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Title	NDPHS Progress report on the implementation of the actions included in the EUSBSR Action Plan priority sub-area on health
Submitted by	Secretariat
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Requested action	For information

EU STRATEGY FOR THE BALTIC SEA REGION

Priority Area 12. To maintain and reinforce attractiveness of the Baltic Sea Region in particular through education and youth, tourism, culture and health

Progress report by the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)

This document has been developed by the NDPHS Secretariat based on the contributions received from the NDPHS Expert Groups and respective stakeholders engaged in the implementation of health actions included in the EUSBSR Action Plan.

1. Health area in the EUSBSR Action Plan

A healthy population is a critical factor behind sustainable economic development of enterprises and societies. Therefore, the **health sector appears as one of the important factors for the maintenance and reinforcement of the attractiveness of the Baltic Sea Region**. However, as noted in the [updated EUSBSR Action Plan](#), the region features places, where social and economic problems lead to high levels of mortality, morbidity and loss of work ability and productivity due to the non-communicable diseases and accidents (such as, e.g., by hazardous and harmful use of alcohol, drug-abuse, tobacco, obesity, lack of physical activity and violence), and by the spread of infectious diseases (such as, e.g., HIV/AIDS and tuberculosis). The growing cross-border movement of people poses additional challenges, such as increased spread of communicable diseases, migrants' health, legal and illegal trafficking of alcohol and tobacco, and drugs, etc., therefore it should be paralleled by actions addressing inequalities in health status and in the level of health protection. **Three main health-related actions were identified in the Action Plan** to tackle these challenges:

- Contain the spread of HIV/AIDS and tuberculosis;
- Fight health inequalities through the improvement of primary healthcare;
- Prevent lifestyle-related non-communicable diseases and ensure good social and work environments.

Further, as examples of concrete activities, the following **two fast track flagship projects have been included in the Action Plan**:

- 12.9. Health: “Alcohol and drug prevention among youth;”
- 12.10. Health: “Improvement of public health by promotion of equitably distributed high quality primary health care systems.”

Following an invitation by the European Commission, the **NDPHS has taken the role of Lead Partner for the coordination of the health sub-area of Priority Area 12** of the Action Plan.

2. General progress of the priority area

The above health-related actions included in the Action Plan are properly covered in the goals and operational targets included in the new NDPHS Strategy adopted by the NDPHS in November 2009. As a result, the new NDPHS Strategy and the EU Strategy for the Baltic Sea Region (EUSBSR) are correlated and complement each other in the area of health. By adopting the NDPHS Strategy during a ministerial-level conference, the Partnership ensured a strong political support for the subsequent implementation process.

Further, to operationalize the health and social well-being actions included in both strategies, during the first half of 2010, the NDPHS has reshaped its expert-level structures and established the following groups that have been tasked in their ToRs to implement the respective actions included in both strategies:

- Expert Group on HIV/AIDS and Associated Infections;
- Expert Group on Primary Health and Prison Health Systems;
- Task Group on Antimicrobial Resistance;
- Expert Group on Alcohol and Substance Abuse;
- Task Group on Alcohol and Drug Prevention among Youth;
- Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments;
- Task Group on Occupational Safety and Health;
- Task Group on Indigenous Mental Health, Addictions and Parenting (actions to be taken by this group are not directly linked with the EUSBSR Action Plan).

NB. These structures are open to participation of relevant and interested external stakeholders.

Also, in exercising its role as the leader for the health priority area of the EUSBSR, the NDPHS has successfully approached several key regional stakeholders to involve them in the implementation of the EUSBSR (e.g. the Baltic Sea Parliamentary Conference (BSPC)).

The EUSBSR Action Plan calls for “promoting e-health technology”. As the NDPHS does not focus its activities on e-health issues, it has engaged another regional stakeholder, namely the e-Health for Regions network, to take the lead role for this component. Clearly, the EUSBSR already at this early implementation stage has contributed to the development of closer and more coordinated cooperation among several regional stakeholders operating in the health area.

