Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

NDPHS Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments

TERMS OF REFERENCE

As adopted by CSR-17 in Moscow, Russia on 30 June 2010

I. Background and Rationale

Within the Northern Dimension area, there are extreme disparities in health conditions and many other challenges facing the region, including social and economic problems. Thus the priority objectives of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) are prevention of lifestyle related non-communicable diseases and the reduction of major communicable diseases as well as the enhancement and promotion of healthy lifestyles.

In order to achieve these objectives, during its 6th annual conference held in Oslo, Norway on 25 November 2009, the Partnership adopted a new NDPHS Strategy. The Strategy places focus on policy and strategy development, as well as cooperation and project facilitation. There are four thematic areas specified by the Strategy, for each of which a number of Goals as well as corresponding mid-term Operational Targets (OTs) and indicators have been identified (cf. Annex 1). They all aim to make the Partnership more responsive to regional challenges and its work more focused on achieving specific, measurable and time-targeted objectives as well as on evaluating its progress. Also, the Strategy foresees that Partnership's expert groups will focus on the implementation of concrete time-bound actions.

One of the thematic areas for the Partnership's action is to reduce lifestyle-related non-communicable diseases and promote good social and work environments. The following five goals have been agreed for this area:

- The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced (Goal 7).
- Pricing, availability and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol (Goal 8).
- Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area (Goal 9).
- The NDPHS Strategy on Health at Work is implemented in the ND area (Goal 10).
- Public health and social well-being among indigenous peoples in the ND area is improved (Goal 11).

Thus, pursuant to the following provision for the Committee of Senior Representatives (CSR) as spelled out in the "Declaration Concerning the Establishment of a Northern Dimension

Partnership in Public Health and Social Well-being," adopted by the Ministerial Meeting in Oslo, Norway, on 27 October 2003:

- "In order to carry out its tasks, the Committee of Senior Representatives may establish Expert Groups, consisting of experts from interested Partners and Participants and other international experts, as appropriate,"

the CSR decided at its 17th meeting in Moscow, Russia on 29-30 June 2010 to establish the **NDPHS Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments (NCD EG**).

II. Objectives

The main role of the Expert Group is to act as a focal point for national inputs from the Partner Countries and Organisations for the Thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments. In this capacity, the overall objective of the Expert Group is to support cooperation of the work towards the achievement of Goals 7-11 stated in the NDPHS Strategy Thematic area. Further, the Expert Group will contribute to the implementation of the Operational Targets specified within Goal 1 and other relevant thematic Goals.

III. Scope of Responsibilities

According to the abovementioned Oslo Declaration, under the guidance of the CSR, an Expert Group may have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership.

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

- Promote the principles and objectives of the Partnership in the fields of the relevant Task Groups in close collaboration with the other Expert Groups and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- Facilitate in coordination with the responsible EGs the implementation of Thematic Area 4 lifestyle and social wellbeing and work environment related WHO and ILO Declarations and Conventions such as, e.g., on Tobacco, Alcohol, Obesity/Nutrition, Mental Health, Accidents & Violence, NCD, etc. As appropriate, other international references will deserve similar attention.
- Advocate and lobby for the improvement of public health and social well-being, provide and communicate "collective knowledge;"
- Improve the general awareness of and increase positive attitudes towards the Expert Group's field of work;
- Monitor the progress of Task Group on Occupational Safety and Health (OSH) and of Task Group on Indigenous Mental Health, Addictions and Parenting (IMHAP) and advise them as appropriate;
- Report to the CSR from the OSH TG and the IMHAP TG;
- Promote healthy lifestyles and non-communicable disease prevention oriented service systems and health sector reforms with attention to populations at risk and to take into account response capacity in rural and remote locations;
- Contribute to the development of national policies that respond to the needs and requirements of the Partner Countries;

- Map and identify Member Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;
- With assistance from the NDPHS Secretariat, facilitate practical and project oriented activity and support efforts to provide technical assistance and disseminate best practices among the public and private stakeholders in terms of planning, implementing and monitoring various projects and programmes in the field of the Expert Group;
- In collaboration with suitable implementing agencies, formulate and develop ideas for project proposals (including flagship project), facilitate the project application, and if funding is available follow-up on their implementation:
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate;
- Take any other actions to contribute to proper discharging of the Partnership's responsibilities as the Lead Partner in the health priority sub-area of the EU Strategy for the Baltic Sea Region.
- Other responsibilities, as approved by the CSR or the Partnership Annual Conference (PAC).

The official language of the NCD Expert Group is English.

IV. Outputs and Results

The general scope of outputs and results from the work of the Expert Group shall be as follows:

- Oversight of the implementation of strategic objectives defined by the group and approved by the CSR;
- Advise to the Partnership through the NDPHS Secretariat on related activities and proposals for various forms of support;
- Facilitation of exchange of information on programmes and projects;
- Provision of expert contributions to policy evaluation;
- Promotion of partnership-building and activities relevant to achieving the goals of the Partnership;
- Promotion of regional synergies and synergies with other international organisations;
- Monitoring and peer evaluation of ongoing activities;
- Providing progress reports and the final report (cf. section X.).

