Partnership Annual Conference (PAC)
Seventh Conference
Copenhagen, Denmark
28 October 2010

Title	Minutes from the 7th Partnership Annual Conference
Submitted by	Secretariat
List of Annexes	Annex 1 – Approved NDPHS Progress Report for 2010 Annex 2 – Adopted NDPHS Work Plan for 2011 Annex 3 – List of participants Annex 4 – List of documents submitted to the Meeting
Summary / Note	This document presents the most important information and statements presented, as well as, where available, the conclusions and decisions made during the meeting.

1. Opening of the Conference and welcome

The Conference was opened by the NDPHS CSR Chair, Mr. Oleg Chestnov, who shared the chairing of the Conference together with the NDPHS CSR Co-Chair, Ms. Liisa Ollila.

Ms. Zsuzsanna Jakab, the WHO Regional Director for Europe who hosted the meeting, welcomed the participants. In her opening remarks she, *inter alia*, emphasized that the NDPHS' new Strategy was very much in line with her vision for and the changes being made at the WHO/Europe. The conference was, therefore, an opportunity to build on the long-standing collaboration between the two partners and to intensify and extend it to new areas of cooperation, including antimicrobial resistance and tobacco control. While recalling that the WHO/Europe recently had nominated technical focal points to participate in the newly established/restructured NDPHS expert-level structures, she invited the NDPHS to take part in developing Health 2020, the new European health policy, and new strategies on HIV/AIDS, tuberculosis and alcohol. Finally, she thanked the NDPHS Secretariat for organizing the conference, Dr. Mikko Vienonen for his efforts in fostering the cooperation between the WHO and the NDPHS, as well as WHO/Europe representatives Ms. Tanja Michaelsen and Ms. Kaja Kaasik-Aaslav, for administrative assistance.

2. Adoption of the agenda

The Conference **adopted** the provisional agenda (as submitted in document PAC 7/2/1).

3. Agreement on the establishment of the NDPHS Secretariat

The Chair informed that the written silent procedure on the renewal of Mr. Maciejowski's contract had not been broken and thanked the Partners for supporting Chair country's proposal. Further, he thanked Mr. Maciejowski for his excellent work and congratulated him on the renewal of the contract.

Mr. Maciejowski thanked the Partners for their support and confidence. While emphasizing the Partnership's unique character as well as its growing potential and ability to bring practical benefits to people in the region, he expressed his appreciation for being given the privilege and honour of working for the Partnership. He assured the Partners can always rely on his commitment and efforts to contribute to the continued success of the Partnership.

Amb. Carola Beatrice Bjørklund, the Chair of the *ad hoc* Working Group on Secretariat's Legal Capacity (SLC), informed about the progress in the process of authorizing the legal capacity to the NDPHS Secretariat and introduced the draft Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being. Further, she informed that the SLC WG held a meeting on the day before the PAC 7, during which the participants had agreed on the said draft Agreement. She remarked that the task of finding a precise and efficient legal formula for the Secretariat was a challenge and several options had been considered, including an NGO under the national legislation of the Host Country, an international foundation and an international legal entity. It was decided that an international legal entity would be the best and in fact the only practical solution. As regards the draft Agreement, she informed that, while the Secretariat served the whole Partnership, only those NDPHS Partners, who would opt to be the parties to the agreement, would conclude the agreement. At the same time, she stressed that some crucial issues still remained to be resolved, namely, the Host Country had not been determined yet and there was no Host Country Agreement. She suggested that, despite those unresolved issues, the Partnership should report on a good progress at the 2nd Northern Dimension Ministerial Meeting to be held in Oslo on 2 November 2010, since the preparatory work in the SLC WG had been completed. Finally, she thanked those who had contributed to the process for their hard work and offered her help to the Host Country in preparing the Host Country Agreement, as the next step in the process.

Sweden thanked Norway for taking the issue forward and recalled that during the CSR 17th meeting an agreement on two step approach was reached, first step being the definition of a framework of the Permanent Secretariat as a legal subject. In Sweden's view, the first step had been accomplished. The second step, according to the agreement reached at the CSR 17, was a comprehensive package of the immunities and privileges that the Host Country would be ready to offer to the Secretariat, including a draft Host Country Agreement. Sweden reiterated that it was its ambition to host the Secretariat. However, the Host Country Agreement had to be negotiated first, which was a process that involved several ministries, and only then it would be able to formally offer hosting the Secretariat.

Germany agreed on the need to create the preconditions for the NDPHS Secretariat to take legally binding action, however, in its opinion, there were at least two possible approaches to achieving this. The first one, which Germany favoured, was an administrative agreement. A regulation along these lines would be sufficient according to German experts. Therefore, Germany continued to entertain fundamental objections to the intended establishment of an international organisation. In the interest of a good partnership, however, it was nonetheless prepared to subscribe to the agreement that the other Partners were aiming for, subject to the legal examination of the final draft.

Russia stressed its high interest in speedy completion of the process of authorizing the legal capacity to the NDPHS Secretariat, since it was an essential precondition for Russia to be able to provide financing for the Secretariat and the NDPHS project-based activities.

Finland thanked Norway and the SLC WG for their work and expressed its firm support to a speedy completion of the process.

The Chair emphasized that this issue was among the priorities of the Russian Chairmanship and the ambition was to finalize the process until the end of 2011.

The Conference **thanked** Norway for leading the process and **expressed** its support for the expedite concluding of the agreement on the establishment of the NDPHS Secretariat with its own legal capacity.

4. Information by the NDPHS Chair and the NDPHS Secretariat

With reference to document PAC 7/4/Info 1, the Secretariat briefly informed about the meetings in which the Secretariat and the Chair Country recently took part. It stressed that the outreach activities and cooperation with other regional stakeholders had been successful. In particular, it referred to the contacts established with the Baltic Sea Parliamentary Conference (BSPC) with an aim to collaborate towards the implementation of the NDPHS Strategy Goal 8 and other areas of mutual interest (also reflected in the BSPC Work Programme 2010 – 2011, submitted as document PAC 7/6/Info 1). Further, it referred to the attendance by the Chair Country, the Secretariat and Norway the meeting of the Northern Dimension Steering Group in Oslo on 23 September 2010, which provided an opportunity to raise several issues of importance to the NDPHS[1]. The Secretariat also referred to its consultations with the Union of the Baltic Cities (UBC) regarding its possible cooperation with NDPHS, including the UBC' possible involvement in the implementation of the health priority actions included in the EUSBSR Action Plan. In this regard, the Secretariat briefly introduced the UBC Commission on Health and Social Affairs Action Plan for 2011, which contained provisions regarding entering into dialogue with the NDPHS to discuss possible cooperation and coordination of activities.

With reference to document PAC 7/4/Info 2, the Secretariat informed about an article that it had submitted to the BSSSC newsletter, as an example of the NDPHS activities to increase its visibility and engage other stakeholders in cooperation.

With reference to document PAC 7/4/Info 3, the Secretariat briefly informed about the NDPHS' active and effective participation in and contribution to the First Annual Forum of the EUSBSR, which further contributed to the visibility and recognition of the Partnership.[2]

Furthermore, the Secretariat referred to a non-paper, which was distributed to the Partner Countries contributing to the budget, regarding the outstanding contributions to the NDPHS budget for FY 2010. It informed that, as of 28 October 2010, Canada and Iceland had not paid their contributions. However, an Agreement regarding Canada's contribution had recently been signed between the CBSS/NDPHS Secretariat and the Foreign Affairs and International Trade Canada, and the first instalment was expected to be received shortly. The Secretariat was also in contact with the Head of the Icelandic Delegation to the CSR and its understanding was that Iceland intended to pay its contribution. It further referred to the NDPHS Strategy, which foresees that the issue of non-payment should be discussed during the autumn CSR/PAC meeting to decide whether a non-paying country may remain a Partner. However, given the circumstances, the Secretariat would suggest that no immediate action would be taken at the PAC 7. Should Iceland not pay its contribution, it suggested the Partners would revisit the issue and take decision, as appropriate. In the meantime, the forthcoming 2nd ND Ministerial Meeting offered an opportunity for the CSR Chair and the Secretariat to approach Iceland for further talks, if necessary.

Finally, the Secretariat informed that the CBSS Secretariat would move to new premises in Gamla Stan (old town) district as of 28 October 2010, and the NDPHS Secretariat with it. The

[1] The intervention made by the Chair Country at the Northern Dimension Steering Group meeting in Oslo on 23 September 2010 is available at www.ndphs.org/?speeches.
[2] Information about the EUSBSR Annual Forum was provided by the EU delegation in agenda item 5.

Partners will be informed about the new address in a Secretariat's communication immediately after the move will have been completed.

The Conference **took note** of the information provided and **encouraged** the respective Partners to pay their outstanding contributions to the NDPHS budget for FY 2010 without delay.

5. Information by the NDPHS Partners

Canada reaffirmed its commitment to the NDPHS and stressed the importance of combating the global burden of non-communicable diseases (NCD). It also expressed its continued interest in cooperation and exchange of information on issues regarding the health and social well-being of indigenous people. E-health and prevention of HIV/AIDS were among the areas that Canada was particularly interested to cooperate in. Finally, it assured the Conference that Canada's contribution to the NDPHS budget for FY 2010 will be received shortly.

Estonia informed about its efforts to further promote the visibility of the NDPHS, in particular, at the ScanBalt Forum "Healthy Future" held in Tallinn on 22 – 24 September 2010.

Finland informed that in 2010 and 2011 Finland and Komi Republic co-chair the Barents-Euro-Arctic Council Joint Working Group on Health and Related Social Issues (JWGS). The most recent JWGS meeting was held in Syktyvkar, Komi Republic, on 23 September 2010. The agenda of the meeting included reports on the progress of the JWGS, in particular, as regards the Barents HIV/AIDS Programme and the Children and Youth at Risk sub-programme, as well as the planning of the new Barents Tuberculosis programme. It further stated that it was evident from the meeting that the Barents and NDPHS structures work in close cooperation and the priorities of these structures were in line and went into the same direction, e.g., the new Barents Tuberculosis programme was being developed in close cooperation with the PPHS EG and the HIV/AIDS&AI EG. It also informed that a Tuberculosis conference was, in cooperation with the NCM, planned for 2011. Finally, it informed that in early 2011 the JWGS would start the preparation of the new Barents programme on health and related social issues for 2012-2015.

Latvia informed that the Baltic Council of Ministers had recently established a joint Task Force on health issues for promotion of cooperation and implementation of joint projects within the Baltic States, e.g., the development of a common procurement system for state financed medicines and medical equipment, coordination of the first aid at the borderland, specialization of health care provided in three Baltic States and development of a unified system for organ transplantation in the Baltic countries.

Lithuania reaffirmed its commitment to the NDPHS and informed that on 1 - 2 December 2010 a policy dialogue "Health professional mobility in the Baltic Sea region and neighbouring countries" will be organized in Lithuania.

Norway expressed its appreciation for the planning of the new Barents Tuberculosis programme and emphasized its engagement in Barents cooperation.

Poland reaffirmed its committed to the NDPHS and informed that it had nominated representatives to all newly established/restructured NDPHS Expert Groups and Task Groups.

Sweden expressed its gratitude to the WHO/Europe for hosting the PAC and underlined that the increased WHO/Europe focus on strategic partnerships, discussed during the recent Moscow meeting of the Regional Committee, went well with the lead role of the NDPHS in

the EUSBSR. It also stressed that the intensified collaboration between the WHO/Europe, the NDPHS and other regional bodies would facilitate action against current and future health threats in the region and increase opportunities for health promotion and disease prevention, increasing equity in health. Such collaboration would also bring closer together Partnership and non-Partnership countries within and outside the European Union.

Further, Sweden expressed its committed to the long-term efforts on several key health issues, reflected in the fields in which Sweden had assumed responsibility within the Partnership, namely, strengthened health systems, the negative health effects of the use of illegal drugs and the excessive use of alcohol and antimicrobial resistance. It also noted that the work of Swedish technical experts in Expert and Task Groups had already started, and would continue in the future, benefiting from the participation of Swedish Government Agencies. From the next year, the Lead Partner representative in the PPHS EG would come from the Swedish National Board of Health and Social Welfare.

On the issue of regional cooperation in the extended Baltic Sea Region, Sweden emphasized the importance of harmonisation of activities among regional bodies involved in health and social matters – including but not limited to the Arctic Council, the Barents Euro-Arctic Council, the Council of the Baltic Sea States, and the Nordic Council of Ministers. Limited resources would, through such harmonisation, be used more cost-efficiently and duplication of work would be avoided. It also stressed that the NDPHS, which had been established to help intensify cooperation and enhance coordination between international actors within the Northern Dimension area, offered an expedient framework to that end.

Finally, Sweden informed that the flagship project ImPrim had run into unexpected severe difficulties due to the forced decision of the Board of the Swedish Lead Partner, the SEEC, to dissolve the latter. The responsibility to find a new Lead Partner was a task for the project consortium. However, the Swedish Ministry of Health and Social Affairs, one of the six national Ministries of Health being associated partners in this project, was ready to express its support to other credible organisations willing to take on the Lead Partner role. Sweden proposed to return to the issue in 7.2 d.

Mr. Arun Nanda, Strategic Adviser, WHO/Europe, made a presentation on the WHO/Europe priorities and issues relating to the cooperation with the NDPHS[3]. In particular, he referred to the existing challenges, such as pandemic preparedness, climate change, NCD, etc. He also underlined the increasing recognition of the importance of health both nationally and globally, and stressed that health is a key factor to innovation and economic growth. The priority areas of action of the WHO/Europe included pandemic preparedness, antimicrobial resistance, infectious diseases such as MDR TB and HIV/AIDS, NCDs and health promotion. The abovementioned priorities would be included in Health 2020, the new European health policy being developed by the WHO/Europe, with an aim to present the first draft to the WHO Regional Committee meeting in 2011 and the final draft in 2012. Health 2020 was a framework document, developed together with different partners, aimed at helping the WHO/Europe Member States in their own efforts to develop their own policies. Finally, he underlined that the WHO/Europe aimed at strengthening its focus on partnerships, including the NDPHS.

The EU delegation informed about the First Annual Forum of the EUSBSR, a very successful event, with a wide and active participation of more than 500 stakeholders from across the Baltic Sea region. The Forum resulted in fruitful discussions, including on cross-cutting issues and showed that the Strategy was maturing rapidly. Recommendations and proposals from the Forum would be included in the EUSBSR Report. Further, it thanked the NDPHS for

[3] The presentation by Mr. Arun Nanda is available at www.ndphs.org/?mtgs,pac_7__copenhagen, in the post-meeting documentation section.

its important work, active engagement and involvement of various stakeholders in the implementation of the EUSBSR. It also commended the NDPHS for a very well organized Seminar on project development and funding, which was a great example of the NDPHS' valuable contribution to the implementation of the EUSBSR. Finally, the EU delegation emphasized its continuous and increasing engagement in cooperation with the NDPHS.

The Conference **took note** of the information provided.

6. Statements by the invited guests

Mr. Jan Widberg, Head of the Baltic Sea Parliamentary Conference (BSPC) Secretariat, made a presentation on the BSPC and its possible future cooperation with the NDPHS[4]. In particular, he remarked that the BSPC comprised representatives of eleven national parliaments from both EU and non-EU countries, thus constituting a unique parliamentary bridge in the region. He emphasized that the BSPC was first and foremost a political body and thus it could apply political pressure on parliaments and governments and provide political support to various initiatives. He also admitted that public health had not been very prominent on the BSPC agenda so far; however, there was an increasing interest in issues related to health and social well-being. Therefore, the initiative by the NDPHS to cooperate in the areas of mutual interest was highly appreciated by the BSPC. Following several meetings of the NDPHS and BSPC representatives at different levels a provision was included in the BSPC Work Programme 2010-2011 (cf. document PAC 7/6/Info 1) "to develop contacts and exchange with the NDPHS with a view to arranging a joint activity on a relevant health-related topic." Furthermore, the BSPC Standing Committee at its recent meeting in Berlin had reaffirmed that the cooperation should be pursued and had assigned the BSPC Secretariat as the contact point for the development of further cooperation.

The Secretariat reminded that within the Goal 8 of the NDPHS Strategy it was foreseen that the Partnership would organize a side event back-to-back with the 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. The understanding of the BSPC, the Chair Country and the Secretariat was that a pragmatic follow-up to the established contacts was needed at the NDPHS expert-level and that the ASA EG would need to take this cooperation forward.

The ASA EG Chair confirmed that the Expert Group would pursue the collaboration with the BSPC and that the possible cooperation with politicians was important and seemed very promising.

Further, the Secretariat recalled that on 22-23 February 2011 the Second Northern Dimension Parliamentary Forum would take place in Tromsø, Norway, and that the Chair Country and the Secretariat had been in contact with the organizers regarding the NDPHS participation and contribution to it. The NDPHS will be invited to make a statement during the forum.

The Conference **thanked** the BSPC for the cooperative approach and the information provided, and **requested** the ASA EG to pursue the cooperation with the BSPC consistent with the Goal 8 of the NDPHS Strategy.

[4] The ppt presentation by Mr. Jan Widberg is available at http://www.ndphs.org/?mtgs,pac_7__copenhagen, in the post-meeting documentation section.

Ms Katja Lahikainen, the NDI Coordinator, presented the Northern Dimension Institute (NDI) and their ideas for possible collaboration with the NDPHS (cf. document PAC 7/6/Info 2). She stated, *inter alia*, that the NDI could provide academic expertise in the suggested areas for cooperation. She also invited the NDPHS representatives to the second NDI Steering Group meeting which would be held on 9 December 2010 in Lithuania, to inform about the goals and priority areas of the NDPHS and to present proposals regarding the possible areas of cooperation between the NDPHS and the NDI. She further informed that the NDI had just established a Scientific Thematic Group on Health and Social Well-being, which had recently had its first meeting. Unfortunately, only Russian and Finnish representatives participated at the meeting, which was mainly due to the lack of financing to cover the travelling expenses of the experts. She also stated that other universities and research institutes would be invited to join the Thematic Group.

The HIV/AIDS&AI EG Chair stressed that the academic research in the field of health was very important and that there was a lack of independent academic research, since most of the information was from the government-owned institutes, thus an independent institute that could challenge the existing ideas and propose new ones would bring a clear added value.

The Secretariat reminded that the CSR 17 decided "to foster the cooperation between the NDPHS and the NDI, including, but not limited to, the cooperation between the NDI and the NDPHS expert level structures. To that end, it encouraged the NDPHS Expert Groups to establish the contacts with the NDI in order to identify possible areas of cooperation." The Secretariat informed that it would soon submit the Terms of Reference to the EU Delegation to Russia outlining the priorities for spending EUR 100,000 made available to the NDPHS under the ENPI Regional East Programme 2010-2013. It encouraged the NDI together with the Expert Groups to consider approaching the Secretariat with their proposals regarding the costs related to the travel expenses of the NDI representatives for participation in the NDPHS expert-level meetings, which could be included in the abovementioned Terms of Reference.

The NDI expressed its appreciation of the proposal made by the Secretariat.

The Conference **thanked** the NDI for the cooperative approach and the information and ideas provided and **upheld** the CSR 17 decision to foster the cooperation between the NDPHS and the NDI, in particular, through the NDPHS Expert Groups.

7. Implementation of the NDPHS Strategy and the health sub-area of Priority Area 12 in the EUSBSR Action Plan

7.1 Outcome of the PAC side-event "Seminar on project development and funding"

The Secretariat reported about the outcomes of the PAC side-event, a Seminar on project development and funding, which was a NDPHS contribution to the implementation of the EUSBSR. The Seminar was a great success, 50 participants attended it, among them many representatives of financing institutions and EU programmes, as well as project developers, some of them from Russia. Altogether, 11 presentations regarding 18 different financing programmes were made and 13 project concepts were discussed during individual parallel consultations. It was expected that in the coming months those project concepts will transform into mature project proposals.[5]

Further, the Secretariat summarized the main conclusions from the Seminar:

[5] Further information and documents are available at www.ndphs.org/?mtgs,seminar_on_project_dev_and_funding.

i. The event demonstrated that there was plenty of funding available for projects in the area of health in the Baltic Sea region, at the same time, given the fierce competition for financial resources, for any project proposal to attract funding it had to not only meet the eligibility criteria imposed by a given financier but also be of high substantive value. Another factor to keep in mind is that, as the current financial period is coming to an end, less and less funding is available for project during this period. Consequently, one needs to be able to adapt to the prevailing circumstances and, e.g., plan for several smaller projects addressing respective programme areas.

ii. When discussing the next EU programming period, the participants agreed that there is a need to raise the profile of health and social well-being and ensure that it would be visibly exposed among the funding programmes' priorities. The NDPHS should take a role in pushing for such change. To that end, BSR organizations comprising sub-state level and local level authorities, such as the BSSSC and the UBC, respectively, should be involved by the NDPHS in the common effort to achieve this goal.

iii. The understanding of health being an indispensable part of sustainable development should be further promoted in the region.

iv. There is a need to increase an understanding of the added value of the regional cooperation in health and social well being in the ND area.

v. NDPHS has to be a part of the regional and global health processes, such as Health 2020, while focusing on those areas where it can bring added value.

In conclusion, the Secretariat suggested that the Conference might agree that the NDPHS would develop a position paper with an aim to raise the profile of health and social well-being and ensure that it would be visibly exposed in the list of the coming funding programmes' priorities. The position paper could be presented not only to the European Commission, but also to the regional sub-state level and local authorities. It also stated that the NDPHS Expert Groups had already agreed to provide their input for the development of such a position paper and suggested that the NDI could provide scientific evidence to the position paper. Finally, the Secretariat thanked the representatives of the financing institutions, project developers, EU delegation and the INTERACT for their input and efforts which had resulted in a very successful and highly appreciated event.

The NCD EG Chair remarked that the Seminar had provided an excellent opportunity to learn about the available funding and that the NDPHS' role and challenge would be to enter into dialogue with the financing agencies in order to raise their awareness that health is not a usual commodity.

The ASA EG Chair stressed that the NDPHS' task and goal was to work with other stakeholders, in particular with the ministries of finance, to increase their knowledge and understanding on how and why health is important for a sustainable development.

Norway encouraged other Partners to use the NDPHS Project Pipeline, which was a very useful instrument, but was not fulfilling to the full its objective as only Norway was providing financing through it.

Sweden emphasized that the idea of health and social well-being as a prerequisite for people's commitment to environment had to be stressed and pushed forward by the NDPHS.

The HIV/AIDS&AI EG Chair stated that the idea of having unique solutions to unique problems in this region also had to be stressed in the draft position paper.

Finland expressed its appreciation for a successful PAC side event and emphasized that the Expert Groups were the resource for developing projects and sending messages to national politicians.

The EU delegation stated that it was very satisfied with a useful and informative seminar. It also reminded that one of the problems was that not all of the financing facilities had been designed with the NDPHS in mind. Thus, it was very important that other Partners just as Norway would allocate resources for cooperation in the field of health and social well-being.

Russia suggested establishing a NDPHS fund for the development of projects as soon as the NDPHS Secretariat was granted a legal capacity. It also proposed stressing the link between the economics and health, to be able to influence the politicians.

The Conference **took note** of the information provided and **endorsed** the proposal made by the Secretariat to develop a position paper aimed to raise the profile of health and social well-being in the next EU financial period's EU funding programmes operating in the ND area. This should be achieved, *inter alia*, by ensuring that health and social well-being would be visibly exposed in the list of funding programmes' priorities.