The NDPHS has taken many efforts aimed to inform the regional stakeholders about the EUSBSR and to encourage them to get involved in its health related activities. Apart from taking direct contacts with several of them, in mid-2010 the NDPHS has launched a new section dedicated to the EUSBSR on its website (cf. EUSBSR at www.ndphs.org). The section informs about the EUSBSR with a focus on health area, presents concrete ideas and proposals for contribution to the implementation of the health-related activities of the EUSBSR and invites the stakeholders to become involved in their implementation (an on-line registration tool is provided).

Efforts have been launched in early 2010 and are currently ongoing to develop and subsequently implement project-based activities. The project aimed at helping to increase the cost-efficiency of the public health system and more efficiently counteracting communicable diseases as well as health problems related to social factors, the ImPrim (fast-track) project, which is included in the EUSBSR Action Plan, has been successfully launched in February 2010.

Further, several expert-level meetings have been scheduled for September-October 2010, which will, *inter alia*, discuss project concepts, among them a project on alcohol and drug

prevention among youth, which has been flagged as a fast-track project in the EUSBSR Action Plan.

On 27 October 2010 in Copenhagen, Denmark, the NDPHS will co-organize with the INTERACT, a regional event that will focus on the EUSBSR and will aim at fostering the development, fundraising and implementation of projects contributing to the implementation of the EUSBSR. The event will bring together a selected group of representatives from the NDPHS expert level structures, as well as other Baltic Sea Region stakeholders involved/to be involved in the implementation of the actions within the EU Strategy's health area, and a selected group of representatives of funding institutions and programs that could provide funding for the implementation of proposed actions. It is planned that mature project concepts shall be developed before the event and presented to the participating funding institutions and programs.

Finally, the NDPHS will participate in the EUSBSR Annual Forum on 14-15 October 2010 in Tallinn, Estonia, where it will present further information on the progress in the implementation of the EUSBSR health actions and be glad to share its experience that might be useful for other EUSBSR priority area coordinators e.g. as a moderator in thematic group on relations with 3rd countries.

3. Progress for each action

The NDPHS is a cooperative effort of eleven governments, the European Commission and eight international organizations, and provides a forum for concerted action to tackle challenges to health and social well-being in the Northern Dimension area. As such, the NDPHS has a framework and organizational means to foster the implementation of the health-related actions included in the EUSBSR Action Plan. The NDPHS Secretariat and the NDPHS Expert Groups have all taken an active role in the implementation of these actions during the period covered by this progress report. Also, issues related to the Implementation of the new NDPHS Strategy and leadership for the health issues in the EU Strategy for the BSR were high on the agenda of the NDPHS meetings. By engaging its Expert Groups in the process, the NDPHS was able to provide a high-level expertise for the benefit of the EUSBSR. The groups were very active in preparing project proposals, identifying new and relevant stakeholders in different partner countries. Their work was based on relevant research background and has had impact on national policies in several partner countries.

Also, the involvement and contributions of several non-NDPHS stakeholders, who have played an important role in the implementation process, needs to be acknowledged and appreciated.

3.1 Contain the spread of HIV/AIDS and tuberculosis;

During the period covered by this progress report activities within this area were run within the framework of the NDPHS Expert Group on HIV/AIDS and the NDPHS Expert Group on Prison Health (http://www.ndphs.org/?hiv-aids_eg and http://www.ndphs.org/?ph_eg, respectively). They were focused on prevention of HIV and TB among the most vulnerable groups where the spread has been rapid. Low-threshold service centres for injecting drug users and other vulnerable groups have been established in NW Russia (earlier in Estonia and Latvia) in several regions and, after positive experiences, the working concept is now established in new locations such as Leningrad Oblast. A notable activity moderated by the Expert Group was the cross-border collaboration between Estonia and Russia concerning the Narva-Ivangorod area with particularly high incidence of new infections. Financing came foremost from Finnish and Norwegian sources.

Activities concerning other vulnerable groups include an ongoing project on HIV surveillance and prevention among men who have sex with men (MSM). Here the Russian participation in the EU-funded project was covered by Norwegian contribution.

In order to update the current situation and identify the most urgent needs and potential new stakeholders a European conference on HIV/AIDS will be organised in Estonia in 2011. The initiative for this was approved as a flagship project for the NDPHS in the spring meeting in 2010. Funding has been granted from EU.