V. Timeframe

The mandate of the Expert Group is valid until the end of 2013. The Expert Group will support responsible Expert Groups and Task Groups in implementing the activities in accordance with the timeline specified for each respective Operational Target included under Goals 1, 7, 8, 9, 10, and 11 as well as other relevant cross-cutting thematic goals.

VI. Lead Partner and co-Lead Partner

The Expert Group will be led by Finland and co-led by Lithuania. The role of the Lead Partner and co-Lead Partner is to initiate and jointly lead the Expert Group's activities.

In the case that the Lead Partner or the co-Lead Partner decides to step down, prior to its resignation, it should inform the CSR of its intentions and propose a replacement. Accordingly, the CSR will decide whether to approve the proposed replacement, as appropriate.

VII. Composition of the Expert Group

1. Chair and Vice Chair

The Expert Group shall elect its Chair and Vice Chair from the individuals nominated (the Lead Partner has a privilege of proposing the Chair of the Expert Group). In doing so, it is responsible for keeping the CSR and the NDPHS Secretariat informed of its decision.

The Chair is responsible for providing effective leadership concerning the Group's overall scope of responsibilities spelled out above. In addition, the Chair is responsible for:

- Ensuring that the Expert Group meets at appropriate intervals, and that the minutes of meetings and any reports to the Partnership bodies accurately record the decisions taken and, where appropriate, the views of individual Expert Group representatives;
- Ensuring that the Expert Group reaches clear conclusions on the matters it discusses;
- Ensuring that the views of the Expert Group are passed on to the CSR, PAC and the Secretariat;
- Communicating the Expert Group's views to the media, health care professionals and the public, as requested;
- Briefing new representatives upon their appointment, as appropriate.

In the event that the Chair can no longer perform his/her duties, the Vice Chair shall serve as Interim Chair pending the election of a new Chair. In the event that both the Chair and Vice-Chair no longer hold their positions, a Task Group Lead Partner representative shall serve as the Interim Chair pending the election of a new Chair and Vice Chair.

2. International Technical Advisor

The Lead Partner shall appoint the Expert Group's International Technical Advisor (ITA), subject to the approval of the Expert Group. The ITA is responsible for keeping the CSR and the NDPHS Secretariat informed of the Expert Group's decisions.

The ITA's main function is to provide uniformity, support and advice to projects through site visits and collaboration with relevant external bodies in the field. The ITA shall also be actively involved in all of the activities described in the Expert Group's mandate, where appropriate and reasonable. In addition, he or she is responsible for:

- Preparing, in co-operation with the Expert Group Chair and in contact with the Secretariat, provisional meeting agendas, meeting documents, and preparing the minutes from the Expert Group meetings as well as periodic progress reports;
- Keeping the representatives of the Expert Group informed on a regular basis about the progress of activities;
- Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;
- Developing partnerships with other individuals and organisations to ensure wide participation in issues that the Partnership addresses, as well as promoting and encouraging the involvement of external actors in the work towards the respective Goals included in the NDPHS Strategy.

3. General Representation and Participation

General representation within the Expert Group shall consist of high-level experts in the field, including from the administrative sector, from the research community as well as from rele-

vant NGOs. These high-level experts shall be appointed to the Expert Group by the interested Partner Countries and Partner Organisations.

The Expert Group will include one representative from each interested Partner Country and Organisation. In order to facilitate continuity and active participation, the Partner Countries and Organisations should consider nominating 1-2 alternates for each representative in the Expert Group who will step in for the main representative when necessary. The main representative and his/her alternate(s) should work as one team and keep each other informed of all activities and meetings of the Expert Group.

In appointing representatives to the Group, the Partner Countries and Organisations will be guided by the following requirements for nomination of experts:

- High level expertise in health/social well-being/social inclusion issues and activities in the field covered by the Expert Group;
- Experience in networking and reaching out to individuals and groups of scientists familiar with the regional aspects;
- Experience in project facilitation and assessment;
- Ability to actively take part in and contribute to the Expert Group work towards the set Goals and Operational Targets (both during meetings and in-between them);
- Participation in relevant governmental or non-governmental scientific and technical committees at national, regional and international levels would be an additional asset.

Over and above the required competence, the Expert Group members are expected to be active and contribute to the work of the Expert Group in different ways, for example, bring their experience to the Expert Group and act as a link between the Expert Group and their own national authorities and organizations.

The Area 4 Expert/Task Group Chairs and Co-chairs will be invited to NCD Expert Group meetings as full members. Additionally, with the advice and support of the CSR, special effort will be made in order that from each Partner Country at least one prominent, well-known expert with considerable prestige and over-arching respect based on proven career on national and international fora on healthy lifestyle and social well-being ("wise men" and "wise women") would be invited to the NCD Expert Group. Their advise and voice would be needed for the societal advocacy of the messages, In order to contract such persons, it will be evident that NCD Expert Group meetings will frequently need to use video-conferencing facilities.