7.2 Implementation of the NDPHS Goals and Operational Targets

The Chair stressed that the interventions in this agenda item should focus exclusively on the progress towards the collective achievement of the NDPHS goals and operational targets, rather than exclusively on the work of the individual Expert Groups.

a) Goal 1: The role and working methods of the NDPHS are strengthened

The Secretariat informed about the progress in the implementation of Goal 1 and stated that, by and large, a good progress had been achieved during 2010. The Partnership had been successful in: (i) increasing the visibility and wide recognition of the Partnership in the region; (ii) involvement of other regional stakeholders, i.e., the BSPC, the e-Health for Regions network, the UBC, etc., in the NDPHS-coordinated activities; (iii) development/facilitation of the regional flagship projects, and (iv) mobilisation of new sources of funding. On the other hand however, further efforts by Expert Groups were needed to strengthen the two-fold approach towards health and social well-being within the Partnership and to facilitate the development of regional projects. The inclusion of relevant international projects in the NDPHS Database for improved coordination and facilitation is also recommended.

The HIV/AIDS&AI EG Chair stated that the NDPHS Database contained many projects and improvements were needed to avoid overlaps.

The Secretariat recalled the ongoing discussion to link the NDPHS Database to the Northern Dimension Information System, which constituted an additional incentive to maintain the NDPHS Database complete and up to date. It further stressed that it was the Secretariat's and Expert Groups' common responsibility to regularly update the NDPHS Database. As its own human resources are modest, the Secretariat annually engages an external support for updating the Database. If the Expert Groups felt that additional improvements were needed, they were welcome to submit their proposals and support the process.

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

b) Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved; and Goal 3: Social and health care for HIV infected individuals in the ND area is integrated

The HIV/AIDS&AI EG Chair informed about the progress in the implementation of Goals 2 and 3[6]. He stated, *inter alia*, that prevention of HIV/AIDS among drug users and strengthening of health systems had always been among the main priorities and good results had been achieved in this regard. The NDPHS' activities towards the implementation of Goals 2 and 3 in 2010 included, but were not limited, to the following: (i) the establishment of low-threshold service centres for injecting drug users and other vulnerable groups; (ii) organization of a European conference on HIV/AIDS to be held in Estonia in 2011, and (iii) development of a new project on strengthening intersectoral collaboration in HIV and related diseases prevention and care for vulnerable groups, which would cover Northwest Russia, Poland and Lithuania.

The WHO/Euro informed that it was developing action plans on HIV/AIDS and MDR TB and invited the NDPHS to provide input.

The PPHS EG ITA informed that the PPHS EG members were participating in developing Barents Tuberculosis Programme and invited the WHO/Euro to cooperate in developing this programme.

c) Goal 4: Resistance to antibiotics is mitigated in the ND area

The PPHS EG Chair, on behalf of the AMR TG, informed about the progress in the implementation of Goal 4. He informed, *inter alia*, that the Lead Partner Sweden and co-Lead Partner Germany had met to discuss the priorities of the Task Group, including the collaboration with the Baltic Antibiotic Resistance collaborative Network (BARN) to avoid duplications and achieve synergistic effects of the activities of the BARN and the AMR TG. Many members were nominated, including from the WHO/Euro, however, the nominations from several partners were missing. The first meeting of the Task Group would most likely take place in early 2011.

The WHO/Euro informed that the antibiotic resistance would be a theme of the World Health Day in 2011 and stated that it was looking forward to a close collaboration with the NDPHS in this field.

Thematic area 2: Accessibility and quality of primary health care

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

The PPHS EG Chair informed about the progress in the implementation of Goal 5 and that the NDPHS' activities towards it included, but were not limited, to the following: (i) various activities towards strengthening of the role of health professionals and local hospitals; (ii) monitoring of the implementation of the ImPrim project; (iii) submission of a project proposal "4Bs For Health: Building Bridges, Breaking Borders" to Lithuania-Poland-Russia

[6] Prof. Pauli Leinikki' ppt presentation is available at www.ndphs.org/?mtgs,pac_7__copenhagen, in the post-meeting documentation section.

ENPI CBC Programme 2007-2013, and (iv) the engagement of the e-Health for Regions network to take the lead role for the e-health issues within the NDPHS and EUSBSR strategies. With reference to the Swedish statement in agenda item 5, he reiterated the worry regarding the situation concerning the ImPrim project leadership.

With reference to the latter, the Secretariat informed that it was approached by the SEEC with a request that the NDPHS would consider assuming the Lead Partner role for the ImPrim project and invited the Conference to take a decision on this issue.

The Conference **decided** that, given the limited financial and human resources available at the NDPHS Secretariat, the NDPHS was not in a position to assume the Lead Partner role for the ImPrim project and **mandated** the Secretariat to inform the SEEC accordingly.

Thematic area 3: Prison health care policy and services

e) 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

The PPHS EG ITA informed about the progress in the implementation of Goal 6 and that the NDPHS' activities towards it included, but were not limited to, the following: (i) the development of a project proposal in cooperation with the UK NGO "HALE" for the Northern Dimension area, which would be related to HIV/AIDS prevention in prison settings, and (ii) the development of a TB prevention programme for the Barents Region. He also reported on the increased cooperation with the European Commission, particularly with the Directorate-General for Health & Consumers, and the WHO HIPP, and stressed the importance of this cooperation on bringing the health in prisons issues higher on the health and social well-being agenda.

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

f) Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced
g) 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
h) Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area

The ASA EG Chair informed about the progress in the implementation of Goals 7, 8 and 9 and that the NDPHS' activities towards it included, but were not limited to, the following: (i) the establishment of contacts with other stakeholders, in particular, with the BSPC, with an aim to promote parliamentarians' attention to and awareness of the impact of alcohol on society; (ii) planning of the NDPHS' participation and contribution to the conference in issues related to alcohol use to be organized by Poland under the auspices of its forthcoming EU Presidency, and (iii) the development of a regional flagship project on alcohol and drug prevention among youth. He also stressed the importance of the "health in all policies" approach and the need to involve other sectors in the cooperation coordinated by the NDPHS.

The NCD EG Chair informed about the progress in the implementation of activities in Thematic area 4[7], which included, but were not limited to, the following: (i) the development of a project concept "Nutrition, physical activity and prevention of obesity and diabetes in schoolchildren", and (ii) the development of a project concept "Stop NCD-epidemic now! Health policy and strategy support to combat NCD and hazardous and harmful lifestyle epidemic in Northern Dimension geographical area." He also stated that in the future particular attention should be paid to scaling up activities to reduce hazardous and harmful lifestyles.

The WHO/EURO informed that it was developing an Action Plan to implement the European strategy on non-communicable diseases (including health promotion in Europe), as well as a European Alcohol Strategy, and invited the NDPHS to continue to collaborate on these issues.

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

The NCD EG Chair, on behalf of the OSH TG, informed that the implementation of the NDPHS Strategy on Health at Work was going well in many countries and that a full assessment of the implementation would be available in 2011. He further informed that the following two project proposals were being developed by the OSH TG with the participation of the Baltic Sea Network on Occupational Health and Safety (BSN): (i) "Evaluation of occupational health services," and (ii) "Return to work after sick leaves."

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

The NCM, on behalf of the IMHAP TG, informed about the progress in the implementation of Goal 11[8] and that the activities towards it included, but were not limited to the development of a work plan which clearly specifies 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 Conference **took note** of the information provided, **thanked** the NDPHS Expert Groups and Task Groups for their work towards the implementation of the NDPHS goals and operational targets and **invited** those Partners who had not yet nominated their representatives to these structures to do so promptly.

7.3 Approval of the NDPHS Progress report for 2010

The Secretariat introduced the main part of the NDPHS Progress Report for 2010 (cf. document PAC 7/7.3/1) and asked for permission to include later into it any activities, which may still be carried out before the end of the year 2010. Overall, the NDPHS had been able to implement almost all actions envisaged in its ambitious Work Plan for 2010. Of particular importance for the Partnership's continued work was a successful launch of a coordinated

[7] Dr. Mikko Vienonen' ppt presentation is available at www.ndphs.org/?mtgs,pac_7__copenhagen, in the post-meeting documentation section

[8] Ms. Maria-Pia de Palo' ppt presentation is available at www.ndphs.org/?mtgs,pac_7__copenhagen, in the post-meeting documentation section.

effort to implement the agreed goals and operational targets included in the NDPHS Strategy. However, the Secretariat's one conclusion from the first year of the implementation of the NDPHS Strategy was that, in their activities, the Expert Groups should attach more attention to and focus on the implementation of the adopted operational targets for which they are responsible. The assumption of the Lead Partner role for the Health priority sub-area in the EUSBSR was of great value as it helped the NDPHS increase its importance and visibility in the region as well as it put the NDPHS in a better position to attract financing for its project-based activities. The Partnership successfully coordinated the Health priority sub-area of the EUSBSR Action Plan and took a number of efforts to implement the health-related actions included in it. Progress made by the Partnership was, to a large degree, possible thanks to human and financial resources provided by the Partners. However, some Partners did not allocate sufficient resources to the Partnership. Especially acute was the problem of missing contributions to the NDPHS Secretariat budget. It was also recommended that several of Partners, who have not yet nominated their representatives to the Expert Groups and Task Groups, would do so promptly.

The ASA EG Chair suggested deleting the following sentences "The ASA EG has contacted the WHO and the representatives from the former SIHLWA EG (which was, *inter alia*, covering this issue), to clarify this issue. Unfortunately no actions were taken in this direction, by those parties" on page 26 of the Annex 1 to the NDPHS Progress Report.

The Conference thanked the Expert Groups and Task Groups for the good and committed work carried out so far in 2010. Further, the Conference:

- **approved** the Progress Report (attached as Annex 1 to the minutes) with an amendment requested by the ASA EG and, considering that the presented Progress Report only covers the period from January until October 2010, it –
- **authorized** the Secretariat to update the report with new relevant information that would become available during the remaining time of the year.

7.4 Adoption of the NDPHS Work Plan for 2011

The Secretariat presented the proposed NDPHS Work Plan for 2011 (submitted as document PAC 7/7.4/1). While thanking the Expert Groups and Task Groups for their contributions to the Work Plan for 2011, it emphasized that the latter was fully in line with the NDPHS Strategy and took into account the NDPHS' Lead Partner role for the Health priority sub-area in the EUSBSR Action Plan. The proposed Work Plan featured 6 main action lines which defined the NDPHS future work on: (1) working toward the NDPHS goals and taking actions to implement mid-term operational targets, (2) leading and coordinating the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan, (3) providing adequate funding for the NDPHS and Partnership-relevant activities and projects, (4) increasing the Partnership's visibility, (5) establishing the NDPHS Secretariat with its own legal capacity and (6) monitoring the Partnership's progress and reporting on it.

Finally, the Secretariat and the SLC WG Chair invited the Conference to agree on the following amended wording in Action line 5, to reflect the outcome of the SLC WG 4th meeting held the day before the PAC 7: "5.1) The Parties to the Agreement: start legal proceedings to sign and complete national legal procedures necessary for the Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being to enter into force."

The Conference **adopted** the NDPHS Work Plan for 2011 (attached as Annex 2) with the amendment proposed by the Secretariat and the SLC WG Chair.

7.5 NDPHS project labelling

The Secretariat introduced the proposed Rules for the NDPHS project labelling (submitted as document PAC 7/7.5/1).

Germany suggested the following amendment in the point 2) of the section III "The rights and duties of the NDPHS-labelled Project Partners": "Project Partners should place the NDPHS logo and information that the project has been labelled by the NDPHS in all project information materials" instead of "are encouraged to place label."

The Conference **adopted** the presented rules with the amendments proposed by Germany.

7.6 Other matters

The Secretariat introduced the NDPHS Progress report on the implementation of the actions included in the EUSBSR Action Plan priority sub-area on health (cf. document PAC 7/7.6/Info 1). It also introduced a document "Role of eHealth in the Baltic Sea Region. A framework for better care" submitted by the e-Health for Regions network and invited the Expert Groups to consider the ideas presented in the paper and their possible involvement in the activities described therein.

Further, the Secretariat informed that it had been approached by the European Commission with a request to submit possible revisions to the EUSBSR Action Plan and invited the Conference to take a decision on this issue.

Finally, the Secretariat informed that it would soon submit the Terms of Reference to the EU Delegation to Russia outlining the priorities for spending EUR 100,000 made available to the NDPHS under the ENPI Regional East Programme 2010-2013 and thanked the EU delegation for this support.

The Conference **took note** of the information provided and **decided** that, unless proposals for amendment were submitted, the NDPHS would not propose any amendments to the EUSBSR Action Plan to the European Commission.

8. NDPHS contribution to the 2nd ND Ministerial meeting

The Secretariat introduced a revised proposed NDPHS report for the 2nd Northern Dimension Ministerial meeting (submitted as document PAC 7/8/1/Rev 1).

The Conference **adopted** the report for submission to the 2nd Northern Dimension Ministerial meeting.

9. Next PAC and its side-event

9.1 Date, place and other modalities

The Chair announced that the 8th Partnership Annual Conference, to be held at ministerial level, and its side-event, would take place in late November or early December 2011, possibly in Moscow, back to back with a PAC side event. Final information would be provided in the near future.

The Conference **agreed** to Russia's proposal and asked Russia to provide final details as soon as possible.

9.2 Thematic focus of the PAC and its side-event

The Chair informed that Russia was planning to have a side event to which all Expert Groups would be invited to contribute. NCD and, possibly, a more specific focus on alcohol-related problems, was a suitable topic, since several global NCD-related events would take place in 2011 and 2012, thus it would be a good opportunity for the NDPHS to contribute to the global discussion. It is proposed that the side-event would endorse a statement that could subsequently be approved by the PAC.

Sweden expressed its firm support to the proposed thematic focus.

The ASA EG Chair stated that the Expert Group would be ready to provide an input to the side-event.

The Conference **took note** of the information provided and **agreed** on having the PAC 8 side-event focused on NCDs.

10. Any other business

Prof. Pauli Leinikki informed that he would retire from his position as the HIV/AIDS&AI EG Chair as of the beginning of 2011 and thanked everyone for a good collaboration.

The Conference **thanked** Prof. Pauli Leinikki for his excellent work and wished him all the best with his future plans.

11. Adoption of the PAC 7 minutes

Considering that the current year's PAC was held at the CSR level, the Secretariat proposed that, to reflect the outcome of the PAC 7, minutes would be produced rather than Chairman's Conclusions and that the Secretariat would send out draft PAC 7 minutes to the participants on 10 November 2010 and that comments on the draft would be due, at the latest, on 19 November 2010. Revised minutes would then be distributed on 22 November 2010 to be adopted *per capsulam* provided that no further comments are submitted within one week.

The Conference **agreed** to the proposed procedure.

12. Closing of the Conference

The Chair thanked WHO/Euro for hosting the Conference and its side-event and the participants for the very good meeting.

The Conference closed at 17:00 hours.

Reference	Annex 1
Title	Approved NDPHS Progress Report for 2010
Summary / Note	This document presents the main activities implemented by the NDPHS during the period from January until October 2010 and, when known, also until the end of 2010

Northern Dimension
Partnership in Public Health
and Social Well-being

Northern Dimension Partnership in Public Health and Social Well-being

Progress Report for 2010

Approved during the 7th Partnership Annual Conference
28 October 2010, Copenhagen, Denmark

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Abbreviations and acronyms used

- ADPY TG – NDPHS Task Group on Alcohol and Drug Prevention among Youth.
- AMR TG – NDPHS Task Group on Antimicrobial Resistance.
- ASA EG – NDPHS Expert Group on Alcohol and Substance Abuse.
- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group).
- EGTOR – *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference.
- EUSBSR – EU Strategy for the Baltic Sea Region.
- HIV/AIDS EG – Expert Group on HIV/AIDS (a NDPHS Expert Group operating until mid-2010).
- HIV/AIDS&AI EG – NDPHS Expert Group on HIV/AIDS and Associated Infections.
- ITA – International Technical Adviser.

- IMHAP TG – NDPHS Task Group on Indigenous Mental Health, Addictions and Parenting.
- NCD EG – NDPHS Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments.
- ND – Northern Dimension.
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being.
- OSH TG – NDPHS Task Group on Occupational Safety and Health.
- PH EG – Expert Group on Prison Health (a NDPHS Expert Group operating until mid-2010).
- PHC EG – Expert Group on Primary Health Care (a NDPHS Expert Group operating until mid-2010).
- PPHS EG – NDPHS Expert Group on Primary Health Care and Prison Health Systems.
- SIHLWA EG – Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (a NDPHS Expert Group operating until mid-2010).

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

1. Political background

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

The Partnership works according to the provisions spelled out in the **Declaration concerning the establishment of a NDPHS** (the Oslo Declaration),[9] which stipulates that the Partnership shall promote co-operation and internationally coordinated actions in order to fulfill specific objectives within the following two priority areas:

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

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

(ii) Enhancing and promoting healthy and socially rewarding lifestyles

Under this objective, the Partnership shall focus on nutrition, the enhancement of physical activity, creating smoke-, alcohol-, and drug-free environments, the practice of safe sexual behaviors, and supportive social and work environment and constructive social skills. Children and young people shall be the main target groups.

From the beginning of 2007, the Northern Dimension process is defined by two documents, namely the **Political Declaration on the Northern Dimension Policy**[10] and the **Northern Dimension Policy Framework Document**[11] – both endorsed at the Northern Dimension Summit on 24 November 2006 in Helsinki, Finland.

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

Since the beginning of 2010 the work of the NDPHS is guided by its **new Strategy**, which was developed by the Partnership during 2009 and subsequently adopted during the 6th Partnership Annual Conference (PAC).[12] The NDPHS Strategy is closely correlated with the EU Strategy for the Baltic Sea Region (and more precisely the health priority sub-area thereof). The new NDPHS Strategy defines goals and, linked to them, operational targets and indicators, which constitute an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC.

[9] Available at www.ndphs.org/?doc,Oslo_Declaration.pdf.
[10] Available at www.ndphs.org/?doc,Political_Declaration_on_Northern_Dimension_Policy.pdf.
[11] Available at www.ndphs.org/?doc,Northern_Dimension_Policy_Framework_Document.pdf.
[12] Available at www.ndphs.org/?about_ndphs#New_NDPHS_Strategy.

2. Introduction

This NDPHS annual progress report presents the main activities implemented by the Partnership during the year 2010. Information contained herein is provided with reference to and against the objectives and action lines included in the NDPHS Work Plan for 2010[13] adopted during the ministerial-level 6th Partnership Annual Conference held on 25 November 2009 in Oslo, Norway. A section presenting conclusions and summarizing strengths and opportunities as well as obstacles and weaknesses has also been included. Finally, **annexed to this report are the progress reports of the NDPHS Expert Groups** (ASA, HIV/AIDS&AI, NCD, PPHS) **and Task Groups** (ADPY, AMR, OSH and IMHAP).[14] While these expert-level structures were established by decision of the NDPHS Committee of Senior Representatives (CSR) at its meeting on 29-30 June 2010, their reports include information about the progress made by the NDPHS Expert Groups operating until mid-2010.

As regards the action lines, six of them have been included in the NDPHS Work Plan for 2010:

- **Action Line 1: Continuing the orientation on policies, strategies and projects**
- **Action Line 2: Strengthening a two-fold approach towards health and social well-being**
- **Action Line 3: Implementing the NDPHS goals and mid-term operational targets (OTs), and monitoring the progress in the implementation of the OTs**
- **Action Line 4: Setting up new and restructuring the Existing Expert Groups and their subsequent launching**
- **Action Line 5: Ensuring coordination of regional efforts to fight trafficking in human beings**
- **Action Line 6: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects**

For each of the above action lines a number of actions to be implemented by the Partnership, collectively or its expert-level structures individually, was defined.

[13] Available at www.ndphs.org/?doc,NDPHS_Work_Plan_for_2010.pdf.

[14] OSH TG provides a link with the Baltic Sea Network (BSN) on Occupational Health and Safety, which is a NDPHS associated expert group. Consequently, the relevant activities of the BSN are reflected in the OSH TG Progress report, which is submitted as Annex 8 to this document. The other NDPHS associated expert group, namely the CBSS EGCC, decided to withdraw from the status of an NDPHS associated expert group as of April 2010. Consequently, its progress report has not been attached hereto.

3. Achievements of the Partnership during 2010

3.1 Executive Summary

The Partnership's activities were run in accordance with its Work Plan for 2010 and, on the whole, the NDPHS was able to successfully implement most of the foreseen activities. The focus of the NDPHS Work Plan for 2010 was on the implementation of the new NDPHS Strategy, which was developed by the NDPHS during 2009 and subsequently adopted during the 6th Partnership Annual Conference, and is closely correlated with the EU Strategy for the Baltic Sea Region. By implementing the Work Plan for 2010 the Partnership took the first step towards realizing its mid-term vision, which it plans to achieve until the end of 2013.

Chaired by Russia and co-chaired by Finland, the Partnership made progress and delivered tangible results by running a wide array of concrete and pragmatic activities which included, but were not limited to: policy and expertise exchange, information sharing and dialogue, project development and implementation, information production and dissemination, advocacy, and administrative and organizational issues. In addition to these a major effort was taken to reform the expert-level structures of the Partnership and launching new groups.

In all its endeavors the Partnership was able to rely on its multi-faceted structure and its broad network composed of countries, the European Commission, international organizations as well as its networks of experts and the NDPHS Secretariat. One meeting of the NDPHS Committee of Senior Representatives (CSR) was held in 2010,[15] as well as a Partnership Annual Conference (PAC).[16] The latter was preceded by a side event "Seminar on project development and funding," which brought together project developers and representatives of the donor community, and helped foster the implementation of the NDPHS Strategy and the EUSBSR. [17]

As the year 2010 was the first year of the implementation of the new NDPHS Strategy, the NDPHS Expert Groups' and (during the second half of the year) the newly established Task Groups' efforts were focused on launching activities to implement the adopted NDPHS Goals and Operational targets. As the NDPHS Strategy placed great emphasis on the project development, facilitation and implementation, most of the groups were involved in developing or facilitating flagship projects.

The assumption of the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (EUSBSR) was of great value as it helped the NDPHS increase its importance and visibility in the region as well as put the NDPHS in a better position to attract financing for its project-based activities. The Partnership successfully coordinated the health area of the EUSBSR and took a number of efforts to implement the health-related actions included in the EUSBSR Action Plan.

The Partnership website, database and project pipeline, which make parts of its Coordinating and Financing Mechanism, were constantly updated and their functions were further developed and the contents updated (a major updating of the website was performed following the reform of the NDPHS expert-level structures).

Effort also continued to improve the Partnership's outreach activities and information collection and dissemination. The attendance of the NDPHS representatives in non-NDPHS events, the cooperation with other regional stakeholders, regular issuing of NDPHS e-news and e-newsletter, and the development of further language versions of the NDPHS leaflet "Working together to improve peoples' health and social well-being" – they all have helped increase the visibility of Partnership in the region.

[15] Meeting documents are available at www.ndphs.org/?mtgs,csr_17__moscow.
[16] Meeting documents are available at www.ndphs.org/?mtgs,pac_7__copenhagen.
[17] Meeting documents are available at www.ndphs.org/?mtgs,seminar_on_project_dev_and_funding.

3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2010

The following actions have been taken by the Partnership to implement the NDPHS Work Plan for 2010:

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

In 2010 the Partnership continued (i) policy and strategy development as well as exchange of best practices and policies, and (ii) identifying problems in the region and facilitating project ideas.

Main actions taken:

- **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**

Following invitation by the European Commission in late 2009, the NDPHS took the role of Lead Partner for the coordination of the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan. Actions aimed at successful discharging of this role included, but were not limited, to the following:

- **Involvement of other regional stakeholders in the implementation of the EUSBSR**

The Partnership took many efforts to inform the regional stakeholders about the EUSBSR and to encourage them to become involved in the Strategy's health-related actions. In exercising its role as the leader for the Health priority sub-area of the EUSBSR, the Partnership successfully approached several key regional stakeholders to involve them in the implementation of the EUSBSR. For example, the EUBSR Action Plan calls for "promoting e-health technology" and, as the Partnership was not focusing its activities on e-health issues, it engaged another regional stakeholder, the e-Health for Regions network (www.ehealthforregions.net/), to take the lead role for this component. Other involved key regional stakeholders include, e.g., the Baltic Sea Parliamentary Conference (www.bspc.net), the Union of the Baltic Cities (www.ubc.net).