Other initiatives and activities cover i.e. a seminar on Logical Framework Approach that was organized in Leningrad Region, Russia (9-11 June 2010), to plan a long-term programme to control tuberculosis in the Barents Region. Projects linking HIV and TB to it are in progress.

Most of these activities are focused on regions in urgent need for enhanced preventive activities.

Activities were also commenced to develop a best practises document. To that end, a Norwegian-Russian research project "The Governance of HIV/AIDS Prevention in North-West Russia" received funding, which aims to increase knowledge that improves HIV/AIDS prevention strategies in Russia.

As regards the weaknesses, the critical one is a lack of human resources. After the boom in the 1990.s, resources for HIV-prevention have been cut down and possibilities for national experts and advisors to implement activities that are known to have high impact have narrowed significantly. To some extent this can be compensated by providing enabling environment for the expert level collaboration in the region covered by NDPHS.

The EUSBSR Action Plan also addresses the issue of health in prison. Activities in this area were lead by the NDPHS Expert Group on Prison Health (PH EG). It has dedicated its efforts to, i.a., developing two project concepts:

- (i) a project aimed to help control and prevent the spread of HIV/AIDS in the female population of the Baltic Sea Region and to create a supportive environment to reduce woman's vulnerability. It is planned that the project will initially include Poland, Lithuania, Latvia and Estonia, but partners from other countries of ND area will be sought for;
- (ii) project "Capacity Building, Knowledge Transfer and Best Practice in Working with Populations Most At Risk from Blood-Borne Virus Infections in Prison and Post-Prison Settings in Baltic Countries." The project concept is being developed together with a UK NGO "HALE."

The PH EG also agreed to lead the development of TB prevention programme for the Barents Region. This programme will be shared with the Prison authorities from Baltic countries, in order to develop same type of activities in Baltic Region.

Further, the PH EG became an associated partner of the "ACCESS" project - Access to treatment and harm reduction for drug users in custody. The project will address the general objectives of the Drug Prevention and Information Programme related to the prevention and reduction of drug use, dependence and drug related harms and contribution to the information on drug use.

Finally, following agreement between the PH EG leadership and the European Commission, a special session during the autumn EU HIV/AIDS Think Tank meeting will be devoted to prison issues. The NDPHS will make a presentation during the meeting, too.

3.2 Fight health inequalities through the improvement of primary healthcare;

During the period covered by this progress report activities within this area were run within the framework of the NDPHS Expert Group on Primary Health Care (PHC EG) (www.ndphs.org/?phc_eg). They were focused on identification of key problems related to PHC development in the region and rising political awareness on most urgent needs for addressing growing community health care needs and health inequalities. Further, the PHC EG, which had initiated the fast track flagship project "ImPrim" (cf. item 4.1), took several actions to support it, i.e., it facilitated communication between project partners and their respective Ministries of Health in order to guarantee political support and financial contribution for the project implementation.

Role of primary health care nurse in addressing growing health needs of communities in the BSR becoming more and more important in the PHC EG work. The group has identified existing gaps in performance and quality of work of nurses, when compare Scandinavian Countries and Belarus, Russia, Baltic countries. The workshop "PHC nurses in the primary health care team: experiences of immigrant doctors and nurses" was organized by the Ministry of Health and Social Affairs of Finland and the PHC EG, as a thematic workshop during the PHC EG meeting in March (cf. http://www.ndphs.org/?mtgs.phc_9_helsinki). It (i) helped the participating countries to share experiences of doctors and nurses on the role of the nurse in PHC teams in their own countries, as well as (ii) provided input for planning the activities of the ImPrim project for strengthening the role of PHC nurses in the Baltic Sea Region.

Introduction of internal quality assurance tools for strengthening evidence based decisions is another important factor for the improvement of PHC quality. Project "Establishing EBM and Developing Quality of Care in PHC through extended networks with PHC doctors and nurses in northwest Russia" (financed through the NDPHS Project Pipeline and implemented by Blekinge Centre of Competence (Sweden); cf. <http://www.ndphs.org/?database.view.project.552>) made its contribution to the regional work in this topic area. The following clinical audit reports have been printed and delivered at the follow-up meetings during the project life-time: (i) For family nurses: *Blood pressure measurement and advice on lifestyle* (four different reports for Murmansk, Archangelsk, Pskov and Kaliningrad regions); for family doctors: (ii) *Respiratory Tract infections and prescription of antibiotics in PHC* (three different reports in Murmansk, Archangelsk and Pskov); (iii) *Hypertension and Diabetes, diagnosis and treatment in PHC. (One overall report and regional presentations)* (iv) *Early detection of cancer*. Despite long traditions of external, "top-down" quality control, Internal audit tools met high interest among family doctors and nurses in North West Russia. Further, the development of an audit for felchers, which focuses on early detection of cancer, was started in March 2010.

