement of the following:

**Goal 5: Inequality in access to qualified primary health care in the ND area is reduced**

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a regional flagship project by 2011 fighting health inequalities through improvement of primary health care and reducing inequalities in access to qualified primary health care. This project will be implemented by 2014 and aim to achieve the following:

**Operational target 5.1:** Differences in the accessibility and quality of primary healthcare in the ND region are assessed. Organization of primary health care in different countries and regions within the countries will be assessed as to how it fulfils core characteristics of a good PHC system: First contact, accessibility, continuity, comprehensiveness, coordination, and family and community orientation.

**Indicator 5.1A:** A report outlining the differences in the accessibility and quality of primary healthcare in partner countries and recommending further actions is developed.

**Operational target 5.2:** Mechanisms for promoting an equitably distributed and good quality primary care system, which corresponds to changing society health needs and increases the cost efficiency of the overall public health systems in the region, are defined.

**Indicator 5.2A:** A jointly developed paper presenting the population health care needs and deployment and mobility of primary health care professionals in the ND region is in place.

**Indicator 5.2B:** A position paper on tomorrow's role of primary health care professionals in the context of changing society needs is in place.

**Indicators 5.2C:** Jointly developed recommendations for education and professional development of primary health care teams with particular attention to PHC nurses, patient empowerment and tools to increase the role of patients (in self-management) and community (in solving priority health problems) are in place.

**Indicator 5.2D:** Models of best practices in different countries are demonstrated and policy conclusions for dissemination are in place.

**Operational target 5.3:** Regarding the health of parents and their children, a symposium on babies with extremely low body weight is organized in 2010 and a conference on prenatal diagnostics in 2011.

**Indicator 5.3A:** Both the symposium and the conference are organized.

**Operational target 5.4:** By 2013, the advantages of e-health technology are better known

and appreciated by policy makers and healthcare professionals.

**Indicator 5.4A:** Result of survey implemented among those from the target groups.

*Required expertise on the NDPHS side:* Expertise currently available in the PHC EG is required. Also, for the implementation of the Operational target 5.3 the expertise currently available in the SIHLWA EG is required. Expertise regarding social matters is additionally required.

- **Thematic area 3: Prison health care policy and services**

The NDPHS will have contributed to the number of changes towards improvement of inmates' health care, and condition of imprisonment and promotion of gender-sensitive prison policy through the achievement of the following:

**Goal 6: Prison policy in the ND area provides for that the health and other needs of inmates are readily met and easily accessed, and that gender specific needs of women and the needs of children accompanying their mothers are addressed**

As a follow-up on implementation of the approaches indicated in the NDPHS Declaration on Prison Health of NDPHS, Partnership in close collaboration with national authorities and international organizations will contribute to policy formulation, and strengthening coordination of activities aimed to develop closer links or integration between Prison Health and Public Health services, and, as a consequence, developing a safer society.

**Operational target 6.1:** By 2011, policy recommendations on provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary assessment of organizational structures of Prison Health services and their influence on access to health care institutions in different Partner countries has been carried out. International seminars on Prison Health care system to share knowledge, experiences and examples of evidence-based practice have been organized, if considered necessary.

**Indicator 6.1A:** A report outlining the organization of Health care services in the penitentiary system in the ND region, and recommending further actions is in place.

**Indicator 6.1B:** Number of seminars on Prison Health care system organized.

**Operational target 6.2:** By 2011, a set of recommendations for a gender-sensitive prison policy aimed at meeting the basic health and welfare needs of women and children accompanying their mothers in prison, are developed and shared with relevant professionals in the ND area.

**Indicator 6.2A:** Complete documentation is developed and distributed to relevant professionals in the ND area.

**Operational target 6.3:** By 2012, a documentation of lessons learned and best practices exists, and experiences and examples of effective practice regarding women in prison and children accompanying their mothers in prison are shared at national and international seminars. The documentation is distributed to relevant professionals in the ND area.

**Indicator 6.3A:** Successful compilation and completion of the NDPHS recommendations with external experts.

*Required expertise on the NDPHS side:* Expertise currently available in the PH EG and PHC EG is required. Expertise regarding social matters is additionally required.

- **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).