- **Development of a new NDPHS website section dedicated to the EUSBSR**

In mid-2010 the Partnership 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 priority sub-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).

- **Seminar on project development and funding (a PAC side-event)**

The Partnership co-organized with the INTERACT a regional event focused on the EUSBSR and aimed at fostering the development, fundraising and implementation of projects contributing to the implementation of the EUSBSR (and, at the same time, the NDPHS Strategy). The event brought 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 priority sub-area, and a selected group of representatives of funding institutions and programs that could provide funding for the implementation of proposed actions. Project concepts were developed for the event by project developers and subsequently discussed during it with participating funding institutions and programs. The event provided an opportunity to identify potential funding sources for projects, based on the advice by donors on how to

best meet their funding criteria, deadlines, etc. The event also provided an opportunity for the participants to voice and discuss their views what the focus of the future funding activities in the Northern Dimension area in the field of health and social well-being should preferably be.

- **Development of a project on alcohol and drug prevention among youth (a EUSBSR flagship project, also included in the NDPHS Strategy)**

A project on alcohol and drug prevention among youth is a fast-track project included in the EUSBSR Action Plan. In mid-2010, the CSR established the NDPHS Task Group on Alcohol and Drug Prevention among Youth in NDPHS Area (ADPY TG), with a task to develop a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EUSBSR Action Plan. In 2010 the ADPY TG held its first meeting and developed a work plan which clearly specifies steps to be taken towards development of the project and aims at submitting the project application in 2011.

- **NDPHS e-Newsletter with a focus on the EUSBSR**

As part of the Partnership's efforts aimed to inform the regional stakeholders about the EUSBSR and to encourage them to become involved in its health-related actions, the first 2010 issue of the NDPHS e-Newsletter focused on the EUSBSR and the Health priority sub-area of its Action Plan. The e-Newsletter presented ongoing and planned health-related activities within the framework of the EUSBSR, including activities to develop regional projects, and invited other regional stakeholders to join the abovementioned activities.

- **Participation of the NDPHS Secretariat in the meetings of the EUSBSR Priority Area Coordinators and Lead Partners**

The NDPHS Secretariat took part in the meetings of EUSBSR Priority Area Coordinators and Lead Partners where it presented progress being made in the Health sub-area of Priority Area 12 of the EUSBSR Action Plan and discussed the implementation process at large.

- **Participation in the EUSBSR Annual Forum, 14-15 October 2010,Tallinn, Estonia**

The Partnership participated in the EUSBSR Annual Forum on 14-15 October 2010 in Tallinn, Estonia, where it presented the progress in the implementation of the Health priority sub-area of Priority Area 12 of the EUSBSR Action Plan, as well as gave a presentation in thematic group "Promoting contacts between partners in the whole Baltic Sea Region."

- **Submission of a progress report to the European Commission on the progress in the implementation of the Health priority sub-area of Priority Area 12 of the EUSBSR Action Plan**

As a Lead Partner for the Health priority sub-area of the EUSBSR Action Plan, the Partnership periodically prepares reports presenting progress in the implementation of the actions. The progress report covering the period from the adoption of the Strategy in 2009 until mid-2010 was submitted to the European Commission in August 2010.[18] The collection of the information for the progress report was done within the framework of the Annual reporting mechanism adopted by the CSR in June 2010.

- **Development/facilitation of at least one regional flagship project by each Expert Group, where relevant, fully controlled and implemented by the national experts in the group.**

[18] Available at: www.ndphs.org/?eusbsr#Annual_progress_reporting.

Most of the NDPHS Expert Groups and newly established Task Groups embarked on the development or facilitation of regional flagship projects:

- The HIV/AIDS&AI EG started developing a new project on strengthening intersectoral collaboration in HIV and related diseases prevention and care for vulnerable groups. The project will cover Northwest Russia (the focus is on Kaliningrad), as well as Poland and Lithuania;

- The NCD EG started developing:
  - a flagship project on healthy nutrition, prevention and correction of obesity, diabetes-type-2 primary prevention, and physical activity promotion among school-children and youth, and
  - a flagship project on NCD policy and strategy assistance to the pan-European health policy development;

- The PPHS EG started developing:
  - a project proposal on the guaranteed provision of quality primary health care access for inmates;
  - a pilot project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care. The pilot project will commence with an internal workshop during 2011;

  In addition, a project proposal "4Bs For Health: Building Bridges, Breaking Borders" was submitted to Lithuania-Poland-Russia Cross-border Cooperation programme 2007-2013.

- The ADPY TG started development of a regional flagship project on alcohol and drug prevention among youth (See Action Line 1, Section "Development of a project on alcohol and drug prevention among youth (a EUSBSR flagship project)").

Concepts of many of the above projects were submitted for comments and advice to the funding institutions and programs participating in the Seminar on project development and funding.

- **Introduction of an official project labeling procedure based on clear-cut guidelines, which would guarantee that the label would not be misused**

Rules for the NDPHS project labelling [have been adopted by the Partnership Annual Conference] held in October 2010.[19] Following this, the NDPHS Secretariat started developing a separate page on the NDPHS website, which is dedicated to the NDPHS labeled projects and is 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.

[19] Available at: http://www.ndphs.org/internalfiles/File/About_NDPHS/Rules_for_NDPHS_project_labelling.pdf

Main actions taken:

- **Actions to strengthen two-fold approach towards health and social well-being within the Partnership**

Some NDPHS Expert Groups started taking further efforts to more broadly include social dimension in their work. The ToRs of the Expert Groups and Task Groups established in mid-2010 place emphasis on social aspects as important determinants for health and social well-being. For example, the HIV/AIDS&AI EG strongly pursued the integration of social and health care for HIV infected individuals (cf. Action line 3, section "Progress for each Goal and Operational target," Goal 3: Social and health care for HIV infected individuals in the ND area is integrated).

However, further efforts need to be taken by other Expert Groups in this regard, e.g., aimed to connect social well-being issues with the already existing health topics that they are working on. It should be noted that some Expert Groups reported that their efforts to strengthen the two-fold approach were hindered by the fact that the Partner Countries continue nominating to these groups experts exclusively in the health field.

- **Reflection of the two-fold approach towards health and social well-being in the Terms of Reference for the new/restructured Expert Groups and Task Groups**

The ToRs of new/restructured Expert Groups and the Task Groups, where appropriate, contain provisions aimed at strengthening the social well-being facet within the NDPHS. Examples include, but are not limited to, the ToR of the HIV/AIDS&AI EG that request taking into account social aspects linked with HIV prevention, as well as the ToR of the IMHAP TG that request promoting the social well-being among indigenous peoples, including fostering collaboration on social inequalities in population mental health.

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 6th Partnership Annual Conference, the NDPHS adopted goals and, linked to them, operational targets and indicators. 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.

Main actions taken:

- **Development of Terms of Reference (ToR) for new/restructured Expert Groups**

The Partnership Annual Conference in November 2009 agreed that the four, at that time operating, NDPHS Expert Groups would be restructured and, where necessary, new groups be established, all of which would focus on the implementation of concrete time-bound actions (the adopted Goals and Operational targets). Following the CSR decision an *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference (EGTOR), which operated during November 2009 to June 2010, developed proposed ToR templates for the future Expert Groups and Task Groups, as well as drafted ToR for new/restructured Expert Groups with clear and time-limited mandates and tasks. Following these, during its 17th meeting in June 2010, the CSR adopted the ToR for the following NDPHS Expert Groups and Task Groups:

  - Expert Group on Alcohol and Substance Abuse;
  - Expert Group on HIV/AIDS and Associated Infections;

- Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments;
- Expert Group on Primary Health and Prison Health Systems;
- Task Group on Alcohol and Drug Prevention among Youth;
- Task Group on Antimicrobial Resistance;
- Task Group on Indigenous Mental Health, Addictions and Parenting;
- Task Group on Occupational Safety and Health.

- **Ensuring that the Partnership's relevant activities properly take into account NDPHS role of the Lead Partner for the Health priority sub-area in the EUSBSR**

Several actions were taken to that effect, e.g.:

- The adopted in mid-2010 ToRs for all new/restructured Expert Groups and, where appropriate, ToRs of the Task Groups, require the Expert/Task Groups to "contribute to proper discharging of the Partnership's responsibilities as the Lead Partner for the health priority sub-area in the Action Plan of the EU Strategy for the Baltic Sea Region;"

- An annual reporting mechanism was adopted by the CSR, which is also used for reporting to the European Commission on the progress in the implementation of actions within the framework of the EUSBSR Action Plan's Health priority sub-area.

- The Partnership co-organized with the INTERACT a PAC 7 side-event entitled a "Seminar on project development and funding" in October 2010 (further details are included under Action Line 1, section "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").

- **Setting 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.**

An annual reporting mechanism was adopted by the CSR during its meeting in June 2010.[20] It will form a part of the mid-term reporting mechanism which will be developed at a later stage.

- **Progress for each Goal and Operational target[21]**

2010 was the first year of implementation of the agreed Goals and Operational targets (OTs). The expert-level structures of the NDPHS were reformed and the newly established and reorganized groups held their first meetings in September/October 2010. By making the expert-level structures more focused and result-oriented, it is hoped to make the Partnership better equipped for the implementation of its new Strategy, as well as leading the Health component of the EUSBSR. The main objective in 2010 was to launch reformed structures and initiate coordinated actions to implement the OTs. The NDPHS Strategy foresees that the agreed OTs will be successfully completed during 2011-2013. Thus, a significant progress towards the implementation of the agreed goals is expected starting from 2011.

[20] Available at http://www.ndphs.org/?doc,NDPHS_Annual_reporting_mechanism.pdf.
[21] This section contains a summary of the progress towards the achievement of Goals 2-11, based on the progress reports of the NDPHS Expert Groups and Task Groups (attached as Annexes 2-9 to this Progress Report)

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).*

Activities have been taken by the Partnership to further increase its visibility and wide recognition in the region, which are a prerequisite for the achievement of the above OT.

These included, but were no limited, to:

- Interacting with relevant actors in the Northern Dimension area and keeping them informed about developments within the NDPHS as well as making presentations at national and international conferences, workshops and other events;
- Including provisions regarding the NDPHS in relevant high-level and other documents;
- Production and dissemination of information and PR materials (e-news, e-newsletter, press-releases and a leaflet).

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.*

See Action line 2.

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 and* ***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.*

Several regional actors were approached and invited to take part in the NDPHS-coordinated activities. Examples include, but are not limited to: the Baltic Sea Parliamentary Conference (BSPC) (to foster the achievement of the Operational target 8.1, cf. further down); the e-Health for Regions Network, the Union of the Baltic Cities and other actors.

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.*

See Action line 1, section “Development/facilitation of at least one regional flagship project by each Expert Group, where relevant, fully controlled and implemented by the national experts in the group.”

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

See Action line 6.

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

Efforts continued to encourage inclusion of relevant international projects in the NDPHS Database. At the end of 2010 the number of records rose to [632]. However, further efforts are warranted in this regard and the NDPHS Expert Groups should play a role in this process.

Thematic area 1: Containing the spread of HIV/AIDS and tuberculosis[22]

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*, and ***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.*

As mentioned previously, the HIV/AIDS&AI EG started developing a new project on strengthening intersectoral collaboration in HIV and related diseases prevention and care for vulnerable groups. The project will cover Northwest Russia (the focus is on Kaliningrad), as well as Poland and Lithuania The project concept was also discussed with the representatives of the funding institutions at the Seminar on project development in Copenhagen, Denmark, on 27 October 2010, with a view to obtaining advice regarding the possible sources of financing.

Other activities of the HIV/AIDS&AI EG towards the implementation of Operational targets 2.1 and 2.2 include, but are not limited, to the following:

- Establishment of low-threshold service centers for injecting drug users and other vulnerable groups in NW Russia and in new locations such as Leningrad Oblast. The EG moderated the cross-border collaboration between Estonia and Russia concerning the Narva-Ivangorod area with particularly high incidence of new infections;
- Organization of a European conference on HIV/AIDS to be held in Estonia in 2011;
- Organization of a seminar on Logical Framework Approach in Leningrad Region, Russia (June 9-11, 2010), to plan a long-term programme to control tuberculosis in the Barents Region.

[22] From 2004 until mid-2010, activities in this area were fostered by the then HIV/AIDS EG and afterwards – by the HIV/AIDS&AI EG for Goals 2 and 3 and AMR TG for Goal 4.

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.*

The HIV/AIDS&AI facilitated a Norwegian-Russian research project "The Governance of HIV/AIDS Prevention in North-West Russia", which aims to increase knowledge that improves HIV/AIDS prevention strategies in Russia.

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*

All projects facilitated by the HIV/AIDS&AI EG took into account the need to integrate social and health care for HIV infected individuals. Good examples are provided by the projects where inter-sectoral collaboration is being enhanced and facilitated. For example, NGOs often offer social services for HIV-infected persons; therefore NGOs from St. Petersburg, Murmansk and Kaliningrad have been involved into the work of the HIV/AIDS&AI EG and almost all projects implemented under the umbrella of the EG in Northwest Russia included partners from the NGO sector.

Another example are the low threshold services for drug users, sex workers and bridging populations that have been launched in projects run with Murmansk and Kandalaksha. A similar process has been started in the Leningrad Region. This approach includes consulting in social services in addition to anonymous testing, needle exchange, health consulting and distribution of condoms and materials.

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

The AMR TG discussed cooperation with the Baltic Antibiotic Resistance collaborative Network – BARN. It was agreed that it is of utmost importance to avoid duplications and achieve synergistic effects of the activities of BARN and AMR TG in the important struggle against the increasing problem of drug resistant pathogens in the Baltic area.

Thematic area 2: Accessibility and quality of primary health care[23]

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*, and ***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.*

Activities of the PPHS EG towards the implementation of operational targets 5.1 and 5.2 included, but were not limited, to the following:

- The EG agreed to collect and prepare background material for a pilot project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care. The pilot project will commence with an internal workshop during 2011;
- The EG monitored the implementation of the ImPrim project (included in the NDPHS Strategy and the EUSBSR). During the first quarter of 2010, the PHC EG Chair and ITA, as well as members from Belarus, Estonia, Finland, Latvia, Lithuania and Sweden, facilitated communication between project partners and their respective Ministries of Health in order to guarantee political support and financial contribution for the implementation of planned project activities;
- In March 2010, a 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 PHC EG. During the workshop experiences of immigrant doctors and nurses on the role of the nurse in PHC teams in their own countries and Finland were shared. The workshop provided input for planning the activities through ImPrim for strengthening the role of PHC nurses in the Baltic Sea Region.[24]
- A project proposal "4Bs For Health: Building Bridges, Breaking Borders" was submitted to Lithuania-Poland-Russia CBS Programme 2007-2013.

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.*

No progress reported for 2010.

[23] From 2004 until mid-2010, activities in this area were fostered by the then PHC EG and afterwards – by the PPHS EG.

[24] Further information about the workshop is available at: www.ndphs.org/?mtgs,phc_9_helsinki.

Operational target 5.4: *By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.*

The Partnership engaged another regional stakeholder, the e-Health for Regions network, to take the lead role for this issue. In exercising this role, the e-Health for Regions network worked to communicate an overall eHealth strategy in the Baltic Sea Region, identify priorities, organize the exchange of knowledge and experience and will implement projects.

Thematic area 3: Prison health care policy and services[25]

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.

No progress reported for 2010.

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.*

No progress reported for 2010.

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.*

No progress reported for 2010.

[25] From 2004 until mid-2010, activities in this area were fostered by the then PH EG and afterwards – by the PPHS EG.

Thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments[26]

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*, and ***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.*

See Action Line 1, section "Development of a project on alcohol and drug prevention among youth (a EUSBSR flagship project)."

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*, and ***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.*

During 2010, the Partnership took efforts to establish cooperation with the Baltic Sea Parliamentary Conference (BSPC) in the field of reduction of hazardous and harmful use of alcohol. As a result, the following objective was included in the BSPC Work Programme for 2010-2011: "To develop contacts and exchange with the Northern Dimension Partnership in Public Health and Social Well-being with a view to arranging a joint activity on a relevant health-related topic." It is expected that the cooperation will be run through the ASA EG, in which the BSPC representatives would participate.

Furthermore, the Chair of NCD EG made a presentation at the Annual Conference of Nordic Alcohol and Drugs Policy Network (NordAN) on 1-2 October 2010, under the theme "Alcohol and drugs – lifelong concern". This was part of the networking and partner seeking for future project activity in scaling up the NCD policies in the ND area jointly with NGOs and organizations like WHO-EURO. Additional links were created through chairing a workshop on the Northern Dimension.

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*

[26] From 2005 until mid-2010, activities in this area were fostered by the then SIHLWA EG and its sub-groups, and afterwards – by the ASA EG, NCD EG, ADPY TG, IMHAP TG and OSH TG.

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.

No progress reported for 2010.

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.*

According to the informal surveys performed during the BSN Annual Meeting in September – October 2010 in Tartu, Estonia, substantial progress towards Goal 10 has been achieved. Estonia, Finland, Germany Latvia, Lithuania, Norway, Poland, Russia and Sweden reported that work is in progress or partly ready for all or almost all items of the NDPHS Strategy on Health at Work (cf. Annex 8, Attachment 2 for further details).

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.*

The work plan was developed by the IMHAP TG. The following key activities were included in it:

- Best Practices for Indigenous people parenting and associated counseling skills;
- Development of common indicators for Indigenous mental health services;
- Telemedicine: how this can benefit and enhance Indigenous people's mental health services;
- Kick-off seminar: A two day kick off seminar that will invite relevant experts on indigenous people and health to further develop proposals for concrete joint action and pilot projects based on the three prioritized areas mentioned above;
- Producing fact sheets / diagnostic of mental health status (Sámi, Inuit, First Nations, others) with a focus on these priority areas.

Action Line 4: Setting up new and restructuring the Existing Expert Groups and their subsequent launching

Main actions taken:

- **Setting up new/restructured NDPHS Expert Groups and Task Groups**

After the CSR adopted the new Terms of Reference for the Expert Groups and Task Groups in June 2010, new/restructured Expert Groups and Task Groups were set up in accordance with the agreed *Criteria for establishing Expert Groups* (see also Action Line 3, section "Development of Terms of Reference (ToR) for new/restructured Expert Groups").

- **Launching new/restructured NDPHS Expert Groups and Task Groups and ensuring**

smooth transfer from the previously existing Expert Groups to new/restructured Expert Groups and Task Groups

The following actions were taken to this effect:

- **Appointment of the Lead Partners, Chairs and vice-Chairs for all Experts Groups and Task Groups**

The Lead and Co-Lead Partners for all Expert Groups and Task Groups were appointed. All groups, [except for the AMR TG], elected their Chairs and vice-Chairs and appointed International Technical Advisors/Coordinators (cf. Annex 9 "Leadership and coordination in the Partnership").

- **Appointment of the members to the Expert Groups and the Task Groups**

Following the CSR 17 decision to establish new NDPHS Expert Groups and Task Groups, the Secretariat approached the NDPHS Partners and Participants with a request to nominate representatives to the newly established/restructured groups. All NDPHS Partners and Participants, except for [Canada, Estonia and Iceland], nominated their representatives to all or almost all Expert Groups and Task Groups (cf. Annexes 2-9, Section 2 "Participation in the Group's activities).

- **First meetings of the Expert Groups and Task Groups held in September/ October 2010**

All Expert Group and Task Groups, [except for the AMR TG], held their first meetings during September/October 2010. They adopted actions plans for 2011, which describe actions planned to be taken to implement the respective NDPHS Goals and Operational targets (cf. NDPHS Work plan for 2011).

Action Line 5: Ensuring coordination of regional efforts to fight trafficking in human beings

The Nordic Council of Ministers (NCM) places a high priority on combating human trafficking and is carrying out a number of initiatives to fight the issue. In September 2010 NCM invited NDPHS partners and relevant taskforces, International organizations to take part in the conference "*Nordic-Baltic Conferences on Health Consequences of Sexual Trafficking and Obstacles to Health Care Access."* The aim of the conference was to discuss health consequences and access to health care of victims of trafficking of human beings for sexual exploitation in the Nordic and Baltic countries. The conference concluded that health policy is an important part of the overall measures to combat trafficking and that it is important to engage all sectors in this issue. The NCM postponed an originally planned informal meeting to discuss coordination and exchange of information until March 2011.

Action Line 6: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects

In accordance with the Oslo Declaration, the Partners maintained recognition 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.

Main actions taken:

- **Seeking and ensuring that funding was made available for the NDPHS Expert Group's and Task Group's activities and the functions of the NDPHS Secretariat**

The following actions were taken to this effect:

- **Providing financial support for the NDPHS Expert Groups and Task Groups**

  All Expert Groups and Task Groups enjoyed the financial and organizational support of their Lead and co-Lead Partners, which provided the necessary funding for the Expert Groups' and Task Groups' Chairs', vice-Chairs' and ITAs'/Coordinators' activities, meetings, travels as well as remunerations.

  At the same time, some of the Groups stressed the need for the Partners to ensure the continuity of the above financial support as well as the need to allocate funds for their operational budgets, which would help them better involve in the development and implementation of projects. Also, some Groups expressed worries about the lack of long-term funding for ITAs, as well as the fact that, due to the financial crisis, some countries cannot finance participation of their experts in the meetings.

- **Contributions to the NDPHS Secretariat budget**

  Most, but not all Partners, paid their contributions to the NDPHS Secretariat budget for FY 2010. Despite having been pledged earlier, [two] contributions have not been paid.[27] This worrisome situation called to question the Partners' adherence to the principle of co-financing from Northern Dimension partners agreed upon in the renewed Northern Dimension Policy Framework Document, and it requires a remedy.

  It should also be mentioned that, while the NDPHS Secretariat continued to be hosted by the CBSS Secretariat and uses the latter's legal capacity for its operations, the Partners continued efforts aimed to authorize to the NDPHS Secretariat its own legal capacity. To that effect (i) meetings of legal experts were held in February, September and October, which discussed possible further steps in concluding an agreement, and (ii) the Partners intending to establish the NDPHS Secretariat during the PAC on 28 October [agreed on the further steps with a view to signing the Agreement on the Establishment of the NDPHS Secretariat in XXXX PLACEHOLDER].

- **Organization of a Seminar on project development and funding (a PAC side-event)**

  (See Action Line 1, section "Seminar on project development and funding (a PAC side-event)").

- **Funding from the ENPI Regional East Programme 2010-2013**

  The European Commission made available EUR 100,000 (gross) for the NDPHS for activities such as seminars, meetings, studies, reports, etc. In order to be able to benefit from this funding, the [Partnership submitted Terms of Reference to the EU Delegation to Russia] outlining the priorities for spending the above amount.

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

Despite the Partnership's ambition to encourage a wider involvement of financial institutions in the NDPHS Project Pipeline[28] so as to make the pipeline a true "market place" for project

[27] Contributions for 2010 are still expected to be received from Canada and Iceland.
[28] Available at www.ndphs.org/?pipeline.

proponents and project donors working for public health and social well-being in the ND area, only one donor (the Norwegian Ministry of Health and Care Services) used the pipeline for the purpose of calling for project proposals and collecting project applications through it. The Norwegian Ministry of Health and Care Services made two calls for projects through the NDPHS Project Pipeline in 2010 and offered in total approximately EUR 190,000 (spring call) and EUR 1,200,000 (autumn call) for health-related projects to be conducted in North-West Russia.

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

In 2010, the pipeline continued to be frequently visited by visitors from within and from outside the region (altogether approx. [17,300] visits during 2010), and, when requested, the NDPHS Secretariat supported project proponents who were using it.

4. Conclusions

The NDPHS, which is one of the four operating Northern Dimension partnerships, **is a tool to work in one of the sectors defined by the Northern Dimension policy**, namely "social welfare and health care, including prevention of communicable diseases and life-style related diseases and promotion of cooperation between health and social services." Relying on its multi-facetted structure and its broad network composed of countries, international and interregional organizations as well as its networks of experts and the Secretariat, the NDPHS successfully implemented all but a few specific actions foreseen in its Work Plan for 2010.