Finally, as far as the "promotion of e-health technology" component in the EUSBSR Action Plan is concerned, considering that the NDPHS does not focus its activities on e-health issues, it has engaged another regional stakeholder, namely the e-Health for Regions network, to take the lead role for this component. The e-Health for Regions network runs a regional "ICT for Health" project, which is its contribution to the EUSBSR (cf. item 4.2). E-health will also be a key topic on the agenda of the 3rd International Conference on Well Being in the Information Society, 18th-19th August in Turku, where the NDPHS will also speak about the EUSBSR.

3.3 Prevent lifestyle-related non-communicable diseases and ensure good social and work environments.

During the period covered by this progress report activities within this area were run within the framework of the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA EG) (http://www.ndphs.org/?sihlwa_eg). There were three sub-groups operating within the SIHLWA EG, each of them focusing on a set of specific issue-areas within the field:

- Sub-group on Alcohol;
- Sub-group on Adolescent Health and Socially-Rewarding Lifestyles;
- Sub-group on Occupational Safety and Health.

In the beginning efforts have been initiated to develop a concept of an “Alcohol and drug prevention among youth” EUSBSR flagship project (cf. item 4.3). The project was first discussed during the SIHLWA EG spring meeting and these discussions will continue during the first meeting of the Task Group on Alcohol and Drug Prevention among Youth on 30-31 August 2010 in Riga, Latvia.

Efforts also continue to facilitate the implementation of the NDPHS Strategy on Health at Work in the ND area. Among others, a report was compiled to assess the progress in the implementation of the Strategy. In-depth reporting on status of occupational health services will be discussed during the forthcoming autumn meeting. Each country should consider making a review or audit; e.g., Estonia plans to review the OSH laws and Norway is preparing a White Paper on Occupational Health and Safety.

Further, possibilities of extending to the Baltic States project activities on developing national OSH system and improving health and preventing accidents in high-risk sectors are being explored. Presently such a project is ongoing in NW-Russia and is being implemented through the ILO. Five elements (based on the NDPHS Health at Work Strategy) will be included: (i) development of the regional OSH profile; (ii) regional OSH program development; (iii) the development of BOHS in Russia; several seminars organized; (iv) workplace level – preventive activities, e.g., jointly with the road transport sector, and (vi) information and advocacy activities – sharing experiences.

Finally, it is planned to focus on health determinants in the region and address problems through a holistic health promotion concept and assessment of health impact in all policies. The NDPHS will seek and explore possibilities for multi-country action and projects in its member countries. As flagship-project initiatives in the field of NCDs, the NDPHS will consider the possibilities to analyse “Potential Years of Life Lost” prematurely due to preventable causes of lifestyle related issues. Another approach to NCD-prevention could be introducing the “Life at Stake” TV-format in selected countries in collaboration with TV-producers. WHO-EURO initiative of “Expert Patient programme” is yet another preliminary idea to focus on better management of chronic diseases, which could lead into project action jointly with the NDPHS expert group dealing with primary health care.

4. Progress for each flagship project

4.1 “Improvement of public health by promotion of equitably distributed high quality primary health care systems” – ImPrim Project

The ImPrim project, funded by the EU Baltic Sea Region Programme 2007-2013 (€2.4 million of which €2.2 million ERDF funding and €0.2 million ENPI funding), is a five year collaboration involving 13 partners (comprising leading health care institutions) from Belarus, Estonia, Finland, Latvia, Lithuania and Sweden. The Lead Partner of the ImPrim project is the Swedish Committee for International Health Care Collaboration (SEEC). Thanks to a

grant from Sida's Baltic Sea Unit, Russian participation has now also been made possible and Kaliningrad oblast has been invited to participate in project activities as an associated partner.