Before nominating its representative(s) to the Expert Group, the nominating Partner Country or Partner Organisation will ensure that the nominated expert will have covered his/her travel and other expenses related to the participation in the Expert Group meetings.

If a Partner Country or Partner Organisation changes their appointed representative, it should inform the Expert Group Chair, ITA and the NDPHS Secretariat immediately.

In addition to the appointed Partner Country and Partner Organisation representatives, the Expert Group is entitled to invite external actors, i.e. other "eligible participants" and "interested parties" as defined in the Oslo Declaration, to be involved in the work of the Expert Group.

VIII. Meetings

The Expert Group shall hold two meetings per year. The location of meetings will rotate based on the interest expressed by the Partners.

The Expert Group can organise additional meetings, as considered necessary and appropriate, given the extent of the available funding and other relevant resources.

The NDPHS Secretariat has the right to attend and submit documents to the Expert Group's meetings, as well as to intervene during these meetings.

Should the Expert Group not be in a position to decide upon additional invitees to its meetings, the Chair may invite persons from international or regional organisations who have an interest in the respective field to the Expert Group's meetings or to particular sessions during such meetings.

Except as otherwise herein stated, the Expert Group will determine its own methods of work, including the preparation of agendas, the keeping of records and other procedures.

IX. Coordination, Supervision and Financial Aspects

The CSR is responsible for supervising the work of the Expert Group.

For co-ordination purposes, the Chair, Vice Chair and ITA should hold co-ordination meetings with the Secretariat and other Expert Groups' Chairs and ITAs.

As the Partnership cannot bear the travel and other costs related to Expert Group representatives' participation in Expert Group meetings, all expenses incurred by the representatives to attend Expert Group meetings will be covered by their respective countries or organisations. Costs for holding meetings will be borne by the host country unless otherwise agreed.

Notwithstanding the above, individual Partner Countries or organisations may provide voluntary support for the attendance of a participant at Expert Group meetings, if sufficient funds are available.

If other sources are interested in supporting the work of the Expert Group, communication and follow-up will be facilitated by the NDPHS Secretariat.

The Lead Partner shall provide financial support to the Expert Group to aid its activities.

X. Decision Making and Reporting

The Expert Group is answerable to the CSR and PAC. To this end, it will provide feedback and report to the CSR, as well as PAC, as necessary.

The Expert Group, supported by the Chair and the ITA, will prepare an annual Progress Report in accordance with the reporting rules adopted by the CSR as well as a draft Activity Plan for the following year, both to be submitted to the autumn CSR or PAC event.

A final report shall be made available in due time before the PAC in 2013. This report should reflect activities having been undertaken by the Expert Group towards achieving the respective Goals and their Operational Targets.

In order to ensure proper co-ordination and transparency, all reports and plans will be shared with all Expert Group representatives, the Group's Lead Partner and co-Lead Partner, and the NDPHS Secretariat, which can in turn share the reports with other Partner Countries and Partner Organisations.

Decisions within the Expert Group shall be reached by consensus.

Only appointed representatives to the Expert Group take part in decision-making.

The outcomes of each Expert Group meeting shall be documented in the meeting minutes and published on the NDPHS website. The Expert Group will ensure that all decisions are communicated to the NDPHS Secretariat and other Partnership bodies, as appropriate, and that the Secretariat will be included as a recipient of all meeting documents and other relevant documents that are circulated to its representatives.

In addition to these Terms of Reference, the Expert Group can elaborate more precise strategies and action plans, which highlight the methods by which the NDPHS Goals and Operational Targets will be reached. These strategies and action plans can be updated at Expert Group meetings, and any changes will be communicated to the CSR through the NDPHS Secretariat.

XI. Relationship with other NDPHS Groups

The Expert Group shall seek, when appropriate, to establish and maintain collaborative relationships with other NDPHS Groups on cross-cutting Operational Targets and other issues included in the NDPHS Strategy.

The following two Task Groups are affiliated with the Expert Group through their time-limited Terms of References and Action Plans:

1. **Task Group on Occupational Safety and Health (OSH)**, which will be responsible to implement Goal 10: The NDPHS Strategy on Health at Work is implemented in the ND area.
2. **Task Group on Indigenous Mental Health, Addictions and Parenting (IMHAP)**, which will be responsible Goal 11: Public health and social well-being among indigenous peoples in the ND area is improved.

Additionally, the Expert Group shall seek, when appropriate, to establish and maintain working relations with other relevant groups in particular in the Northern Dimension area in a manner that promotes synergies and avoids the duplication of efforts. To this end, and when appropriate, the Expert Group may represent the Partnership in different fora to promote its own objectives and develop support and commitment from potential external actors.

XII. Amendments to the Terms of Reference

These Terms of Reference can be amended, when deemed necessary. Proposed amendments shall be co-ordinated with the NDPHS Secretariat and approved in the Group before being submitted to the CSR for possible adoption.

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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 6th 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 too 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).