A number of tangible results have been delivered by the Partnership through a wide array of concrete and pragmatic activities which included, but were not limited to: policy and expertise exchange, information sharing and dialogue, project development and implementation, information production and dissemination, advocacy, and administrative and organizational issues. In addition to these a major effort was taken to reform the expert-level structures of the Partnership and launching new groups. Many of them, but not all, are described in this progress report, while more detailed information can be found on the NDPHS website.

Of particular importance for the Partnership's continued work was a **successful launch of a coordinated effort to implement the agreed goals and operational targets included in the NDPHS Strategy**.[29] It is clear hat future success in the implementation of the NDPHS Strategy relies foremost on the **Expert and Task Group's ability to deliver tangible results** in accordance with the priorities set out in the NDPHS Strategy. One conclusion from the first year of the implementation of the NDPHS Strategy is that, in their activities the **Expert Groups need to attach more attention to and focus on the implementation of the adopted operational targets** for which they are responsible. Proper planning of actions in groups' work plans is indispensable for future successful implementation, too. It is also evident that in order to be in harmony with the NDPHS Strategy, the Expert Groups that have not done so yet need to **more vividly embark on the development/facilitation of flagship projects** fully controlled and implemented by the national experts in the group.

The **assumption of the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (EUSBSR) was of great value** as it helped the NDPHS increase its importance and visibility in the region as well as it put the NDPHS in a better position to attract financing for its project-based activities. The Partnership successfully coordinated the Health priority sub-area of the EUSBSR Action Plan and took a number of efforts to implement the health-related actions included in it.

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

To be able to continue and further increase the pace of their work, it is vital that the **NDPHS Expert Groups and Task Groups be provided with ample resources as well as proper support** of the Partners in terms of (i) their active participation in the work of the groups and (ii) facilitating projects by these groups. It is recommended that several of **Partners, who have not yet nominated their representatives to the Expert Groups and Task Groups, do so promptly**.

[29] Available at www.ndphs.org/?about_ndphs#New_NDPHS_Strategy

Last, but not least, while during the period under review the NDPHS Secretariat was able to enjoy the legal capacity of the CBSS Secretariat, which hosts it, it is instrumental that the **Partner Countries swiftly complete the process of authorizing a legal capacity to the NDPHS Secretariat**.

Annex 1

ASA Expert Group Annual progress report[30]

Submitted by: ASA EG.

Year covered: 2010 (status as of 28 September 2010).

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Norway is the Lead Partner of the ASA EG. The Russian Federation is Co-Lead partner of the EG.

1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)

The Lead Partner of the ASA EG has employed Mr. Zaza Tseretelli as the ITA of the ASA EG from 1 September 2010.

1.3 Financial resources for leadership

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

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

During the reporting period one meeting of the Expert Group was held in Riga, Latvia. Participation at this meeting of the Group has been as follows: Latvia, Finland, Norway, Poland, Russia, Sweden.

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Latvia	Inga	Liepiņa	*Main*	371 67876077	inga.liepina@vm.gov.lv

[30] The Progress report for the Expert Group on Alcohol and Substance Abuse (ASA EG) covers the period from 1 July to 31 December, 2010. The report from NCD EG includes activities carried out by SIHLWA EG, which was, inter alia, covering the issues dealt with by the ASA EG, during the first half of the year.

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NCM	Matilda	Hellmann	*Main*	358 96949572	matilda.hellman@nordicwelfare.org
WHO	Lars	Møller	*Main*	45 39 17 1214	mollerl@who.int

Several partner countries (Estonia, Germany, and Canada), have not yet nominated their representatives. Lithuanian representative refused to participate in the meeting, due to the absence of official order on creation of ASA EG and her nomination to that group.

2.2. Participation of Partners in EG project-based activities

Due to the fact that the ASA EG was created only at the end of August and the first meeting took place only in the beginning of October, no project-based activities were carried out during the report period.

3. Progress towards goals and the implementation of operational targets

PAC-6 in 2009 approved the NDPHS Goals, Operational Targets and Indicators for 2010 – 2013. The thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments notes that 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 strategy Goals 7-9.

During the first half of 2010, the Alcohol and Substance Abuse related work was carried out by SIHLWA EG, and will be reported separately by NCD EG.

As from the 1 July, 2010 the following activities have taken place towards achievement of the operational targets and indicators

One General comment: The ASA EG was established only in the beginning of July, and the members to the EG were nominated (not by all partners yet) only in the beginning of September. Due to this fact, there is not much to be reported on the progress related to the implementation of NDPHS Strategy, which was carried out by ASA EG.

Strategic Goal 1. **The role and working methods of the NDPHS are strengthened.**

The ASA EG just started to identify relevant actors, which may be approached with an invitation to take part in the Partnership activities. Several meetings were held in order to establish the cooperation framework. The work will continue to identify organizations and/or authorities, not currently participating in the NDPHS, but which may be involved in NDPHS policy development. For this purposes, the chair gave short information of the establishment of

ASA at the regular meeting of the EU Committee on National Alcohol Policy and Action in Luxembourg. (He represents Norway in the committee) The representative of the commission expressed interest for the work of NDPHS in general, and asked Norway to report back to the committee on the progress of the expert group. Intensive work has also been undertaken in order to establish, broaden, and engage more extensively a network of partners. Meetings with the representatives from the WHO, EU Commission and other organizations working in the field of alcohol and substance abuse were held. Because of this networking, it is foreseen that the representative of all the above organizations will participate in the working meetings of the ASA EG.

The ITA met with the representatives of Poland and Sweden to discuss possibilities of linking an alcohol conference planned by the incoming Polish EU Presidency and the NDPHS ASA EG. ITA participated in the conference "Urban Drug Policies in the Globalised World", which took place in Prague. The conference dealt with burning questions and recent developments in the field of urban drug policy and related interventions. During the conference, the ITA made a poster presentation on the establishment of the ASA EG.

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.

The first meeting of the project developing team (ADYP TG) was hold in Riga. Participants have discussed the possible objectives the working packages of possible project. The Leading Country for each of the working package was identified and Countries are requested to nominate institutions, which will be involved in the project development. The project concept was presented during the PAC side event in Copenhagen. Absence of Lithuanian and Estonia participants and lack of preoperational funds creates some problems in the development of proposal.

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.

The Expert Group has established contact with the head of BSPC secretariat. There representatives was invited to participate in the first meeting of the ASA EG, but was unable to come. It was agreed that the issue of cooperation between NDPHS and BSPC will be raised during the BSPC Standing Committee meeting, including the possible appointment of a BSPC point of Contact to NDPHS and EG ASA.

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.

In addition to above mentioned, the Chair of the ASA EG and an ITA, together with the CSR member from Norway hold a special meeting in Oslo. The main topic of the meeting was to discuss the possible fields of activities for the newly established ASA EG and the modalities of the future work. It was decided that for the finalization of all those issues, special meeting would be organized with the participation of the Russian Co-Chair.

In August, the Chair of the EG and the ITA had developed a special questionnaire for the potential members of the ASA EG. The aim of this questionnaire was to collect information on the vision of the EG members, on the future role of the ASA EG, its possible areas of activities and other related matters. The answers from the members where discussed during the first EG meeting and were used as a basic for the action plan for 2011.

In September, the Chair together with the ITA had meeting in Moscow, with the Co-Chair of the ASA EG. During the two day meeting, several very important issues related to the alcohol and substance abuses were discussed and more then 15 possible fields of activities were identified. At the end of the meeting, 3 possible areas of future activities were prioritised. This information was later shared with the EG members from other partner countries, with request to comment and make their own suggestions.

4. Strengths and opportunities

The nomination of Co-Chair from one of the leading institutes in Russia, gives a good opportunity to enlarge the scope and range of activities in the NDPHS Region.

ASA EG was actively involved in the networking with the different institutions and International organizations. They were all invited to participate in the future work of the EG, bringing their knowledge and experience and sharing it with the Partner countries.

Each member brings a government-level commitment to exchange experiences and to produce best-practice advice, and does it in a very open, friendly, and professional style. The ASA EG is in close contacts with other EGs of the NDPHS.

The ASA EG has the advantage of enjoying close co-operation with both the Lead and Co-Lead Partner. This close collaboration was utmost important, during the first months of establishment of the EG.

5. Obstacles and weaknesses

At this moment it is difficult to discuss any obstacles or weaknesses in the work of the ASA EG, as the groups was created only some months ago, and no real activities have started. However one possible obstacle can be still mentioned here and that is related to the financial situation within the Baltic countries. Due to the current difficult situation, representatives of those countries may face problems to participate in the working meetings of the ASA EG. The contacts with those countries will be kept through the E-mail and phone conversation, however their absence during the meetings, may be an important obstacle while discussing several issues in more depth.

6. Conclusions and recommendations

It is more efficient to prevent alcohol related harm, than to wait until it has occurred. Therefore, the most important task of alcohol policy is prevention. Alcohol research is important for the continued development of alcohol policy. The ASA EG will take active role in initiating policy discussions and possible researches in NDPHS partner countries.

The European Region of the WHO has adopted alcohol action plans that form a good base for preventive work. The ASA EG will seek to create a close working collaboration with WHO for promoting of implementation of action plans by NDPHS partner countries.

The ASA EG supports the UN conventions on drugs and in particular the recent Political Declaration and Plan of Action on "International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem", approved by the UN Member State governments on the 12th March 2009 in Vienna.

The ASA EG will initiate discussions in order to establish a set of common views on drug policy in order to stop the spread of drugs and reduce harm done by drugs to individuals and society.

The ASA EG would like to express special thanks to the Latvian Ministry of Health, for invaluable assistance in organizing the first meeting of the ASA EG, on a very short note.

7. Other relevant information

None.

Annex 2

HIV/AIDS&AI Expert Group Annual progress report

Submitted by: HIV/AIDS&AI EG.

Year covered: 2010.

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead partner: Finland

Chairperson

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Co-Lead partner: Poland

Vice-Chairperson

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1.2 International Technical Advisor

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1.3 Financial resources for leadership

Finland ensures financing of the chairman on basis of an annual contract between the Ministry of Social Affairs and Health and the EG chair. Funding for ITA activities was covered through a project financed by the Ministry for Foreign Affairs and implemented by National Institute for Health and Welfare (THL). (The current project will be completed in December 2010, and a new application has been submitted for 2011-2013.)

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

Partner Representatives:

Dr. Hans Blystad *(Main representative)* Deputy Director Dep. of Infectious Disease Epidemiology Norwegian Institute of Public Health Postbox 4404 Nydalen 0403 Oslo NORWAY Phone: +47 21076404 Fax: +47 21076513 E-mail: hans.blystad@fhi.no	Mr. Torsten Berglund *(Main representative)* Senior Research Officer Communicable Disease Prevention & Control The National Board of Health and Welfare SE-106 30 Stockholm SWEDEN Tel. int: +46 75-247 37 15 E-mail: torsten.berglund@socialstyrelsen.se
Ms Inga Upmace *(Main representative)* Acting Head of HIV/AIDS Program unit Infectology Centre of Latvia 7 Klijanu St. LV-1012 Riga LATVIA Phone: +371 6708 1621 Fax +371 67339954 E-mail: inga.upmace@lic.gov.lv	Mr Saulius Chaplinskas *(Alternate 1)* Director Centre for Communicable Diseases and AIDS Nugaletoju St. 14 D LT-10105 Vilnius LITHUANIA Phone: +370 5 2300 125 Fax. +370 5 2300 123 E-mail: saulius@ulac.lt
Ms Anna Marzec-Bogusławska *(Main representative)* Director, National AIDS Centre ul. Samsonowska 1 02-829 Warsaw POLAND Phone: +48 22 3317755 Fax: +48 22 3317776 E-mail:a.marzec@centrum.aids.gov.pl	Ms Kristiina Salovaara *(TB Expert)* Senior Medical Officer Finnish Lung Health Association (Filha) Sibeliuksenkatu 11 A 1 FI-00250 Helsinki FINLAND Phone: +358 9 45421283 Fax: +358 9 45421210 Mobile: +358 40 5738924 E-mail: kristiina.salovaara@filha.fi

Experts taking part in the meetings in 2010, not officially nominated to the HIV/AIDS&AI EG:	
Ms Kristi Rüütel Expert National Institute for Health Development Hiiu 42	Ms Tatiana Smolskaya Head of the North West District AIDS Centre St. Petersburg Pasteur Institute 14 Mira Street

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Mr Ulrich Marcus Deputy Head of HIV/STI surveillance Unit Robert Koch-Institut Seestrasse 10 13353 Berlin GERMANY Phone: +49 (0)30 18754 3467 Fax: +49 (0)30 18754 3522 E-mail: marcusu@rki.de	ECDC Mr. Mika Salminen Senior Expert HIV/STI/BBV Scientific Advice Unit European Centre for Disease Prevention and Control (ECDC) Tomtebodavägen 11 A SE-171 83 Stockholm Sweden Phone: +46 8 5860 1286 Fax: +46 8 5860 1001 E-mail: mika.salminen@ecdc.europa.eu
Ms Aljona Kurbatova Head of the Infectious Diseases and Drug Abuse Prevention Department National Institute for Health Development Hiiu 42 11619 Tallinn ESTONIA Phone: +3726593975 Fax: +3726593900 E-mail: aljona.kurbatova@tai.ee	Ms Tamara Doroshko Adviser Department of medical, preventive and medicinal help Ministry of Health of the Kaliningrad region Dmitry Donsky's street, 1 236007 Kaliningrad RUSSIAN FEDERATION Phone: 8(4012)599-428 Fax: 8(4012)599-428 E-mail: doroshko@gov39.ru
NCM Kaliningrad Mr. Arne Grove Director NCM Information Office in Kaliningrad Chernyakovskogo 6, Office 116 236040 Kaliningrad RUSSIAN FEDERATION Phone: +74012728172 Fax: +74012728173 E-mail: agr@norden.org	Ms Olga Kovaleva Project coordinator Nordic Council of Ministers Information Office in Kaliningrad Chernyakhovskogo Str. 6, office 116 236040 Kaliningrad RUSSIAN FEDERATION Phone: +7 4012 72 81 72 Fax: + 7 4012 72 81 73 E-mail: ok@norden39.ru
Ms Victoria Osipenko Program director of NGO "YLA" Bagration str., 39-10 236039 Kaliningrad RUSSIAN FEDERATION Phone: +7 4012 758806 Fax: +7 4012 644649 E-mail: ula@resist.koenig.ru	Ms Anna V. Korotkova Deputy Director in International Affairs Federal Research Institute for Health Care Organization and Information of the MoH&SD of the Russian Federation Dobrolubov Str. 11 127254, Moscow RUSSIAN FEDERATION Tel/Fax: +7 495 2181109 E-mail: korotkova_anna@mednet.ru
Mr Nikolay Cherkes The head physician	**ILO Moscow** Elena Kudriavtseva

Kaliningrad regional AIDS centre Zheliabova street, 6/8 236000 Kaliningrad RUSSIAN FEDERATION Phone: 8(4012) 215876 Fax: 8(4012) 218883 E-mail: cherkes-nik-nik@rambler.ru	Focal Point for HIV/AIDS and the World of Work ILO DWST/CO Moscow Petrovka 15 107031 Moscow RUSSIAN FEDERATION tel (7-495) 933-0821 fax (7-495) 933-0820 kudriavtseva@ilo.org
IOM Moscow Mr Dmitry Valentey Project Development and Liaison Coordinator International Organisation for Migration 12, 2nd Zvenigorodskaya str. 123100 Moscow RUSSIAN FEDERATION Phone: +7(495)797-87-22 (ext.250) Fax: +7(495)253-35-22 E-mail: dvalentey@iom.int	**Prison Health Expert Group of NDPHS** Dr. Zaza Tsereteli International Technical Advisor for Prison Health ITA ND Partnership Taru mnt. 16-18 10117 Tallinn ESTONIA Phone: 372 5 26 93 15 Fax: 372 6 446 604 E-mail: zazats64@yahoo.com

During 2010 several experts had difficulties to take part in the meetings of the Expert Group either for financial, time schedule or other reasons (experts from Belarus, Canada, France and Portugal).

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

3. Progress towards goals and the implementation of operational targets

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

Activities have been 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 EG has been the cross-border collaboration between Estonia and Russia concerning the Narva-Ivangorod area with particularly high incidence of new infections. Financing has been mainly through Finnish and Norwegian sources.

Planning was started to create a new project on strengthening intersectoral collaboration in HIV and related diseases prevention and care for vulnerable groups. The project would cover Northwest Russia, especially **Kaliningrad,** as well as Poland and Lithuania. The first planning meeting was organised in Vilnius in 13 September. A Logical Framework workshop is planned to be organised in November-December 2010, if funding allows. Specific Terms of Reference has been prepared to apply financing for the planning phase of the project.

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.

Future collaboration to implement the new goals of the NDPHS was discussed in the **Expert Group meeting** in March in Finland. Several ideas and initiatives were proposed, among them:

- Proposal “Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups ("TUBIDU") - *submitted to EU, preliminary information about financing received after the EG meeting.*
- Proposal to organise the European AIDS Congress in Estonia in 2011 - *submitted to EU, preliminary information about financing received after the EG meeting.*

The second Expert Group meeting, and first after the change of name of the EG, took place in 4-5 October in Kaliningrad. One of the most important issues of the meeting was discussion on the idea of a common project with Kaliningrad (mentioned above).

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 EG 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 (June 9-11), to plan a long-term programme to control tuberculosis in the Barents Region. Into it, projects linking HIV and TB are in progress.

The Barents HIV Programme Steering Committee discussed TB/HIV co-infection in March in Finland (the Programme is coordinated by the EG ITA). A preparatory planning meeting for TB collaboration was organised in Archangelsk in April. The second meeting of the Steering Committee will be organised in Murmansk in 10 November.

Most of these activities are focused on regions in urgent need for enhanced preventive activities and thus respond to the ***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***

For operational target 2.3.: A best practises document developed, a Norwegian-Russian research project "The Governance of HIV/AIDS Prevention in North-West Russia" has been funded which aims to increase knowledge that improves HIV/AIDS prevention strategies in Russia.

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

Integration of social care into the care and prevention of HIV has always been an essential element in the success. Lack of social support and atmosphere of social exclusion are fuelling the spread of the HIV epidemic. In all projects promoted by the EG this is taken into account in a proper and responsible manner. Good examples are provided by the projects where inter-sectoral collaboration is being enhanced and facilitated. Also, promoting of low-threshold services to the vulnerable groups has a strong social dimension by promoting easy access to services and outreach activities.

Activities responding to both goals 2 and 3

The project "Further development of low threshold services in Murmansk and Kantalahti" will organise its concluding seminar in Murmansk on the 9th of November. The concluding seminar of the project "Governance of HIV/AIDS Prevention in North-West Russia" will take place in Archangelsk in 2 December. A seminar for authorities and mass media campaign will be organized by the TB/HIV collaboration project in Murmansk in the beginning of December.

Northern Dimension cross-border cooperation in combating HIV and HIV/TB will be presented at the 41st Union World Conference on Lung Health to be held in Berlin, Germany, 11–15 November 2010.

In September 2010, there were 17 projects going on under the umbrella of the EG, nine project proposals had been reviewed or were under consideration by the Group, and 29 projects had been completed. See the project list in the Attachment.

The Chair and the ITA took part in NDPHS meetings (CSR, Chairs and ITAs, EGTOR etc.)

4. Strengths and opportunities, obstacles and weaknesses

The main strength of the Expert Group lies in the high level experts involved as members. Many of them are national HIV coordinators. The group has been very active in preparing project proposals, identifying new and relevant stakeholders in different partner countries. Its work has been based on relevant research background and has had impact on national policies in several partner countries.

The critical weakness is 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 could be compensated by providing more enabling environment for the expert level collaboration in the region covered by NDPHS.

The current funding mechanisms do not support Russia to actively be engaged in the projects. This concerns in particular the NGOs that could be a very significant reserve for intellectual resources.

5. Conclusions

Most of the Expert Group members have been working together already long before the establishment of the NDPHS. The Group has maintained productive and even enthusiastic attitude in their efforts. Added value has been created e.g. when the members have been able to implement on national level the ideas shared in the Group. On grass root level the ideas have been implemented in the projects of the Group.

Now the Expert Group meets new challenges - how to include associated infections, how to implement the new NDPHS strategy and EU BSR strategy. A big challenge will be identifying a new chair, as the present Chair will resign in the end of 2010.

6. Other relevant information

Several members of the EG took part in the World AIDS Conference in Vienna, July 2010. Other fora where the members have been able to promote the priorities of the Expert Group are for example EU HIV Think Tank and UNAIDS Programme Coordinating Board.

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

Projects under implementation in September 2010

FINNISH-RUSSIAN PROJECTS

1. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II." (2008-2010) Coordination: National Institute for Health and Welfare (THL), Finland and Ministry of Health and Social Development of the Murmansk Region. Approximate budget EUR 600,000 (3 years). Financier: Finland. NDPHS ID 1165 *(Financing for 2008 and 2010 directly by Finland, for 2009 through NDPHS pipeline). The work of ITA and meeting costs of the Expert Group (when not covered by the host country) are financed through this project.*
2. "Further development of low threshold services in Murmansk and Kantalahti" (2008-2010). Continuation of the Pilot project of the above mentioned programme. Coordination: THL (Finland) and Murmansk Regional AIDS Centre. Approximate budget EUR 300,000 (3 years). Financier: Finland. *(Component 2 of the NDPHS ID 1165). Coordinated by the ITA.*
3. Strengthening of municipal anti-drug networking in the Murmansk Region (2010–2012). Coordination THL (Finland) and Monchegorsk City Administration. Budget for 2010 - 90,000 EUR + local input. Financier: Finland. ITA participated in the planning phase of this project and follows up its implementation.
4. HIV prevention among reproductive-aged women in the Republic of Karelia (2010–2012). Coordination: National Institute for Health and Welfare (THL), Finland and the Republican AIDS Centre, the Republic of Karelia. Budget for 2010 - 85,000 EUR + local input. Financier: Finland. ITA participated in the planning phase of this project and follows up its implementation.
5. TB/HIV collaboration in Murmansk. Project planning phase 2009. Implementation 2010–2012. Coordination FILHA, Finland. Budget for 2010 - 106,000 EUR. Financier: Finland. The Chair provides expert services for this project, and the ITA is a member of the project steering committee.
6. Development of low threshold services in Leningrad Region (2010–2012). Coordination THL and Leningrad regional AIDS centre. Budget for 2010 - 84,000 EUR. Financier: Finland. ITA participated in the planning phase of this project and follows up its implementation.