Strongly supported by the ministries of health of the participating countries, the ImPrim project aims at promoting equitably distributed high quality Primary Health Care services in the Baltic Sea Region in order to increase the cost efficiency of the public health system and more efficiently counteract communicable diseases as well as health problems related to social factors. The project tackles three core areas: Access to Primary Health Care; Financial resources for Primary Health Care; Professional development of Primary Health Care staff.

The ImPrim project's kick-off meeting was held on 22-23 February 2010, in Karlskrona, Sweden. The ImPrim internet portal is now on line at www.oek.se/imprim and the first ImPrim quarterly newsletter was distributed in May 2010. At this early stage, project activities remain in a planning phase. The second transnational partner meeting will be held in Gomel, Belarus on 25-29 October 2010.

4.2 "ICT for Health: Strengthening social capacities for the utilisation of eHealth technologies in the framework of ageing population" – ICT for Health Project

The ICT for Health project, funded by the EU Baltic Sea Region Programme 2007-2013, is a three year collaboration involving 20 partners from Germany, Denmark, Finland, Norway, Lithuania, Russia, Poland and Sweden. The Lead Partner of the ICT for Health project is the University of Applied Sciences Flensburg. The overall aim of the project is that citizens with chronic diseases and medical professionals in the partner regions have the capacity and knowledge as well as the acceptance to use eHealth technologies in prevention and treatment by the year 2012.

The project analyses the impact of the ageing population on the health care systems and identifies and shares strategies in raising the capacity to utilize eHealth in prevention and treatment of chronic diseases. The findings will be widely disseminated in a Transnational Discussion Round with stakeholders from policy, health sector and industry from the BSR.

The project has three pilot implementations with following main outputs:

- A comprehensive self-monitoring system for chronic heart failure patients (WP4);
- Education content for better utilization of eHealth by medical professionals and citizens (WP5); and
- A multi-lingual personal health portal enabling citizens with chronic diseases to document electronically their health data supporting their mobility abroad (WP6).

All developed standardized solutions will be transferred and offered to health care providers and the general public in the BSR through a network of distributors and multipliers.

The ICT for Health project's kick-off meeting was held on 04-05 February 2010, in Flensburg, Germany. The ICT for Health internet portal is now on line at www.ictforhealth.net and the first ICT for Health newsletter was distributed in June 2010.

4.3 "Alcohol and drug prevention among youth" – ADPY Project

The project's objective is *reducing hazardous and harmful alcohol use and substance use in general among young people in municipalities around the Baltic Sea region* (in the Baltic countries, the Nordic countries, Poland, Russia etc). The project partners will represent a number of municipalities, governmental bodies and networks around the Baltic Sea.

During the Swedish Presidency in 2009 the Swedish Ministry for Social Affairs took the initiative to start the process to develop the ADPY project. In February 2010, the Swedish Ministry of Health and Social Affairs invited the NDPHS, NVC (Nordic Centre for Welfare and Social Issues), Sida (Swedish International Development Cooperation Agency) and STAD (Stockholm Prevents Alcohol and Drug Problems, under the auspices of Karolinska Institutet) to a meeting to start planning a project application. It has been agreed that the first phase (development of a project outline and planning of the implementation) will be led by Sweden through STAD, jointly with NVC.

The first project outline was presented and discussed at the 9th Meeting of the NDPHS SIHLWA Expert Group in Copenhagen 24-26 March 2010.

During its meeting on 29-30 June 2010, the NDPHS established a specialized body, which has been tasked to develop the ADPY Project concept and a project application, the NDPHS Task Group on Alcohol and Drug Prevention Among Youth (ADPY TG). The first meeting of the ADPY TG will be held on 30-31 August in Riga, Latvia, to discuss which partners, associated partners and other stakeholders would take part in the process of developing the project application.

In order to involve relevant partners from different sectors and levels, STAD and NVC work to gather a network partners from around the Baltic Sea with an interest in the initiative. Invitations to the above-named meeting will be sent shortly to and through NDPHS Contact Persons, NDPHS CSR Members, SIHLWA Expert Group Members, European Cities Against Drugs (ECAD) and Baltic Region Healthy Cities Association.

It is planned to have the project application ready for submission to the EU Public Health Programme in the spring of 2011.