NORWEGIAN-RUSSIAN PROJECTS (all applications have been reviewed and the implementation monitored by the Barents HIV/AIDS Programme Steering Committee which is coordinated by the EG ITA)

7. "Cross action between STI Clinic in Archangelsk and Olafia Clinic in Oslo". Coordination: Norway. Approximate budget for 2009: NOK 300,000. Financier: Norway (B504). NDPHS ID 1392
8. Face the problem. Peer education. Coordination: Pertinax Group, Norway, partners in Archangelsk Region. Financier: Norway (B1001; NOK 135,000 granted in 2010).
9. Research project "The Governance of HIV/AIDS Prevention in North-West Russia". Coordination: Norwegian Institute for Urban and Regional Research, Norway. Approximate budget: EUR 622,500. Financier: Research Council of Norway. Training and dissemination component of the project is financed by the Finnish Ministry for Foreign Affairs through NDPHS project pipeline. NDPHS ID 535 and 551.
10. Educational project "New View" in the sphere of the HIV/AIDS and drug addiction

prevention, organization of voluntary group for the specialists, working with teenagers and young people, students of higher and special educational institutions. Coordination: Norwegian Sami Mission, partner "New Beginning", Murmansk Region. (Project B816; granted NOK 200,000 in 2009). NDPHS ID 1171

11. “HIV and co-infections in Murmansk region, seminar”. Coordination: University Hospital of Northern Norway. Project region: Murmansk Oblast, Russia.
12. Prevention and management of HIV/AIDS and opportunistic infections in Northwest Russia with particular focus on capacity and capability building of partner consortium and local government. Coordination: DanChurchAid office in St. Petersburg, partners Botkin Hospital, Humanitarian Action Foundation and PSP-fund Ravnovesie. Financier: Norway. NDPHS ID 1393
13. "Camp Murmansk 2010". Health promotion, education and information concerning HIV and AIDS. Coordination: NGO New Beginning and Murmansk Regional AIDS Centre, University of Bergen, Norway. Financing: Norway. NDPHS ID 1397

NCM PROJECTS

14. Promoting Testing for and Treatment of Communicable Diseases among Vulnerable Groups in the Kaliningrad Region (2009- Jan 2011). Coordination: NCM Kaliningrad office and Ministry of Health of the Kaliningrad Region. Approximate budget 250,000 EUR. Financing NCM and Ministry of Health of the Kaliningrad Region. NDPHS ID 1138. The project is monitored and followed up by the EG, the ITA organised a study tour to Finland.
15. Social partnership against drug addiction, HIV/AIDS in Northwest Russia (2009–2010). (Archangelsk and other north-western regions of Russia). Financing NCM and Archangelsk regional government. The ITA has been the advisor of the project and organised a study tour to Finland.

EU PROJECTS

16. "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI". Start in 2009, duration 30 months. Coordination Robert Koch Institut, Germany. Partners in 20 countries, including Poland, Estonia, Lithuania and Portugal. Approximate budget EUR 1.2 million. Financier EU and others. NDPHS ID 1389 (AFEW). Coordinated by the German representative, and several other EG members participate in this project.
17. H CUBE project. A network project to study and face HBV, HCV and HIV/AIDS in participating countries. Ten countries participate including Poland and Lithuania. (http://www.hcube-project.eu/h3/index.php?pag=9). At least two representatives of the EG participate in this project.

Projects under consideration (in September 2010)

1. Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups ("TUBIDU"). (Prevention of IDU- and HIV-related TB epidemic in the partner countries - Estonia, Latvia, Bulgaria, Romania, Leningrad Oblast). Applied from EU. *Preliminary information about financing received.*
2. European AIDS Congress 2011 in Estonia. Proposal submitted by National Institute for Health Development, Estonia. Applied from EU. *Preliminary information about financing received.*
3. Speak AIDS. Social marketing, Baltic countries and Poland involved in the proposal. The idea is that each country identifies 3-5 vulnerable populations, makes a survey among them and develops a social marketing prevention campaign among these groups.

4. Prevention and management of HIV/AIDS and opportunistic infections in NW Russia - with specific focus on combating drug abuse. Proposal submitted by DanChurchAid. Applied from NCM.
5. Enhancing of HIV prevention in Murmansk prisons and among ex-inmates and their families. Coordinators - the Murmansk Low Threshold Support Centre and THL. Applied from Finland.
6. Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase III. Coordination of Barents HIV/AIDS Programme and the HIV/AIDS Expert Group of NDPHS (2011–2013). Applied by THL from Finland.
7. A project on HIV, TB and prisons to be developed together with the Primary Health and Prison Health Systems Expert Group (PPHS). This idea will be developed further under the new Barents Tuberculosis Programme.
8. Project on HIV among women under the HIV/AIDS&AI EG in collaboration with the PPHS EG. This initiative will be taken further by the ITA of PPHS Group, and it will probably include Poland and Baltic countries.
9. Strengthening intersectoral collaboration in prevention and care of HIV and related diseases among vulnerable populations in Northwest-Russia, Lithuania, Poland. Under preparation.

Annex 3

NCD Expert Group Annual progress report

Submitted by: NCD EG.

Year covered: 2010

1. Group leadership and coordination

1.1.A Time-period 1 January – 30 June 2010 the activities on NCDs were covered by the SIHLWA EG ("Social Inclusion, Healthy Lifestyles and Work Ability") as follows:

SIHLWA's Lead Partner:	SIHLWA's Co-Lead Partner:
Ministry of Social Affairs & Health P.O. Box 33 , FI-00023 Government, FINLAND *Focal point:* Liisa Ollila, Director E-mail: liisa.ollila@stm.fi Phone: +358 9 160 73889 Fax: +358 9 160 73296 and Mr Olli Kuukasjärvi Ministerial Adviser Phone: +358 9 16074193 Fax: +358 9 16073296 E-mail:olli.kuukasjarvi@stm.fi	Ministry of Health/ Lithuania *Focal point:* Mr. Viktoras Meižis Head of Foreign Affairs Division Lithuanian Ministry of Health Vilniaus 33 01506 Vilnius LITHUANIA Phone: +370 526 61420 Fax: +370 526 6 1402 E-mail: viktoras.meizis@sam.lt

1.2 A International Technical Advisor / Coordinator(s) / Task Manager(s)

SIHLWA Expert Group due to its structure of 4sub-groups has decided to have a **Coordinating Chairman** for the whole group. The position of Coordinating Chairman for the period 1 January – 30 June 2010 was held in 2010 by:

Dr Mikko Vienonen
Consultant in International Public Health, M.D., Ph.D.
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Address: Sysimiehenkuja 1, 00670 Helsinki, Finland

The position of **International Technical Advisor** for the whole group for the period 1 January – 30 June 2010 was held (40 % work time) by:
Ms Hanna Koppelomäki
Ministry of Social Affairs and Health/Finnish Institute of Occupational Health
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E-mail: hanna.koppelomaki@ttl.fi

The ***EG SIHLWA*** consisted of four sub-groups:

1) Sub-group on Alcohol
2) Sub-group on Adolescent health and socially-rewarding lifestyles
3) Sub-group on Occupational Safety & Health
4) Sub-group on Indigenous Mental Health, Addictions and Parenting

Each sub-group has their own functionaries

1) Sub-group on alcohol

Chairperson	**Vice -chairperson**
open	open

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

Chairperson[31]	**Vice -chairperson**
Dr Mikko Vienonen Sysimiehenkuja 1, 00670 Helsinki, FINLAND GSM +358-50-442 1877 E-mail: m.vienonen@kolumbus.fi	**Dr Aldona Jociute** Head of Bureau for the Health Promoting Schools State Environment Health Centre Kalvariju 153, LT-08221 Vilnius, Lithuania Phone: + 370 5 236 0496, Fax: + 370 5 273 7397 E-mail: aldona.jociute@takas.lt

3) Sub-group on occupational safety and health[32]

Chairperson	**Vice-chairperson**
Mr. Wiking Husberg Senior OSH Specialist E-mail: husberg@ilo.org ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA Petrovka 15, 107031 Moscow, Russian Federation Tel. work: +7-495-933 0827 Fax: +7-495-933 0827	**Dr. Remigijus Jankauskas** Director of Occupational Medicine Center E-mail: jank@dmc.lt Institute of Hygiene under the Ministry of Health Didzioji 22, 01128 Vilnius, LITHUANIA Phone: + 370 5 212 19 69 Fax: +370 5 212 18 10

4) Sub-group on indigenous mental health, addictions and parenting[33]

Chairperson	**Vice-chairperson**
Mr Eric Costen Director Mental Health and Addictions Division Community Programs Directorate First Nations and Inuit Health Branch, Health Canada Jeanne Mance Building, Tunney's Pasture, Ottawa, ON K1A 0K9 Tel: 613-954-5762 Cell:613 859 1353 eric_costen@hc-sc.gc.ca	**Ms. Maria-Pia de Palo** Senior Adviser Nordic Council of Ministers Ved Stranden 18 DK-1061 København K Denmark Phone: +4533960277 E-mail: mpp@norden.org

[31] N.B. Mikko Vienonen had a double role in SIHLWA: In addition to acting as Coordinating Chair for the whole SIHLWA EG, he also was elected as the chair of the ADO sub-group.
[32] For OSH sub-group the Chair is, in principle, identified from ILO cosponsoring the sub-group.
[33] For OSH sub-group the Chair is, in principle, identified from ILO cosponsoring the sub-group.

1.1.B Time-period 1 June – 30 December 2010 the activities on NCDs (except for Alcohol and Substance Abuse including tobacco were shifted under ASA EG and ADPY TG) were covered by the NCD[34] EG ("Non-communicable Diseases related to Lifestyles and Social and Work Environments") as follows:

NCD's Lead Partner:	NCD's Co-Lead Partner:
Ministry of Social Affairs & Health P.O. Box 33 , FI-00023 Government, FINLAND *Focal point 2010:* Liisa Ollila, Director E-mail: liisa.ollila@stm.fi Phone: +358 9 160 73889 Fax: +358 9 160 73296 and Mr Olli Kuukasjärvi Ministerial Adviser Phone: +358 9 16074193 Fax: +358 9 16073296 E-mail:olli.kuukasjarvi@stm.fi	Ministry of Health/ Lithuania *Focal point:* Mr. Viktoras Meižis Head of Foreign Affairs Division Lithuanian Ministry of Health Vilniaus 33 01506 Vilnius LITHUANIA Phone: +370 526 61420 Fax: +370 526 6 1402 E-mail: viktoras.meizis@sam.lt

1.2 B International Technical Advisor / Coordinator(s) / Task Manager(s)

The position of NCD EG Chair a.i. during time period 1 July – 28 September 2010 was held by:

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

The position of NCD EG International Technical Advisor a.i. during time period 1 July – 28 September 2010 (50 % work time) was held by:

Ms Hanna Koppelomäki
International Technical Advisor (ITA)
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Tel. officel: +358 30 474 2929, GSM: +358 50 3808540, Fax: +358 30 474 2629
E-mail: hanna.koppelomaki@ttl.fi

The NCD-1 Expert Group meeting on 28 September 2010 approved the nominations of Chair and ITA as above.

As two **associated task groups** with the ***NCD EG*** since 1 July by the decision of NDPHS CSR-17 are **OSH- and IMHAP TGs**, carrying on the work that had started by the similarly named subgroups under SIHLWA. Each sub-group has their own functionaries and they will submit their Annual Reports 2010 through NCD EG.

[34] By the decision of the CSR-17, the SIHLWA EG's work ended 30 June 2010.

1.3 Financial resources for leadership

Funding for SIHLWA EG (1.1.- 30.6.2010) and later NCD EG (1.7. – 31.12.2010) part time Chair (consultative basis) is provided by the Ministry of Social Affairs and Health (MoSA&H) of Finland. Additionally, travel of SIHLWA functionaries to necessary administrative meetings (e.g. CSR, Chairs and ITAs meetings, etc.) are covered by the Lead Partner.

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

SIHLWA and respectively NCD leadership (Chair and ITA) functions have been allocated directly from MoSA&H budget, and the Chair has not been a "fund holder" of this allocation. It needs to be discussed with NDPHS governing bodies as to how detailed the Lead Partners are willing to report on their budget and its implementation.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

2.1.A) SIHLWA EG

In 2010 the **9th SIHLWA Expert Group** met in Copenhagen, Denmark 23-25 March in the premises of WHO-EURO and Nordic Council of Ministers. Separate complete report is available on http://www.ndphs.org/?mtgs,sihlwa_9__copenhagen . At the SIHLWA-9 meeting there were in total 46 participants. The important outcomes of the meeting were the establishment of IMHAP sub-group and respectively the drafting of IMHAP TG TOR, and further elaboration of NCD EG TOR.

Efforts were initiated to develop a concept of an "Alcohol and drug prevention among youth" EUSBSR flagship project. The project was first discussed during the SIHLWA EG 9th meeting and project issues were forwarded to continue in the Task Group on Alcohol and Drug Prevention among Youth.

2.1.B) NCD EG

The representatives nominated to NCD EG by 28 September were the following:

NCD EG Nominated Representatives and alternates as by 22 September 2010					
Country/ Organization	**Family name**	**First name**	**Representative status**	**Phone(s)**	**E-mail**
FINLAND	**VIENONEN**	Mikko	Chair of the EG	+ 358 50 4421877	m.vienonen@kolumbus.fi
FINLAND	**KOPPELOMÄKI**	Hanna	ITA of the EG	+ 358 50 3808540	hanna.koppelomaki@ttl.fi
LATVIA	**LIEPIŅA**	Inga	Main rep.	(+371) 67876077	inga.liepina@vm.gov.lv

LATVIA	REMESE	Ineta	Alternate 1	(+371) 67876189	ineta.remese@vm.gov.lv
LITHUANIA	SKETERSKIENĖ	Rita	Main rep.	+370 5 260 4716	rita.sketerskiene@sam.lt
LITHUANIA	GUREVIČIUS	Romualdas	Alternate 1	+370 5 277 3301	guro@hi.lt
LITHUANIA	**LAUKAITIENĖ**	Aida	Alternate 2	+370 5 247 7341	aida.laukaitiene@gmail.com
POLAND	**WOJTYNIAK**	Bogdan	Main rep.	+48 22 542 12 29	bogdan@pzh.gov.pl
POLAND	CAR	Justyna	Alternate 1	+48 22 542 13 77	jcar@pzh.gov.pl
RUSSIA	**KOROTKOVA**	Anna	Main rep.	+7 495 618-11-09	korotkova_anna@mednet.ru
WHO	TSOUROS	Agis	Main rep.	+45 39 171 509	tsourosa@who.int
WHO	**MAUER-STENDER**	Kristina	Alternate 1	+45 39 171 603	mauerstenderk@who.int

N.B.: participants to NCD-1 meeting are highlighted. Additional participants to the meeting were Mr **Olli Kuukasjärvi** representing the Lead Partner Finland, Director **Taru Koivisto** (part of time) representing MoSAH/FIN Department of Health Promotion, Mr **Marek Maciejowski** representing NCDPHS Secretariat/ Stockholm, Professor **Anders Foldspang** representing Nordic School of Public Health, and Professor **Bengt Lindström** representing Folkhälsan, Finnish public health NGO, and Dr **Suvi Lehtinen** representing OSH TG.

3. Progress towards goals and the implementation of operational targets

PAC-6 in 2009 approved the NDPHS Goals, Operational Targets and Indicators for 2010 – 2013. The thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments notes the following on NCDs:
"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)". Beyond Alcohol and substance abuse (Goals 7-9), Health at Work (Goal 10), and public health and social well-being among indigenous peoples (Goal 11), specific targets for other NCD related to lifestyles and social environments have not been explicitly identified.

The scope of responsibilities of the NCD EG is defined in the TOR of NCD EG, approved by CSR-17 on 30 June 2010 (the TOR are available for downloading at http://www.ndphs.org/internalfiles/File/NCD%20EG/ToR_for_NDPHS_NCD_EG.pdf.)

During the first half of 2010 the NCD-related work focused through SIHLWA EG on establishing a suitable framework and structure to meet the challenges put forward by the new NDPHS Strategy for 2010 – 2013. Initiative and considerable effort was made to elaborate the implementation of Goals 7-9, especially through SIHLWA-9 meeting. As these goals focus on alcohol and tobacco primarily, they are presently under the responsibility of ASA EG under Norwegian leadership and reported by them. In the same way, the establishment of Task Group on Alcohol Prevention among Youth (flagship project planning), was strongly supported by SIHLWA secretariat and Alcohol –subgroup and Adolescent Health-subgroup. After the establishment of the ADPY TG under Swedish leadership this activity will be reported by them.

The SIHLWA/ ADO-subgroup flagship project on "Healthy Choices" implemented in 2010 (started in 2008 as "alcohol and drug prevention among youth in Saint Petersburg) has been an important NGO sector activity for primary and secondary prevention of social inclusion and substance abuse among children and adolescents. They also will participate in the ADPY TG work in further project preparation. If they will continue to focus on alcohol and substance abuse, the NCD EG would not be their primary partner any longer.

The NCD EG 1st meeting on 28 September 2010 brought together 13 experts from 5 countries and 5 organizations. The meeting focused on health determinants in the region and addressed problems through a holistic health promotion concept and assessment of health impact in all policies.
(see NCD-1 full report http://www.ndphs.org/?mtgs,ncd_1__helsinki).

Based on the elaborations the NCD-secretariat (which was established at NCD-1) and members have continued elaborating practical action preparing for PAC-7 side-event and two project ideas along the guidelines provided by NDPHS Secretariat. Extensive practical preparatory work with main partners and possibly participating countries has taken place during period October – December 210. During this work we have elaborated "concept papers" on the core issues of NCD EG focus, which also would be used as "building blocks" for flagship project. By the end of December 2010 the following concept papers have been prepared:

1. Potential Years of Life Lost/ PYLL: process for identification of evidence based NCD priorities in our Northern Dimension member states and selected regions (e.g. capital cities and selected other typical smaller areas.
2. Nutrition, obesity and diabetes: problems and prospects for practical intervention in our region (background work for NCD Flagship Project A preparation).
3. Forum of "wise men and women" on NCDs and healthy lifestyles: Exploring the possible role as change agent and operational feasibility.
4. "Expert patient", "citizen & patient involvement "health literacy", and "salutogenesis" feasibility as concepts for NCD-project building blocks.
5. Life-at-Stake TV-programme format: feasibility in building up public awareness of individual responsibility in NCD prevention and promotion of own health.
6. Assessment of WHO and other international core agreements linking with NCD policy development where NCD Flagship Project-B could bring value added to the ongoingEuropean Health Policy process.
7. Asssessment of strengths and weaknesses of WHO Health Promoting Cities Network/ urban health programme in Northern dimension area: "Troyan horse" for strengthened NDPHS NCD action?

Considerable effort was also put to the project preparation process:

1. Project concept paper on potential NCD flagship project-A on healthy nutrition, prevention and correction of obesity, diabetes-type-2 primary prevention, and physical activity promotion among school-children and youth was prepared by 12 October and presented at PAC-7 side-event in Copenhagen on 27 October. The preparatory work was made by the Nordic School of Public Health team (Dean Anders Foldspang)

2. Project concept paper on potential NCD flagship project-B on NCD policy and strategy assistance to the pan-European health policy development. was prepared by 12 October and presented at PAC-7 side-event in Copenhagen on 27 October. The preparatory work was made by Kristina Mauer-Stender (WHO-EURO) and Mikko Vienonen (NCD secretariat) with the aim to bring Northern Dimension regional needs and specificities into the process and stimulate the WHO process in a positive way [*NCD policy meeting in Russia planned for April 2011 ➔ WHO-EURO Regional Committee 61/ September 2011 ➔ PAC-8 side-event November 2011 ➔ WHO-EURO Regional Committee 62/ September 2012 ("Health 2020") ➔ WHO Global Health Promotion Conference (7th Ottawa Charter follow-up meeting) 2013 in Helsinki*]

Terms of Reference for the project preparation process was written and funding through NDPHS Secretariat and the Delegation of the European Union to Russia was applied and received (ca. 10.000 €). The meetings are to be held in Russia together with National Institute of Public Health/ Moscow (Dr Anna Korotkova). Focus will be on NCD Flagship-project A and B preparation, and among others above mentioned concept papers will be used as potential building blocks for project activity.

By the end of December the NCD secretariat has made considerable preparatory work for the NCD-2 meeting planned to take place in March 2011. This meeting is expected to link with the flagship projects' (A & B) preparatory process, and possibly also to take place "back-to-back" with OSH TG and IMHAP TG (to be confirmed).

4. Strengths and opportunities

- NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Abilities had a considerable strength in its 4 subgroup (ADO, ALC, IMHAP and OSH). The establishment of a new group focusing on the indigenous people's health and based on PAC-5 Ottawa elaborations paved the way for remaining one focus on indigenous people.
- OSH-subgroup has actively implemented the N-W Russia OSH project already in its 3rd phase. ADO-subgroup has in 2010 continued its Alcohol & Drug Prevention among Youth in SPb through "Healthy Choices" project. Three Russian NGOs have implemented grass-root level action in schools, vocational schools and in the streets.
- The ALC subgroup has been active through the strengthened focus on alcohol related problems of Baltic Sea Regional strategy. The fact that alcohol got such an important role is to a great extent thanks to SIHLWA and ALC-subgroup. The establishment of ASA EG is a concrete sign of this.
- OSH subgroup has been able to further implement "Health at Work" strategy;
- SIHLWA members until June 2010 have successfully been able to advocate our mission through using *ad hoc* opportunities provided by other actors, who have wanted to use our experts and networks.

5. Obstacles and weaknesses

- As before, the biggest obstacle for more successful operative work for NCDs is the fact that the Expert Group does not have a clear operational budget, but rather secretarial and coordinative functions are covered directly by the "Lead Partner" (MoSA&H/ Finland), such as recruitment of Coordinating Chair and International Technical Adviser, and their operational expenses. In organizing meetings this is not a major problem, but urgent needs for NDPHS Secretariat and meetings often exceed the time allocated (purchased) by the Lead Partner;
- There are some Partner countries and Organizations who have been very helpful and flexible in providing their representatives funds for attending meetings. Unfortunately,

this is not a rule throughout the range. As has been emphasized by the NDPHS governing bodies (CSR and PAC) and the Senior Representatives, Expert Groups are the most important operational tool for the whole NDPHS. Yet, when it comes to identifying their representatives and supporting their travel to the meetings, we have several times embarked in overwhelming difficulties. It is clear without saying that a country cannot function effectively or get the benefit out of the work, if their representatives cannot attend the meetings. The senior representatives also play an important role in identifying and nominating the right persons from their countries, but unfortunately, this task is not always properly fulfilled. Another problem is frequent changes of representatives, which can be understood because of frequent turn-over of expert staff in countries. Obviously, this is beyond the power of senior representatives. However, when a new expert is nominated they very seldom receive proper briefing for the task and aims of the NDPHS. Unfortunately, the very slow identification and nomination of experts to EGs after CSR-17 in Moscow (30.06.2010) gives no indication that the situation had changed towards better.

- Linking with the above mentioned draw-backs in briefing of Expert Group's representatives in their own countries, we have also noticed that there may be false expectations as to what EGs are all about. Here we in NCD Secretariat also need to improve our briefing to newcomers that the process aims at giving and taking. Most of "NCD-related work" should actually take place on their home front, not just during NCD meetings *per se*;

6. Conclusions and recommendations

- SIHLWA expert group and its 4 subgroups (ADO, ALC & OSH & IMHAP) during the 4 years of SIHLWA existence found a solid basis for their operation. Meetings have been professionally conducted, host-countries have provided excellent support, and project activities are well under way. June 2010 brought an end to SIHLWA, but life continues in two EGs (NCD and ASA) and three TGs (OSH, IMHAP and ADPY).
- The NDPHS strategic goals and plans bring new issues on NCD agenda. Officially spelled out goals of EU Baltic Sea strategy and NDPHS strategy explicitly only recognize alcohol and tobacco. Therefore, the role of NCD EG and what it decides by its initial meetings and prepared action plans is of utmost importance.
- SIHLWA-IMHAP (Indigenous Mental Health, Addiction and Parenting) 4th sub-group initiative has got a good start under SIHLWA support and it is encouraging that they continue as a TG affiliated with NCD EG.
- Former SIHLWA OSH subgroup will continue promoting of OSH issues through goal 9 and in NW Russia implementing the "Health at Work" strategy through their flagship project.

7. Other relevant information

None

Annex 4

PPHS Expert Group Annual progress report

Submitted by: PPHS EG

Year covered: 2010

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead Partner – Sweden
Vice-lead Partner – Russia

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1.2 International Technical Advisors

PPHC EG International Technical Adviser (focus on PHC issues)
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PPHS EG International Technical Adviser (focus on PH issues)
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1.3 Financial resources for leadership

Funding for PHC EG (1.1-30.6.2010) and later PPHS EG (1.7–31.12.2010) Chair is provided by the Ministry of Health and Social affairs of Sweden. Additionally, one of the ITAs is financed by the Lead Partner.

Funding for PHC EG (1.1–30.06.2010) and later the PPHS EG (1.7–31.12.2010) Vice-Chair is provided by the Ministry of Health and Social Development of the Russian Federation.

The ITA for the PH EG (1.1-30.6.2010) and later PPHS EG (1.7–31.12.2010) financially is supported by the Ministry of Health and Care Services of Norway.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

In 2010 the 9th meeting of the PHC EG took place in Helsinki, on March 25-26. The meeting minutes are available at http://www.ndphs.org/?mtgs,phc_9__helsinki. Representatives from eight countries and from WHO participated in this meeting.

The 10th meeting of the PH EG took place in Arkhangelsk, Russian Federation, on April 7-8. The meeting minutes are available at http://www.ndphs.org/?mtgs,ph_10__arkhangelsk. Representatives from seven countries and several international organizations participated in this meeting.

The representatives nominated to PPHS EG by 28 September were the following:

Country/ Organization	Family name	First name	Representative status	Phone(s)	E-mail
Sweden	Carlsson	Goran	Chair	46 8 405 4923 +46 72 232 41 49 +46 730 508995	goran.carlsson@social.ministry.se
Russia	Mikhailova	Yulia	Vice-Chair	+7 495 618-32-68	mikhaylova@mednet.ru
Russia	Kochkarev	Denis	Alternate - 1	+7 495 639-41-28	dekon72@rambler.ru
Denmark	Christensen	Knud	Main	+45 72554620	knud.christensen@kriminalforsorgen.dk
Finland	Vainiomaki	Paula	Main	+ 358 40 7010014	paula.vainiomaki@utu.fi
Finland	Kokko	Simo	Main	+ 358 503 620 446	simo.kokko@thl.fi

Finland	Ruohonen	Rauni	Alternate	+ 358 9 4542 1230	rauni.ruohonen@filha.fi
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Latvia	Miezītis	Aigars	Main	+371 67387650	aigars.miezitis@vec.gov.lv
Latvia	Zeile	Olga	Alternate 1	+371 67046147	olga.zeile@tm.gov.lv
Latvia	Pabalka	Silvija	Alternate 2	+371 67876087	silvija.pablaka@vm.gov.lv
Lithuania	Savuliene	Egle	Main	+370 5 260 4895	egle.savuliene@sam.lt
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Lithuania	Semenaite	Birute	Alternate 2	+370 5 271 9085	b.semenaite@kaldep.lt
Norway	Skulberg	Andreas	Main	+ 47 22 24 55 80	andreas.skulberg@jd.dep.no
Poland	Putz	Jacek	Main	+48 22 560 11 60	putzj@cmkp.edu.pl
Poland	Szewc	Adam	Alternate 1	+48 22 640 84 27	aszewc@sw.gov.pl
IOM	Petrova - Benedict	Roumyana	Main	+32 2 287 7210	rpetrovabenedict@iom.int
IOM	Piero	Maria-Jose	Alternate 1	+32 2 287 7212	mpeiro@iom.int
IOM	Samuilova	Mariya	Alternate 2	+32 2 287 7211	msamuilova@iom.int
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Representatives from Estonia, in particular, and at times Latvia and Lithuania, have had limited possibilities to participate in the meetings due to the financial crisis. All major players in the field of Prison Health were invited to participate in the EG meetings and close contacts with those organizations are established. The issue of country representation from the fields of Primary Health Care and Prison Health has not yet been finally solved among all members.

3. Progress towards goals and the implementation of operational targets

3.1 PPHS EG ToR

PAC-6 in 2009 approved the NDPHS Goals, Operational Targets and Indicators for 2010 – 2013. It was foreseen that the newly established PPHS EG will work towards the achievement of two Goals from the NDPHS strategy - Goal 5: Inequality in access to qualified primary health care in the ND area is reduced and - 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.

The responsibilities of the PPHS EG defined in the ToR include, but are not limited to the following:

- Contributing to the development of national policies that respond to the needs and requirements of the Partner Countries;
- Promoting general awareness concerning the role and significance of comprehensive primary health care, including health issues related to penitentiary institutions, as one of the cornerstones of a well-functioning health care system;
- Working towards the development of positive attitudes towards professionals in health care, social and penitentiary services;
- Promoting the principles and objectives of the Partnership in the field of health systems development with a special emphasis on primary health care and community health promotion for all citizens including those confined to imprisonment and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- In collaboration with suitable implementing agencies, formulating and developing ideas for project proposals, facilitating the project application, and if funding is available, follow up on their implementation;
- Supporting efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up primary and prison health care systems for all citizens

3.2 Progress towards goals and implementation of operational targets

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

During the reported period the former PH EG contacted five international, three national and three local Prison and Health Authorities as well as 4 Ministries of Justice for cooperation. Two organizations have asked for advice for their planned activities.

The Swedish representatives of the former PH EG have participated in the SMITT-NORR meeting, which took place in Ostersund Sweden – “The prison population – hot spot for Communicable Disease Control”. SMITT-NORR is an annual meeting between the depts of CDC in northern Sweden. The former PH EG has participated in the survey on drug-related health and social responses in prisons, which was prepared by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and kindly shared with the former PH EG through the ITA.

The ITA of the former PH EG discussed with the European Commission/DG Health and Consumers, on possible inclusion of issues related to HIV/AIDS prevention in prison settings in the agenda of the next EU HIV/AIDS Think Tank meeting. It was agreed that the special session during the autumn Think Tank meeting will be devoted to Prison issues. The ITA of the former PH EG is invited to make a presentation on NDPHS activities in this field

The former 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.

The Swedish representatives of the former PH EG has participated in the annual meeting of the the Swedish Association for Infectious Disease Physicians, which took place in Umea, Sweden. The main topic of the meeting was – "Efforts to combat spread of infectious diseases in prison settings in NW Russia".

The ITA as participated in the conference "Urban Drug Policies in the Globalised World", which took place in Prague. The former PH EG has initiated inclusion of the Prison Health issues in the meeting of the EU Think Tank on HIV/AIDS, which will take place in Luxemburg. The ITA will make a presentation during this meeting

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.

Unfortunately Zero

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.

N/A

Operational target 1.4: By 2013, external expertise (especially of relevant national, subnational 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.

The former PH EG had involved five external organizations in development of project and programme proposal. **In April**, the 10th meeting of PH EG took place in Arkhangelsk. Representatives from the AIDS Foundation East-West (AFEW), International Labour Organization (ILO) and the Regional Office for Children, Youth, and Family Affairs (Bufetat), Northern Norway, were invited to this meeting and presented their activities. The PH EG decided, by request from BEAC, to lead the development of a TB prevention programme for the Barents Region. This programme would be then shared with the Prison authorities from Baltic countries, in order to develop the same type of activities in Baltic Region.

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).

The former PH EG is involved in the development of two Project and one Program proposal, where more than two countries are participating. The former PH EG has organized a Planning Meeting of the Barents Tuberculosis Programme, which took place in Arkhangelsk. Representatives from the TB and HIV Services from all the regions of the Barents zone, including prison authorities, participated in the meeting. The Finnish representative of the EG participated in the LFA planning workshop of the Barents Tuberculosis Programme in Repino, Leningrad Region, Russian Federation

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.

N/A

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

N/A

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

N/A.

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.

PHC EG flagship project ImPrim, implemented with support of EU BSR Programme, will contribute to operational targets 5.1 and 5.2. 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 the social factors. During the first quarter of 2010 PHC EG chair and ITA and members from Belarus, Estonia, Finland, Latvia, Lithuania and Sweden facilitated communication between project partners and their respective Ministries of Health in order to guarantee political support and financial contribution for the implementation of planned project activities. (See more detailed description of the flagship project under section 4.1)

The role of primary health care nurse in addressing growing health needs of communities in the BSR is becoming more and more important. The former PHC EG has identified existing gaps in performance and quality of work of nurses, when comparing Scandinavian countries on one hand and Belarus, Russia and Baltic countries on the other. The workshop *"PHC nurses in the primary health care team: experiences of immigrant doctors and nurses"* was organised by the Ministry of Health and Social Affairs of Finland and the former PHC EG as a thematic workshop linked to the Ninth Meeting of PHC EG, March 25-26 2010 in Helsinki (http://www.ndphs.org/?mtgs,phc_9_helsinki). During the workshop experiences of immigrant doctors and nurses on the role of the nurse in PHC teams in their own countries and Finland have been shared. The workshop provided input for planning activities through the flagship project ImPrim 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 very actual strategy for improvement of PHC quality. Highly contributing to this strategy is the NDPHS Pipeline project no 14: "Establishing EBM and Developing Quality of care in PHC through extended networks with PHC doctors and nurses in northwest Russia", implemented by Blekinge Centre of Competence (Sweden). Apo-Audit methods have been used as tools to measure clinical performance of PHC doctors and nurses. The following clinical audit reports in Russian-English have been printed and delivered at the follow-up meetings during the project time: (1) For family nurses*: Blood pressure measurement and advice on lifestyle* (four different reports for Murmansk, Archangelsk, Pskov and Kaliningrad regions); for family doctors: *(2) Respiratory Tract infections and prescription of antibiotics in PHC* (three different reports in Murmansk, Archangelsk and Pskov); *(3) Hypertension and Diabetes, diagnosis and treatment in PHC*. (*One overall report and regional presentations)* (*4) 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. In March 2010 audit for felchers focused on early detection of cancer have been started. For further application and dissemination in NWR of this new quality assurance tool ideas to establish independent audit centre in Archangelsk have been elaborated.

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.

Due to the reorganization of NDPHS EGs and financial difficulties in the Baltic Countries, the above mentioned activities were postponed. Russia has, however, expressed an interest in organising the symposium.

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.

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

Due to the reorganization of the NDPHS EGs and financial difficulties in the Baltic Countries, the above mentioned activities were postponed until later. The ITA of the former PH EG was contacted by WHO HIPP, with the request to assist the UK NGO “HALE” to find partners in order to develop a project proposal for the ND area, which would be related to HIV/AIDS prevention in prison settings.

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

Due to the reorganization of the NDPHS EGs and financial difficulties in the Baltic Countries no seminars were organised in 2010. In November 2010 the ITA together with the member of PPHS EG from Finland will participate in the symposium "**Combatting HIV/TB among vulnerable populations in Eastern Europe**". The Finish representative will be the Coordinator of this event, and the ITA will make a presentation on TB/HIV in prison settings. This symposium will be organized during the 41st Union World Conference on Lung Health, to be held on 11-15 November 2010 at the ICC Berlin in Germany.

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.

The project proposal of HIV prevention within the female population (including the prison settings) is under the development.
In March, the ITA of the former PH EG has participated in the meeting of HIV/AIDS EG, which took place in Saariselka, Finland. It was decided during this meeting that the two EGs would develop a joint proposal on prevention of HIV/AIDS among the female population. The National AIDS Centre from Poland would lead this process and together with the ITA of PH EG, they would develop a concept paper for the submission to the NDPSH CSR. The project initially will include Poland, Lithuania, Latvia and Estonia, but the project will seek partners from other countries of 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.

Due to the reorganization of the NDPHS EG, it has not been possible to start those activities.

In October 2010 several members of the PPHS EG and the ITA will participate in the annual meeting for national Counterparts working in the field of Prison Health. This year the meeting will be organized on the premises of the WHO Regional Office for Europe in Copenhagen, Denmark.

4. Strengths and opportunities

Currently representatives of nine countries and two International Organizations are represented in the PPHS EG. It is a good mix of representatives from Ministries of Health, Justice and health experts working in Primary Health and Prison Health settings. This could be used to strengthen policy discussions (concerning but not limited to the linkage of prison and public health).

Close working collaboration is established with WHO Euro, Correctional Service in Canada (CSC), EMCDDA, UNODC, IOM, BEAC, NCM and other important bodies working in the field of Primary and Prison Health.

Active participation of Russian Federation as vice-lead partner of the Expert group gives additional opportunities to enlarge the scope and the area of activities.

The implementation of the flagship project ImPrim, which is in line with priorities set in the EU BSR Strategy and in line with Russian priorities, supports the achievement of the operational targets, which are indicated in the NDPSH strategy.

Current financial shortcuts in East ND countries has made it evident that more attention should be paid to further increase the effectiveness of the health care systems - it is now the right time to put PHC development as a priority on health policy agenda.

The PPHS EG tries to draw attention to the experiences of member states where there is a close collaboration between the prison health and the public health systems (Norway, Sweden, Finland) and further disseminate this knowledge.

5. Obstacles and weaknesses

Due to the fact that Prison Health in most countries is under the Ministry of Justice, and this Ministry officially is not the part of NDPHS, it became problematic to assure constant participation of representatives from Baltic Countries during the period of financial crisis. Contacts between the Ministry of Health and the Ministry of Justice remain weak in many countries, and this somehow slows down the speed of implementation of proposed activities or ideas. In the beginning of the year the PH EG was busy with the development of new ToR for the EG. However, at the end it was decided by CSR that the group will be merged with the

Primary Health EG (unfortunately this issue was not discussed within the PH EG). It is unclear now, what will be the decision of participant countries on the continuation of participation in the new EG and how the issues related to Prison Health will be covered within the new group.

Ongoing financial problems in several countries limit sustainable participation of members in EG meetings.

As before one of the biggest problems relates to the lack/absence of seed money which could be used for further development of generated ideas and project proposals.

The commitment and success of the new PPHS is dependent on the level of political commitment for primary and prison health in all partner countries.

The representation of other categories of health workers – nurses, social workers and other health professionals – has been a long-standing issue for discussions. The lack of such representatives remains a major problem.

There is current a lack of clarity of the long term perspectives for ITAs and for funding of group activities.

6. Conclusions and recommendations

Despite some achievements still there are several gaps which prevent countries in the ND area to meet the ambitious goals of equivalence of healthcare inside and outside of prisons, formulated in the Oslo Declaration on Prison Health of the NDPHS. It will be good if the EG on Primary Health and Prison Health Systems will have an opportunity to continue work in this direction.

Current financial shortcuts made evident the cost-effectiveness of health systems with more emphasis on primary health care. This opportunity should be used by PPHS EG to promote essential principles of primary health care organization in close collaboration with WHO and other interested bodies.

There are discussions in the several partner countries to move health services in the prison settings, which are currently under the Ministry of Justice, to the Ministry of Health. In this regard, it will important that the new EG has an opportunity to be actively involved in discussions and developments.

7. Other relevant information

None

Activities carried out by the former EG PH and EG PHC until 100630 and by EG PPHS from 100701 and onwards

During the first half of year 2010 the PH EG carried out the following activities:

In January the ITA of PH EG has participated in the second meeting of the *ad hoc* NDPHS Working Group on Expert Groups' Terms of Reference (EGTOR), which took place in Helsinki. The new ToR including criteria for Experts' nomination have been discussed during this meeting.

The Swedish representatives of the PH EG have participated in the SMITT-NORR meeting, which took place in Ostersund Sweden – "The prison population – hot spot for Communicable Disease Control". SMITT-NORR is an annual meeting between the depts of CDC in northern Sweden.

In February the ITA of PH EG has participated in the third meeting of the EGTOR and the tenth meeting of NDPHS Expert Group chairs and ITAs, which took place in Moscow. The issues related to the Implementation of the new NDPHS Strategy and leadership for the health issues in the EU Strategy for the BSR, were discussed during this meeting.

In March, the ITA of PH EG has participated in the meeting of HIV/AIDS EG, which took place in Saariselka, Finland. It was decided during this meeting that those two EGs, would develop a joint proposal on prevention of HIV/AIDS among the female population. The National AIDS Centre from Poland would lead this process and together with the ITA of PH EG, they would develop a concept paper for the submission to the NDPSH CSR. The project initially will include Poland, Lithuania, Latvia and Estonia, but the project will seek partners from other countries of ND area.

The PH EG has participated in the survey on drug-related health and social responses in prisons, which was prepared by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and kindly shared with the PH EG through the ITA. The aim of this survey was to collect information on EU good practices related to prevention of drug use and HIV/AIDS and other infectious diseases in prisons, with a view to formulating recommendations to the European Commission on what works.

The ITA of PH EG discussed with the European Commission/DG Health and Consumers, on possible inclusion of issues related to HIV/AIDS prevention in prison settings in the agenda of the next EU HIV/AIDS Think Tank meeting. It was agreed that the special session during the autumn Think Tank meeting will be devoted to Prison issues. The ITA of PH EG is invited to make a presentation on NDPHS activities in this field.

In April, the 10th meeting of PH EG took place in Arkhangelsk. Representatives from the AIDS Foundation East-West (AFEW), International Labour Organization (ILO) and the Regional Office for Children, Youth, and Family Affairs (Bufetat), Northern Norway, were invited to this meeting and presented their activities. The PH EG has decided, by request from BEAC, to lead the development of a TB prevention programme for the Barents Region. This programme would be then shared with the Prison authorities from Baltic countries, in order to develop the same type of activities in Baltic Region.

The ITA of PH EG was contacted by WHO HIPP, with the request to assist the UK NGO "HALE" to find partners in order to develop a project proposal for the ND area, which would be related to HIV/AIDS prevention in prison settings. The ITA has discussed this issue with the

representatives of the MoJ of three Baltic countries, and also with some NGOs and they all agree to join this activity. It was decided that on the first stage the ITA of PH EG together with the Chair of NGO 'HALE", would develop a concept paper, which will be commented by all participant countries and then will be used as a basis to draft the project proposal.

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. The project will be a continuation of the currently running 'Connections' project, which was launched in autumn 2007, and managed by The European Institute of Social Services (EISS) of the University of Kent and co-funded by the European Commission Public Health Programme . The role of PH EG, as an associated partner, will be in helping identifying potential participants for the training and study visits, together with collecting some information related to the research part of the project.

The PH EG has organized a Planning Meeting of the Barents Tuberculosis Programme, which took place in Arkhangelsk. Representatives from the TB and HIV Services from all the regions of the Barents zone, including prison authorities, participated in the meeting. The aim of the meeting was to discuss the preparation for development of the TB Programme for the Barents Region, which will include the penitentiary system, and HIV/TB co-infection. The key accent in the Programme will be placed on better collaboration between the two systems (public health system and healthcare services of the penitentiary system) on a partnership basis.

In May, the ITA of PH EG hold a meeting with the representatives of EMCDDA, in order to discuss the result of the survey on drug-related health and social responses in prisons, and also the ways and field of future collaboration. It was underlined that although the total numbers are low, the rate of drug law offenders among sentenced prisoners has increased over the past years in several central and east European Member States. Existing studies show that drug use continues to be more prevalent among prisoners than among the general population. This raises issues around the potential spread of infectious diseases among the prison population. It was decided that the PH EG and EMCDDA will collaborate while tackling those issues in the ND area.

The Swedish representatives of the PH EG has participated in the annual meeting of the the Swedish Association for Infectious Disease Physicians, which took place in Umea, Sweden. The main topic of the meeting was – "Efforts to combat spread of infectious diseases in prison settings in NW Russia".

In June, the ITA of PH EG has participated in the fourth meeting of EGTOR, which took place in Helsinki. The main topic of the meeting was to discuss the restructuring of the NDPHS Expert Groups and development of new ToR for those groups. It was decided that the Prison Health EG will be merged with Primary Health Care EG.

The Finnish representative of the PH EG participated in the LFA planning workshop of the Barents Tuberculosis Programme in Repino, Leningrad Region, Russian Federation

As for the PHC EG, the activities during the first half of the year, were mainly concentrated on the following:

In January the Chair of PHC EG has participated in the second meeting of the *ad hoc* NDPHS Working Group on Expert Groups' Terms of Reference (EGTOR) in Helsinki.

In February the Chair of PHC EG has participated in the third meeting of the EGTOR and the tenth meeting of NDPHS Expert Group chairs and ITAs, which took place in Moscow. The issues related to the Implementation of the new NDPHS Strategy and leadership for the health issues in the EU Strategy for the BSR, were discussed during this meeting.

Chair and ITA of PHC EG participated in the kick-off Meeting of the PHC EG flagship project ImPrim, which took place in Karlskrona, Sweden. 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. During the first quarter of 2010 PHC EG chair and ITA, as well as members from Belarus, Estonia, Finland, Latvia, Lithuania and Sweden, facilitated communication between project partners and their respective Ministries of Health in order to guarantee political support and financial contribution for the implementation of planned project activities.

In March 25-26th 9th Meeting of PHC EG took place in Helsinki. EG members considered that role of nurse in addressing growing health needs of communities in the BSR are becoming increasingly important. The PHC EG has identified existing gaps in performance and quality of the work of nurses when comparing Nordic countries and Belarus, Russia and the Baltic countries. The workshop *"PHC nurses in the primary health care team: experiences of immigrant doctors and nurses"* was organised by the Ministry of Health and Social Affairs of Finland and PHC EG of the NDPHS as a thematic workshop linked to the 9th Meeting. During the workshop experiences of immigrant doctors and nurses on the role of the nurse in PHC teams in their own countries and Finland were shared. The workshop provided input for planning the activities through PHC EG flagship project ImPrim for strengthening the role of PHC nurses in the Baltic Sea Region. For more info about the meeting and workshop: (**http://www.ndphs.org/?mtgs,phc_9_helsinki)**

Introduction of internal quality assurance tools for strengthening evidence-based decisions is another very actual strategy for improvement of PHC quality. This will contribute significantly to Goal 5 of the NDPHS Strategy by means of the NDPHS Pipeline project no 14: "Establishing EBM and Developing Quality of care in PHC through extended networks with PHC doctors and nurses in northwest Russia" implemented by Blekinge Centre of Competence (Sweden). The APO (Audit Project Odense) method has been used as a tool to measure clinical performance of PHC doctors and nurses. The following clinical audit reports in Russian-English have been printed and delivered at the follow-up meetings during the project time: (1) For family nurses*: Blood pressure measurement and advice on lifestyle* (four different reports for Murmansk, Archangelsk, Pskov and Kaliningrad regions); for family doctors: *(2) Respiratory Tract infections and prescription of antibiotics in PHC* (three different reports from Murmansk, Archangelsk and Pskov); *(3) Hypertension and Diabetes, diagnosis and treatment in PHC*. (One overall report and regional presentations*)* (*4) 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. In March 2010 audit for felchers focused on early detection of cancer have been started.

Since the establishment of the new PPHS EG, the activities of have included the following:

In August, the ITA of former PH EG, and one of the ITAs of current PPHS EG together with the representatives from Estonia, Lithuania, Latvia and Poland, in close collaboration with the NGOs from those countries and from Scotland, have developed a concept paper for two possible projects. A brief description of those concept papers were submitted and later published at E-newsletter of the NDPHS.

The co-chair and ITA of former PHC EG, and now one of the ITAs of the PPHS EG, initiated a meeting in Juodkrante, Lithuania, inviting Minister of MoH of Kaliningrad Region and representatives of Klaipeda city administration for further development of project ideas aimed to strengthen PHC in Kaliningrad region. During the meeting it was preliminary agreed on possible partners for the project application to Cross border Cooperation program Poland-Russia-Lithuania. Vice-Chair of EG and ITA have facilitated further communication with project

partners and development of project proposal with objectives in line with NDPHS operational targets 5.1 and 5.2.

ITA of PPHS EG (former ITA of PHC EG) has participated in the IIIrd Bi-Annual International Conference on the Future of Primary Care in Europe organised by the European Forum for Primary Care. Representing PHC of NDPHS a keynote presentation has been made on Primary Health Care Developments in Eastern Europe. Also it was discussed and expressed interest of cooperation between EFPC and PPHS of NDPHS in with objectives to get more synergy of the efforts to strengthen PHC in ND Countries.

In September, the ITA participated in the conference "Urban Drug Policies in the Globalised World", which took place in Prague. The conference dealt with burning questions and recent developments in the field of urban drug policy and related interventions. During the conference, the ITA made an oral presentation on the activities of the NDPHS in the field of Prison Health

In September, the Swedish representative has participated in the meeting “Infectious disease epidemiology – a Nordic-Global perspective with focus on possible interventions in prison settings“, which took place in Gothenburg , Sweden, at the Nordic School of Public Health.

The PPHS Chair has during September held several meetings and had multiple informal contacts with the Lead Organisation, Swedish Institute for Infectious Disease Control (SMI), of the Antimicrobial Resistance Task Group (AMR TG). Close contacts with the newly appointed Lead Country representative from Sweden are continuing.

The PPHS Chair and the Finnish representative of the PPHS EG participated in the 11th Meeting of the Joint Working Group on Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council, which took place in Syktyvkar City, Komi Republic, Russia. One of the main topics of this meeting was to discuss the draft programme on TB prevention in the Barents Region. Finland proposed that the new TB Programme would be working under the Barents JWGHS. The Programme would have tight connections to the NDPHS activities through the expert groups, namely the newly established EG PPHS and the Expert Group on HIV/AIDS and Associated Infections.

The first meeting of the PPHS Expert Group was held in Moscow September 23-24th. One of the key issues during the meeting was to prepare priority-setting for the new EG and to discuss working modalities of the group. The successful preliminary negotiations are likely to lead to a work plan in October.

The EG meeting agreed to collect and prepare background material for a pilot project on the future role of local (district, rayon etc) hospitals as a structure covering the interface between primary health care and specialist care. The pilot project was suggested to commence with an internal workshop during 2011.

In October several members of the PPHS EG and the ITA will participate in the annual meeting for national Counterparts working in the field of Prison Health. This year the meeting will be organized on the premises of the WHO Regional Office for Europe in Copenhagen, Denmark.

The aims of the meeting are to review the progress made over the past 15 years during which the WHO Regional Office for Europe has focused on prison health specifically and to facilitate detailed information exchange between the Regional Office, Member States and international partners. It is foreseen that the ITA will make a presentation on the activities of NDPHS in the field of Prison Health.

The former PH EG has initiated inclusion of the Prison Health issues in the meeting of the EU Think Tank on HIV/AIDS, which will take place in Luxemburg. The ITA will make a presentation during this meeting.

The Chair, the Vice-Chair and one ITA will take part in the NDPHS PAC 7 side-event, on October 27th, on project funding.

The Chair and Vice-Chair as well as the ITAs of the EG will participate in the NDPHS PAC 7 meeting, on October 28th, hosted by WHO Euro in Copenhagen.

In November the ITA together with the member of PPHS EG from Finland will participate and in the symposium "**Combating HIV/TB among vulnerable populations in Eastern Europe**". The Finish representative will be the Coordinator of this event, and the ITA will make a presentation on TB/HIV in prison settings. This symposium will be organized during the 41st Union World Conference on Lung Health, to be held on 11-15 November 2010 at the ICC Berlin in Germany.

Annex 5

ADPY Task Group Annual progress report

Submitted by: ADPY TG

Year covered: 2010

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead Partner is Sweden, Co-Lead Partner is Russia. Mr Håkan Leifman was elected as a Chair of ADPY TG and Ms Elena Skachkova was elected as a Vice-Chair of ADPY TG on 30 September 2010.

1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)

Ms Anna Liedbergius. Coordinator, ADPY TG

1.3 Financial resources for leadership

The Lead Partner has received financial support from the Swedish International Development Agency for planning the Flagship Project during 2010. Another application will be forwarded to the Swedish International Development Agency for January-May 2011.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

The 1st ADPY TG meeting was held in Riga on 30 September-1 October 2010. Participating in the meeting were TG-members from Finland, Iceland, Latvia, Russia, Sweden and The Baltic Healthy Cities Association as well as a representative from the Stockholm Police, Sweden. There were no representatives from Estonia, Norway, Lithuania, and Poland. ADPY TG lead has been in contact with Norway, Lithuania and Poland after the meeting and they are being informed on the progress of the ADPY TG work and they are most welcome to join the Flagship Project. Neither the ASA EG nor the ADPY TG has representatives from Estonia and thus Estonia has not received any information on the progress of the work. The ADPY TG work in general and the Flagship Project in particular would clearly benefit from Estonian and Lithuanian participation.

3. Progress towards goals and the implementation of operational targets

The Task Group will according to ToR focus on Goal 7 as specified in the NDPHS Strategy through the implementation of:

- 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. (the outcome of action will be monitored through Indicator 7.1A: Project application submitted to donors for funding),

and

- Operational Target 7.2: By 2014, the above-mentioned project, if it has been approved for funding, 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.(the outcome of action will be monitored through Indicator 7.2A: Indicator(s) to be agreed by donors and implementing agencies)

  By end of 2010, the ADPY Task Group will have developed a work plan which will clearly specify steps to be taken towards its operational target 7.1.and its indicators. The Baltic Sea Region Alcohol & Drug Prevention among Young People Flagship Project will be up and running by the end of 2011. After that the ADPY Task Group will provide logistic and expert support to the project, as appropriate. The ADPY TG's work plan will be implemented by 2013.

A first meeting in the ADPY TG was arranged on 30 September-1 October in Riga, Latvia, to discuss the preparation of the Flagship Project. The main objective of the meeting was to gather partners, identify working packages and to set the timeframe for the application period (probably October 2010 – March 2011).

After the ADPY TG 1 meeting in Riga Finland, Iceland, Latvia, Russia, Sweden, BSSSC and the Baltic Healthy Cities Association have taken an interest in partnership of the Flagship Project. A number of work packages were presented, discussed and agreed upon at the Riga-meeting. A final discussion on the work packages and the project preparations will be held in a planning meeting for work package leaders, co-leaders and partners in Moscow, Russia, on 10 November 2010.

4. Strengths and opportunities

The strength of the ADPY TG work is the mutual commitment of the participating members based on the agreement on that harmful use of alcohol and illicit drugs among young people in the Baltic Sea Region is a serious problem both on a society level and at an individual level. At the Riga meeting it was also clear that there was a consensus on actions that should be taken within the Flagship Project, how to address different aspects of the problem and also how the project should be organized at a national, regional and local level.

5. Obstacles and weaknesses

The financial situation in some of the member countries is a challenge as well as finding donors for the wide range of countries, organizations and networks that are taking part in the project. The lack of representation from some countries in the ADPY TG is a problem.

6. Conclusions and recommendations

The ADPY TG is working according to schedule towards Operational Target 7.1. We are aiming to present an application to donor/donors for funding in the fall 2010 or spring 2011.

7. Other relevant information

The next ADPY TG meeting will take place on 20-21 January 2011. Venue remains to be decided upon.

Annex 6

AMR Task Group Annual progress report for 2010

Submitted by: Sweden (Lead Partner for the AMR TG).

Year covered: 2010

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

We suggest Prof Wolfgang Witte (Germany) and Sven Hoffner (Sweden) as Lead and Co-Lead Partner.

1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)

Not yet applicable

1.3 Financial resources for leadership

To be identified.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

We are in the planning phase of the first AMR-TG meeting.

3. Progress towards goals and the implementation of operational targets

Goals and operational targets still to be finally defined.

The following achievements have been done:

Up to today (Oct 15, 2010) representatives from seven countries has been nominated. These countries are: Finland, Germany, Latvia, Lithuania, Norway, Poland, and Sweden. Also WHO has nominated a partner from the Regional WHO-EURO Office in Copenhagen to the group.
A first meeting by the representatives from the Lead and Vice Lead Partners was held in Stockholm, October 4. At this meeting, the organization of work within the group was discussed and plans for a first group meeting later this year was made.

The Swedish representative of the AMR-TG has had an extensive discussion with Dr Ingegerd Kallings (BALTICCARE) representing The Baltic Antibiotic Resistance collaborative Network – BARN. It can be noted that there are several similarities in the agendas of BARN and AMR-TG and that some country representatives in AMR-TG are also member of the BARN project. It was agreed that it is of utmost importance to avoid duplications and achieve synergistic effects of the activities of BARN and AMR-TG in the important struggle against the increasing problem of drug resistant pathogens in the Baltic area.

4. Strengths and opportunities

Coordination with already established networks and activities in the AMR field in the region.

5. Obstacles and weaknesses

One major obstacle in realising our plans for a first AMR-TG meeting in St Petersburg in December 2010 is the fact that so far no representative to the group has been identified in Russian Federation. Unclear financial support management of the group and its meetings.

6. Conclusions and recommendations

The AMR-TG is in its initiation phase. So far no group meeting has been performed and much of the discussions on goals and priorities must wait until we can meet within the full group. Such a meeting should be arranged ASAP and in beginning of next year at the latest.

7. Other relevant information

None.

Annex 7

IMHAP Task Group Annual progress report

Submitted by: IMHAP TG.

Year covered: 2010

1. Group leadership and coordination

1.1. Time-period 1 January – 31 December 2010, IMHAP was operating as sub-group of the SIHLWA[35] EG ("Social Inclusion, Healthy Lifestyles and Work Ability") as follows:

SIHLWA's Lead Partner:	SIHLWA's Co-Lead Partner:
Ministry of Social Affairs & Health P.O. Box 33 , FI-00023 Government, FINLAND	Ministry of Health/ Lithuania

IMHAP Chairperson	**IMHAP Vice-Chairperson**
Mr Eric Costen Director Mental Health and Addictions Division, Community Programs Directorate, First Nations and Inuit Health Branch, Health Canada Jeanne Mance Building, Tunney's Pasture, Ottawa, ON K1A 0K9 CANADA Tel: (613) 954-5762 Cell: (613) 859 1353 eric_costen@hc-sc.gc.ca	**Ms Maria-Pia de Palo** Senior Advisor Nordic Council of Ministers, Store Strandstræde 18, DK-1255 København K, DENMARK Tel: +45 33 96 02 77 Cell: +45 33 96 02 02 mpp@norden.org

In January 2009, First Nations and Inuit Health Branch of Health Canada was invited to co-chair the newly established IMHAP TG with the Nordic Council.

At the CSR-17 meeting in Moscow, 30 June 2010, the IMHAP TG was established through approval of its Terms of Reference. According to the new organization of NDPHS, IMHAP TG is affiliated and reporting through the NCD EG (Non-communicable Diseases related to Lifestyles and Social and Work Environment).

1.3 Financial resources for leadership

The Nordic Council has provided €50,000 (Euros) towards the work of the IMHAP TG. Membership and meeting travel costs are the responsibility of each individual member state.

2. Participation in the Group's activities

[35] See also the NCD EG Annual Report 2010 which provides more background information on the 1st part of 2010 under SIHLWA EG.

2.1A Participation of Partners and Participants as well as external actors in meetings of the IMHAP sub-group

In 2010 the **9th SIHLWA Expert Group** met in Copenhagen, Denmark, on 24-26 March, at the premises of WHO-EURO and Nordic Council of Ministers. The complete report is available on http://www.ndphs.org/?mtgs,sihlwa_9_copenhagen . At the SIHLWA-9 meeting there were in total 46 participants, and in the IMHAP sub-group 11 participants. The outcomes of this meeting were the establishment of the IMHAP sub-group and upcoming IMHAP Task Group's draft Terms of Reference, and further elaboration of NCD EG draft Terms of Reference.

IMHAP will collaborate with "the Alcohol and drug prevention among youth" EUSBSR flagship project in order to include the perspective of indigenous people.

2.1B Participation of Partners and Participants as well as external actors in meetings of the IMHAP TG

The participants to IMHAP subgroup meeting at SIHLWA-9 on 24-26 March were the following:

Country/ Organization	Family name	First name	Representing	E-mail
Canada	SHEARER	Bob	Health Canada	robert.shearer@hc-sc.gc.ca
Denmark	GANT	Erik	Arctic Council Indigenous Peoples Secretariat	erikgant@arcticpeoples.org
Nordik Council of Ministers	De PALO	Maria-Pia	Nordic Council of Ministers	mpp@norden.org
Denmark	GRAN	Anna	Nordic Council of Ministers	ang@norden.org
Finland	KOPPLOMÄKI	Hanna	NDPHS, SIHLWA ITA	Hanna.koppelomaki@ttl.fi
Finland	HEIKKILÄ	Lydia	SámiSoster	Lydia.heikkila@pp3.inet.fi
Finland	TUOMIKOSKI	Suvi	University of Lapland	Suvi.tuomikoski-koukkula@ulapland.fi
Greenland	NICLASEN	Birgit	Government of Greenland	bivn@nanoq.gl
Russia	ABRYUTINA	Larisa	RAIPON	labryut@yandex.ru
Russia	SLASTNYKH	Evgeniy	Ministry of Health and Social Development of the Russian Federation	slastnykhei@rosminzdrav.ru
Sweden	FOLDSPANG	Anders	NCM/Nordic School of Public Health, Gothenburg	Anders.foldspang@nhv.se

The IMHAP subgroup meeting was divided in to two parts: (*i*) discussions of special themes presented by experts in order to exchange information; identify common challenges and opportunities for collaborate action - including cooperation with Arctic Council; and (*ii*)

reviewing of the NCD TOR and further development of the IMHAP Work plan 2010, including identifying concrete action for a kick-off seminar.

The representatives nominated to IMHAP TG by 28 September (eventually by 31 December) were the following:

NCD EG Nominated Representatives and alternates as by 22 September 2010					
Country/ Organization	**Family name**	**First name**	**Representing**	**Phone(s)**	**E-mail**
CANADA	COSTEN	Eric	Mental Health and Addictions Division, Community Health Programs Directorate, First Nations and Inuit Health Branch, Health Canada	(613) 954-5762	Eric.costen@hc-sc.gc.ca
FINLAND	HEIKKILÄ	Lydia	SámiSoster	+358 40 5940559	lydia.heikkila@pp3.inet.fi
FINLAND (*Alternate*)	TUOMIKOSKI-KOUKKULA	Suvi	University of Lapland Dep. of Social Sciences	+358 40 5726487	suvi.tuomikoski@ulapland.fi
FINLAND (*Alternate*)	GUTTORM	Sari	University of Lapland	+358 40 5725033	saguttor@ulapland.fi
LITHUANIA	VITKŪNIENĖ	Odeta	Ministry of Health	+370 5 260 4713	odeta.vitkuniene@sam.lt
NORWAY	HETTA	Ole Mathis	Helsedirektoratet	+ 47 91103330	omh@fmro.no and omhetta@online.no
RUSSIA	KUCHERJAVAJA	Daria	Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia	+7 495 619 90 32	koe-koe@mednet.ru
SWEDEN	To Be Determined				
Nordic Council of Ministers	DE PALO	Maria-Pia	Nordic Council of Ministers	+45 33960277	mpp@norden.org
Nordic Council of Minsiters (*Alternate*)	FOLDSPANG	Anders	Nordic Council of Ministers	+46 031693949	anders.foldspang@nhv.se
WHO	MUIJEN	Matt	WHO Regional Office for Europe	+45 39171391	muijenm@who.int

3. Progress towards goals and the implementation of operational targets

The TOR of IMHAP TG, approved by CSR-17 on 30 June 2010 lists the following tasks on the IMHAP TG agenda:

The IMHAP TG will provide opportunities for the exchange of information and promising practices related to Indigenous mental health between members. It shall strive to improve mental health (including increased resiliency, self-esteem and hope), prevent addictions (including harm reduction- and abstinence-based approaches), and promote child development and family / community health (supporting indigenous family values, structures, restoring parenting skills) among Indigenous people through:

- *Focusing on Goal 11 as specified in the NDPHS Strategy through the implementation of the Operational Target 11.1 of the Strategy. The outcome of action will be monitored through Indicator 11.1A as described by the Strategy;*
- *Fostering collaboration on social inequalities in population mental health;*
- *Identifying opportunities for collaboration with other Task and Working Groups within NDPHS;*
- *Initial planning for a work plan includes the following key activities:*
  - *Best Practices for Indigenous people parenting and associated counselling skills;*
  - *Development of common indicators for Indigenous mental health services;*
  - *Telemedicine: how this can benefit and enhance Indigenous people's mental health services;*
  - *Kick-off seminar: A two day kick off seminar that will invite relevant experts on indigenous people and health to further develop proposals for concrete joint action and pilot projects based on the three prioritised areas mentioned above;*
  - *Producing fact sheets / diagnostic of mental health status (Sámi, Inuit, First Nations, others) with a focus on these priority areas.*

By end of 2010, the IMHAP Task Group 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.

IMHAP has just initiated its work based on the TOR. IMHAP is in the process of planning a *two day kick off seminar that will invite relevant experts on indigenous people and health to further develop proposals for concrete joint action and pilot projects based on the three prioritised areas mentioned above; The seminar will be hosted by the NCM Nordic School of Public Health in Gothenburg, Sweden by the first quarter of* 2011.

4. Strengths and opportunities

- NDPHS SIHLWA Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability had a considerable strength in its 4 subgroups (ADO, ALC, IMHAP and OSH). The establishment of a new Task Group focusing on the indigenous people's health and based on PAC-5 Ottawa elaborations paved the way for remaining one focus on indigenous people.
- SIHLWA members until June 2010 have successfully been able to advocate our mission through using *ad hoc* opportunities provided by other actors, who have wanted to use our experts and networks.

5. Obstacles and weaknesses

6. Conclusions and recommendations

- SIHLWA expert group and its 4 subgroups (ADO, ALC & OSH & IMHAP) during the 4 years of SIHLWA existence found a solid basis for their operation. Meetings have been professionally conducted, host-countries have provided excellent support, and project activities are well under way. June 2010 brought an end to SIHLWA, but life continues in two EGs (NCD and ASA) and three TGs (OSH, IMHAP and ADPY).
- The IMHAP TG has got a good start under SIHLWA support.

7. Other relevant information

IMHAP discussed the Arctic Council and expressed a strong interest in cooperating. It was concluded that AC should be invited to IMHAP meetings in order to coordinate activities and avoid duplication.

Annex 8

OSH Task Group Annual progress report

Submitted by: Wiking Husberg, ILO

Year covered: 2010 (status as of Oct 2010)

1. Group leadership and coordination

1.1.

Chairperson **Mr. Wiking Husberg** Senior OSH Specialist E-mail: husberg@ilo.org ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA Petrovka 15, 107031 Moscow, Russian Federation Tel. work: +7-495-933 0827 Fax: +7-495-933 0827	**Vice-chairperson** **Dr. Remigijus Jankauskas** Director of Occupational Medicine Center E-mail: jank@dmc.lt Institute of Hygiene under the Ministry of Health Didzioji 22, 01128 Vilnius, LITHUANIA Phone: + 370 5 212 19 69 Fax: +370 5 212 18 10

1.2 ITA/Coordinator/Task Managers

The TG has no ITA or similar. However, the TG (former OSH Sub-Group) has been established and works closely with the NDPHS Associate Partner, the Baltic Sea Network on Occupational Safety and Health (BSN), including WHO/EURO and EU OSHA.

BSN is a network of OSH professionals (http://www.balticseaosh.net/index.php), based on voluntary cooperation and mutual assistance. The BSN is the backbone of the TG OSH group and provides the professional support for OSH surveys, research and exchange of experience and assistance, as well as other TG OSH activities.

1.3 Financial resources for leadership

The TG OSH has no external financial resources. The Lead and Co-lead Partners are operating on their own costs, as are all the participants.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

See Attachment 1.

3. Progress towards goals and the implementation of operational targets

The TG OSH has a clear goal and objectives, the "Health at Work" Strategy approved by the Partners States. The implementation of the objectives in the Strategy, which is a practical merger of the ILO, WHO and EU OSH strategies, applied to the Northern Dimension, has been included into the new strategy of the NDPHS and the EU Baltic Sea Strategy.

Substantial progress towards the objectives has been achieved, indicated by the informal surveys done in the BSN Annual Meeting in Sept-Oct 2010 in Tartu, Estonia (see Attachment 2).

TG OSH is continuing its operations as a TG and is actively implemented two projects

- the ILO executed N-W Russia OSH project already in its 3rd phase. A summary of the activities in 2010 is attached.
- The FIOH executed project in NW Russia is focusing on the occupational health services, using the Republic of Karelia as a piloting ground for the WHO/ICOH/ILO developed BOHS system. Summary of the activities is attached.

The TG OSH and BSN activities and plans were reported to the NCD EG 1st meeting on 28 September 2010 with the aim to continue the previous close cooperation.

4. Strengths and opportunities

- The member states of the TG OSH subgroup have been able to further implement elements of the "Health at Work" strategy in cooperation with the Baltic Sea Network (BSN) on Occupational Safety and Health (associated member of the NDPHS);
- The BSN Annual meeting in Tartu, Estonia 30 Sep–1 Oct 2010 has reported progress in the member states following the items in the "Health at Work" Strategy. The work plan of TG OSH and BSN for 2011 was developed in the joint meeting.
- The TG OSH projects have been concentrated to NW Russia, but two new broader projects will be formulated in 2010-11 to cover also the Baltic States.

5. Obstacles and weaknesses

The "Health at Work" Strategy is a powerful mechanism to promote and monitor the progress of the TG OSH. However, the economical crisis and changes in political management have hampered or reversed the progress in some countries.

TG OSH would need some financial support to enable all interested countries to fully participate.

Further the compilation and publishing of expert overview on the progress in OSH in selected economic sectors, as well as the mid-term review of the "Health at Work" strategy, is in need of support (funding) to be professionally prepared and published under the NDPHS.

6. Conclusions and recommendations

- Former SIHLWA OSH subgroup will continue working as TG OSH, promoting OSH issues through goal 9, implementing two projects (ILO NW Russia OSH project and FIOH "Health at Work" strategy elements (focusing on occupational health services and risk assessment in selected branches of economy).
- Close cooperation with the voluntary professional OSH network BSN, in form of joint meetings, shared identification of objectives and work planning enables the TG OSH to operate without ITAs and other support personnel.
- The implementation of the elements of the "Health at Work" strategy is promoted through the cooperation with BSN OSH in all member countries.
- WHO, ILO and EU participation in the TG OSH and BSN OSH activities is essential.

7. Other relevant information

None

List of representatives appointed to the NDPHS Task Group on OSH

(Last updated 22 September 2010)

Country/ Organization	Representative status	First name	Family name	Institution name and address	Phone(s)	Fax	E-mail
Finland	Main rep.	Ms. Suvi	Lehtinen	Finnish Institute of Occupational Health	+358 30 4742344	+ 358 30 4742548	suvi.lehtinen@ttl.fi
	Alternate 1	Ms. Kari	Kurppa	Finnish Institute of Occupational Health	+ 358 40 5024122		kari.kurppa@ttl.fi
	Alternate 2 (if available)	Mr. Timo	Leino	Finnish Institute of Occupational Health	+ 358 30 4742396	+ 358 30 4742015	timo.leino@ttl.fi
Latvia	Main rep.	Mr. Ivars	Vanadziņš	Institute of Occupational Safety and Enviromental Health of Riga Stradins University, Latvia 16 Dzirciema street, Riga,	(+371) 67409139 (+371) 29534641	+371 67409187	ivars.vanadzins@rsu.lv

				LV-1007, Latvia			
	Alternate 1	Ms. Jolanta	Geduša	Ministry of Welfare of Latvia 28 Skolas street, Riga, LV-1331, Latvia	(+371) 67021526	(+371) 67276445	jolanta.gedusa@lm.gov.lv
Lithuania	Main rep.	Mr. Remigijus	Jankauskas	Institute of Hygiene Didžioji str.22, LT-01128 Vilnius Lithuania	+370 5 262 4583	+370 5 262 4663	jank@dmc.lt
	Alternate 1	Mr. Saulius	Vainauskas	Institute of Hygiene Didžioji str.22, LT-01128 Vilnius Lithuania	+370 5 212 1969	+370 5 262 4663	saulius.vainauskas@dmc.lt
Norway	Main rep.	Trygve	Eklund	The National Institute of Occupational Health, P.O.Box 8149 Dep, N-0033 Oslo Norway	+47 23 19 51 00		

	Alternate 1	Truls	Johannessen	Labour Inspection Authority Nord-Norge, P.O.Box 4720 Sluppen N-7468 Trondheim, Norway	+47 815 48 222		
Poland	Main rep.	Ms. Eliza	Goszczyńska	The Nofer Institute of Occupational Medicine Św. Teresy 8 Str., 91-348 Warsaw	+48 22 631 46 85	+48 22 631 46 85	promocja@imp.lodz.pl
	Alternate 1	Ms. Kamila	Knol	The Nofer Institute of Occupational Medicine Św. Teresy 8 Str., 91-348 Warsaw	+48 22 631 46 85	+48 22 631 46 85	kamila.knol@op.pl
	Alternate 2 (if available)						
ILO	Main rep.	Wiking	Husberg	ILO Moscow			husberg@ilo.org
	Alternate 1	Marat	Rudakov	ILO Moscow			rudakov@ilo.org
WHO	Main rep.	Mr. Rokho	Kim	WHO European Centre for Environment and	+49 2288150414	+ 49 2288150440	rki@ecehbonn.euro.who.int

				Health Hermann-Ehlers-Str. 10, D-53113 Bonn			

Attachment 2 to the OSH TG Progress report

BSN Meeting Sept-Oct 2010, Tartu
Informal summary of progress, (to be updated)

Item of Strategy	Denmark	Estonia	Finland	Latvia	Lithuania	Poland	Germany	Norway	Russia	Sweden
1. National OSH profile		*** 2006	*** 2006-2010	*** 2006 ** 2010	*** 2007	*	?	*** 2006	**	**
OSH policy & programme		*** 2009-2013	**(*)	***New programme for 2011-13 in progress	* policy 2010 ** strategy 2009-12	*	** GDA	? paper not plan	**	**
Occ health services		*	**(*) OSH 2015	**	*	***	(*)	**	***	**
Actins on high risk sectors		** Health care workers, construction	**	**	**	**	**	**	**	**
OSH audits		** 2010	**	*			?	**	**	**
Targeted OSH actions		* OSH strategy 2009-13	**	**	**	**	**	**	**	**
OSH training		**	**	**	*	**	**	** some sectors	**(*)	**
Information systems		*	**(*)	*	*		** GDA	**(*)	**	**
Additional comments		OSH strategy ready, implementation continues	Programme ready; implementation continues			Draft strategy prepared, not implemented	OSH strategy 2008-12 operational, started 2009	Work on-going, low political commitment	Nat program Health at Work 2008-10 and 2011-15	

Implementation level:
* work started **work in progress, partly ready ***work finished

Objectives identified for the third phase of the ILO NW Russia OSH Project

The **overall development objectives** of the third phase of the Project are as follows:

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

Immediate objectives are the following:

1. Improved implementation of the Programme of action on OSH of RF in NW Russia, through access to international experience;
2. Development of a sustainable regional OSH policy based on the ILO Convention No 187 by consolidating and expanding the experience gained in North West Russia;
3. Preparation of new OSH training modules, ready for inclusion into the curricula of Russian training centres;
4. Consolidation and expansion of the introduction of modern OSH management systems and practices at enterprises;
5. Increased OSH awareness through continued provision of promotion, information and consultations on OSH related areas, such as occupational health services, occupational accident insurance, health promotion at work, migrant workers;
6. Dissemination of results achieved amongst regions of Russian Federation in cooperation with Federal ministries, institutions and social partners.

Actions taken during the period of January-July 2010 and aimed at achievement of immediate objectives (I.O.)

I.O. 1.:

These times Minzdravsocrazvitia is creating a new National Programme of activities in the OSH field for 2011-2015. The key actions of the Programme are as follows:

- Modernization of OSH legislation with Risk management procedures taken into account;
- Design of modern OSH standards;
- Improvement of workplace attestation procedure;
- Improvement of OSH vocational training.

Moreover, some activities have been already taken at the Federal level of the RF:

- The 3 national standards on OSH MS have been designed and approved (GOST R 12.0.007-2009, GOST R 12.0.009-2009, GOST R 12.0.008-2009);
- GOST 12.0.230-2007 (ILO-OSH-2001), which came in force as the National standard in the RF in July 2009, became a normative document under the Labour Code since 1 January 2010;
- A bill ‘On amendments to the Labour Code of the RF’ is prepared.
- In March 2010 the ILO and the RF have signed the ‘Agreement on technical cooperation between ILO and Russia for 2010-2012’. OSH issues are included as a

priority into this Agreement and the 'Work-plan of joint actions to be taken by Minzdravsocrazvitia and the ILO/Moscow for 2010-2012'.

I.O. 2.:

In 2010, the RF has ratified several ILO Conventions (Conv. No. 154 (1981), Conv. No. 132 (revised in 1970), Conv. No. 135).

In June 2010 the State Duma (Legislative Assembly) of the RF has started studying a Federal Law on ratifying of the Convention No. 187 (2006). The project continues working to implement the main clauses of this Convention in the regions of NW Russia.

In early 2010, the Republic of Karelia has prepared and approved the regional OSH Profile (i.e. the fifth one in the NW of Russia). In April 2010 the Project in cooperation with FIOH and OSH authorities of the Republic has organized translating into English and publishing of the Profile. In July 2010, the same job has been completed for the OSH Profile of the Murmansk region.

The next version of the OSH Profile of the Arkhangelsk region has been issued in June 2010.

The process of design of regional OSH Programmes has been initiated. In late 2009, the Regional OSH Programme of the Arkhangelsk region was prepared and approved for 2009-2011. Actions of the Ministerial OSH Programme of the Murmansk region are also being taken successfully. Cooperation with the ILO is underlined in both Programmes.

The regional law on OSH in the Murmansk region has been sufficiently amended in April 2010 in order to strengthen the role of the Ministry in the regional system for OSH.

The Administrations of the Leningrad region, the Vologda region, the Republic of Karelia have started preparing the draft of OSH programmes for these regions. In particular, several activities on promotion on developing of OSH-targeted programmes had been included into the document titled 'Strategy of progress in spheres of labour and social development of the Vologda region', which was approved by the Government of the region (the Statement No. 150 of 15.02.2010).

Social dialogue is developing in all NW regions of concern. OSH issues are being included into regional and municipal tripartite agreements. In all regions of concern the bodies of executive power for OSH and social partners continue promoting safety culture using ILO approaches (WD campaigns, for example). OSH campaigns are being widely highlighted by regional mass media.

I.O. 3.:

The training module on OSH Economy was included into the curriculum of the OSH Centre 'BUTAM' (St.-Petersburg).

While in the Arkhangelsk region in April 2010, the Project conducted a seminar on OSH economy for small-size enterprises and regional OSH centres. Materials of very module will be used by the regional Agency for Labour and Employment to compile a practical handbook on OSH at small businesses.

In 2010 the Project participated in preparing a printed version of the OSH Economy course designed for tutors of OSH training centres. (In late 2009, the ILO manual on the training module on RA was also published)

In March 2010, representatives of the 3 Universities of Saint-Petersburg have taken ILO training on Risk assessment and management. The training material will be included into curricula of these Universities in the 4-th quarter of 2010.

The created training module on Social Partnership in OSH has been already tested:

- in St.-Petersburg (at the seminar held by the TU of housing and communal economy; March 2010);
- in the Vologda region (at the seminar for TUs of the region; May 2010.See Figure 16);
- in the Murmansk region (at the seminar for Tus of the region; May 2010);
- in the Republic of Georgia (in accordance to agreements on collaboration between the ILO/Moscow and the Republic; July 2010).

The OSH training centre of Tus of the Murmansk region utilises module materials when training workers' representatives in the region.

The next ILO trainings on Social Partnership are to be organised in the Republic of Karelia, and in the Leningrad and Arkhangelsk regions.

The module should be also used while training employers. Negotiations on this issue with American Chamber of Commerce in Russia are going on.

I.O. 4.:

As of June 2010, the 59 enterprises from NW Russia are involved in Project activities focused at introduction of modern OSH MS. Meetings and individual consultations with representatives of these 'pilot' enterprises are being organized regularly.

The next directions of expansion look as follows:

1. dissemination of best practices among wide spectra of regional enterprises by means of informational exchange and practical assistance from the ends of regional OSH authorities and 'pilot' enterprises.

In 2010, several meetings on OSH MS best practices have been held in 5 NW regions of concern (except the city of St.-Petersburg) without participation of the ILO Project. In the Arkhangelsk, Leningrad, Vologda regions local governments (municipalities) are also involved in this process. The Committee for Labour of the Leningrad region has initiated designing of electronic database containing information on OSH status (including OSH MS) at 'leader' enterprises of the region.

5. Developing of all-Russian system of certification on conformity to requirements of the standard GOST 12.0.230-2007.

In 2010, the OSH team of ILO/Moscow has rendered assistance in activating of the all-Russian voluntary OSH certification system that was created in 2008. In particular, the Project has assisted the OSH Agency 'Status-Certifica' (St.-Petersburg) to pass through the procedure of accreditation to be a centre for OSH certification and got a Certificate of Accreditation No. 0001.

By the moment the 4 NW enterprises have started working to obtain OSH Certificates.

3. 'Training of trainers' courses are to be organised for tutors of regional OSH training centres in order to build capacity in the NW regions of concern.

I.O. 5.:

Area of Occupational Health (OH)

In 2009, the Project closely collaborated with FIOH in the field of OH (BOHS in Karelia, project on OH of lorry drivers in St.-Petersburg). Despite of relatively low Project qualification in the field of occupational medicine, the Project is capable to develop its 'medical' branch in cooperation with FIOH.

In 2010, the Project continues cooperating with the Administration of the town of Cherepovets (the Vologda region) in order to intensify interaction with the WHO Project 'Healthy city'. The ILO Project has been recognized as a collaborator of the WHO project in Cherepovets.

In 2010, the Project has started collaborating with the Committee for Health and Center of Occupational Pathology of the Leningrad region.

Area of Social Insurance against occupational accidents and diseases

In 2010, the Project has rendered assistance in creating ILO's novel brochure on social insurance against occupational accidents and diseases. This brochure has been published both in Russian and in English in June 2010. Publication of the very brochure has been financially supported by the Ministry for Foreign Affairs of Finland.

I.O. 6.:

Results achieved by the Project are being disseminated amongst regions of the RF by the following ways:

1. Promotional actions taken by the OSH team of ILO/Moscow. In 2010, ILO/Moscow has participated in several conferences, meetings, seminars held by Minzdravsocrazvitia. Examples being All-Russian OSH Congress in Moscow (April), Conference in the city of Ulan-Ude (the Republic of Buryatia, July), OSH Conference in the town Saratov (the Saratov region, July). Tribunes of the conferences are used to promote OSH management systems and RA practices, and OSH economy issues, and effective social partnership.

2. Cooperation with the all-Russian Federal OSH Institutions:

- Federal State Institution 'All-Russian Centre for OSH and Economy' (VCOT);
- Federal State Institution 'Research Institute of Labour and Social Insurance';
- National Association of OSH Centres (NACOT).

In June 2010, the first joint ILO-NACOT seminar took place in St.-Petersburg. NACOT also agreed to place information on the Project at the WEB-site of NACOT.

3. Publications in mass-media – Project achievements are being regularly published in all-Russian OSH magazines ('Spravochnik specialista po okhrane truda' (OSH specialist's handbook'); 'Okhrana truda I social'noe strakhovanie' ('Labour protection and social insurance'); 'Bezopasnost' I okhrana truda' ('Safety and labour protection').

4. ILO Publications – All ILO printed materials on OSH issues are always welcomed by all Project partners. As these materials are oriented at practical matters, they are widely used by

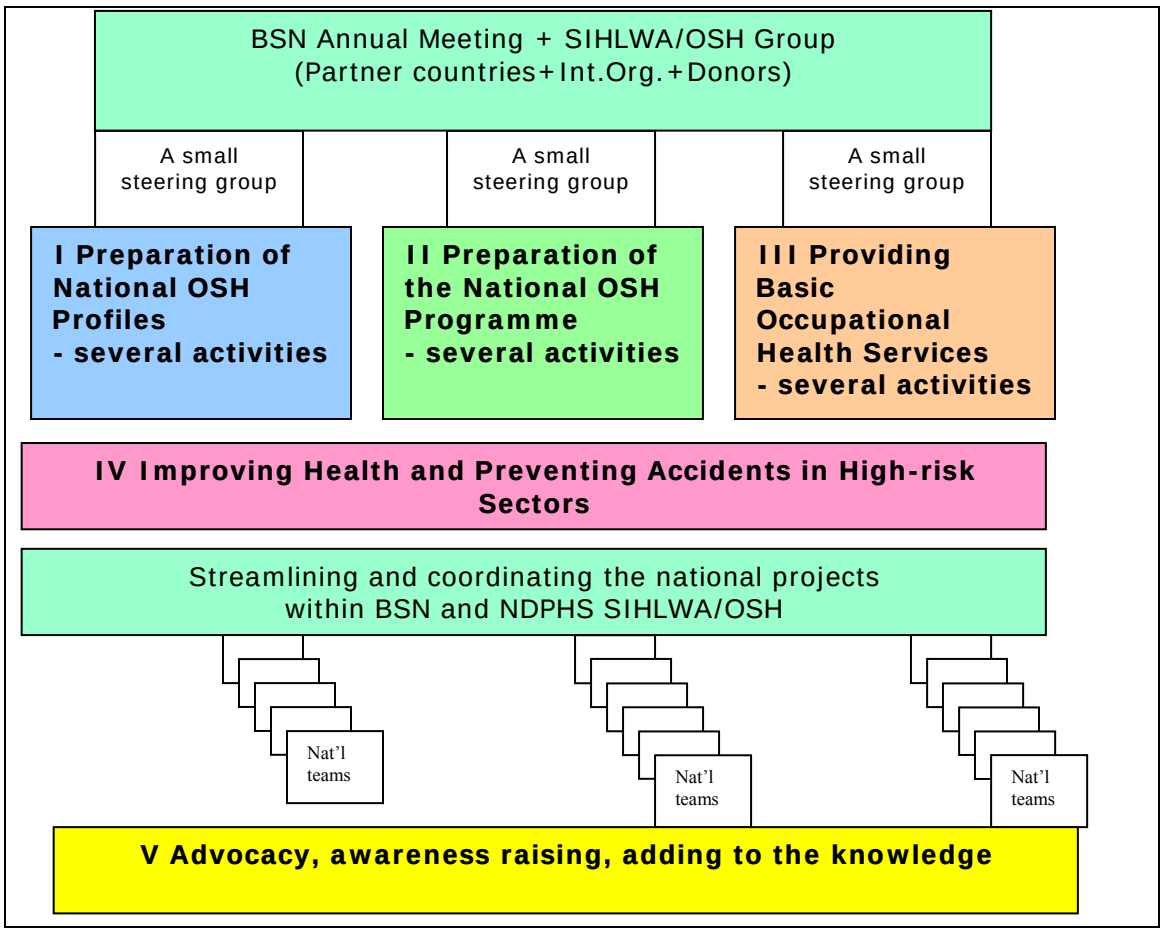
regional OSH authorities, social partners and enterprises. For example, in at least 7 regions of the RF the ILO 'cost calculator' is being used.

5. Regional initiatives – Several regions of the RF contacts the OSH team of ILO/Moscow and the Project in order to get information on key results (Khanty-Mansyisky Autonomous Okrug, the Republic of Chuvashia, the Republic of Tatarstan etc.). Some regions are attentively scrutinising publications in printed and electronic mass-media in order to get information. For example, in 2010, the Ministry of Economy of the Republic of Komi has issued the 'Methodical recommendations on surveillance of the working environment'. This document refers to: 1). GOST 12.0.230-2007, 2). Elmeri system, 3). Experience of the Republic of Karelia.

NDPHS / Developing the National OSH System and Improving Health and Preventing Accidents in the High-risk Sectors in North-West Russia

Implementing Agency in Finland: The Finnish Institute of Occupational Health

The plan was made in 2008 to implement the Northern Dimension Partnership Strategy on 'Health at Work' utilizing a framework that involved all the 10 Baltic Sea Countries' occupational health and safety institutions. Elements I–III aim at system-wide impact, element IV has workplace-level activities as an ultimate target, and Information Element binds all activities together, offering also information support to all actors in the field. The elements are independent, but they support each other in the practical implementation.



The Elements are:

- Regional occupational health and safety profiles (Murmansk, Republic of Karelia, Leningrad Oblast)
- Drafting of an occupational health and safety programme (Republic of Karelia)
- Development of occupational health service infrastructure using the Basic Occupational Health Service approach (Federal –> Republic of Karelia)
- Health promotion and prevention of accident in selected branches of industry, using training as a means (seminars, interventions (St. Petersburg)
- Raising awareness of occupational health and safety, adding to knowledge.

Key activities late 2009– Oct. 2010:

- The Leningrad Oblast, Republic of Karelia and Murmansk Oblast profiles are available in Russian and in English – produced by local actors in collaboration with ILO Moscow Office and FIOH
- Utilization of the profiles in planning of further collaborative activities
- Basic Occupational Health Services (BOHS) guideline in the Russian language – checking and harmonization of the Russian-language terminology
- Seminar (FIOH, Ministry of Health, Ministry of Labour and Rospotrebnadzor) on Occupational Safety and Health Profiles and BOHS in Petrozavodsk – late December 2009
- Preparation of a SWOT analysis of BOHS in Karelia
- Study visit of Karelian occupational health and safety experts to Finland in August 2010 to see in practice the implementation of the BOHS-approach
- Agreeing on the outline for a sectoral profile (MAPS, St. Petersburg and FIOH)
- Round-table Proceedings published in 2009 *Publication of a round-table discussion as a background document for an OSH profile in road transport in St. Petersburg and the Leningrad* Region; *Occupational Safety and Health of Truck Drivers and Passenger Transport Drivers in Saint Petersburg and the Leningrad Region. Saint Petersburg, SPb MAPS, 2009. 144 p*. (in English and in Russian)
- Compilation of information for the sectoral profile on road transport
- Preparation of some missing data in comparison to the situation in Finland
- Hands-on-training about compilation of information, methods of analysing the data, and ways of reporting
- Preparation of a sectoral profile on occupational health and safety of road transport in St. Petersburg – produced by MAPS, St. Petersburg in collaboration with FIOH
- Barents Newsletter on Occupational Safety and Health (www.ttl.fi/BarentsNewsletter), 3 issues : 1/2010 Women and Work, 2/2010 Improving health at the workplace, 3/2010 Economic impact of occupational health and safety
- Website of the Baltic Sea Network on Occupational Health and Safety – www.balticseaosh.net

Annex 9

Leadership and coordination in the Partnership

(Status as of the end of 2010)

NDPHS Partners / Participants	ASA EG	HIV/AIDS &AI EG	NCD EG	PPHS EG	ADPY TG	AMR TG	IMHAP TG	OSH TG
Canada							Chair	
Denmark								
Estonia								
Finland		Chair and ITA	Chair and ITA					
Germany						Vice-Chair		
Iceland								
Latvia								
Lithuania			Vice-Chair					Vice-Chair
Norway	Chair and ITA			ITA				
Poland		Vice-Chair						
Russia	Vice-Chair			Vice-Chair	Vice-Chair			
Sweden				Chair and ITA	Chair	Chair		
BEAC								
CBSS								
EC								
ILO								Chair
IOM								
NCM							Vice-Chair	
UNAIDS								
WHO								

- denotes Lead Partner
- denotes Co-lead Partner

Reference	Annex 2
Title	Adopted NDPHS Work Plan for 2011
Summary / Note	This document contains the proposed overall activities of the NDPHS for 2011, as well as the proposed work plans of the NDPHS Expert Groups and Task Groups.

Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Work Plan for 2011

Adopted during the 7th Partnership Annual Conference
28 October 2010, Copenhagen, Denmark

Table of Contents

Abbreviations and acronyms used

- ADPY TG – NDPHS Task Group on Alcohol and Drug Prevention among Youth.
- AMR TG – NDPHS Task Group on Antimicrobial Resistance.
- ASA EG – NDPHS Expert Group on Alcohol and Substance Abuse.
- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group).
- EGTOR – *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference.
- EUSBSR – EU Strategy for the Baltic Sea Region.
- HIV/AIDS&AI EG – NDPHS Expert Group on HIV/AIDS and Associated Infections.
- ITA – International Technical Adviser.

- IMHAP TG – NDPHS Task Group on Indigenous Mental Health, Addictions and Parenting.
- NCD EG – NDPHS Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments.
- ND – Northern Dimension.
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being.
- OSH TG – NDPHS Task Group on Occupational Safety and Health.
- PPHS EG – NDPHS Expert Group on Primary Health Care and Prison Health Systems.

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

I. Introduction and policy context

This Work Plan gives an overview of the actions to be launched or continued (if already launched) and, where specified, completed in 2011 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.

A healthy population is a critical factor behind sustainable economic development of enterprises and societies. However, 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.

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 NDPHS Strategy

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

Consistent with its 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.

By implementing the Work Plan the Partnership will continue working toward its mid-term vision, which it strives to achieve through 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

During 2011, the Partnership will continue efforts to achieve its mid-term vision by taking actions along the following lines.

Action Line 1. Working toward the NDPHS goals and taking actions to implement mid-term operational targets

In 2009, **the NDPHS adopted goals and, linked to them, operational targets and indicators (cf. Annex 1)**. They make the core of the NDPHS 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.

- **Specific actions**

  - (1.1) Continue efforts to implement the NDPHS operational targets.

    Consistent with its Strategy, the Partnership shall, *inter alia*, continue (i) policy and strategy development as well as the 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. In 2010, the Partnership started efforts to have at least one strategic project developed and subsequently implemented by it or other actors in each thematic area included in the NDPHS Strategy (cf. Annex 1). These efforts will continue and, where necessary, be strengthened;

  - (1.2) Plan the implementation process beyond 2011.

    In order to ensure the achievement of the operational targets by the set deadline,

the NDPHS Expert Groups and Task Groups shall elaborate their annual work plans for 2012, which shall specify the methods, milestones and resources with which the respective Operational Targets will be pursued during 2012. These work plans shall be presented to and discussed during the autumn meetings of the Expert Groups and Task Groups (to be held before the CSR meeting in autumn 2011), and, upon their approval, be communicated to the PAC 8 through the NDPHS Secretariat (the EG/TG work plans will be included in the proposed NDPHS Work Plan for 2012 for approval by the PAC).

Action Line 2. Leading and coordinating the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan

Following an invitation by the European Commission, in 2009 the **NDPHS has taken the role of Lead Partner for the coordination of the Health sub-area of Priority Area 12** of the EU Strategy for the Baltic Sea Region (EUSBSR) Action Plan. The health-related actions included in the EUSBSR Action Plan are properly covered in the goals and operational targets included in the NDPHS Strategy, and the two strategies are correlated and complement each other in the area of health. Further, when reforming its expert-level structures in 2010, the CSR tasked the new/reshaped groups to take appropriate actions to contribute to proper discharging of the Partnership's responsibilities as the Lead Partner for the Health priority sub-area in the EUSBSR Action Plan.

- **Specific actions**

  - (2.1) 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 EUSBSR Action Plan. These include, but are not limited to coordination, engaging other actors and stimulating them to take up responsibilities, as well as monitoring and reporting on the progress in the sub-area.

Further, where and when appropriate, the Partnership may become 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.

Action Line 3. 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**

  - (3.1) Actively seek and ensure that funding be made available for the NDPHS Expert Groups' activities 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;

- (3.2) Partner Countries: ensure payment of own contributions to the NDPHS Secretariat's budget on time.

Action Line 4. Increasing the Partnership's visibility

Whereas the implementation of several NDPHS operational targets will contribute to increasing the Partnership's visibility within and beyond the Northern Dimension area, the Partners recognize that further efforts are warranted to that end and agree to take action to that end.

➢ **Specific actions**

- (4.1) The NDPHS Chairmanship and the NDPHS Secretariat: hold a series of meetings and consultations with Partner Countries to help improve the visibility of the Partnership in the capitals of the Partner Countries. These should also help discuss how country representatives can function as multiplicators in order to enhance the NDPHS visibility at home;
- (4.2) NDPHS Partner Countries and Organizations, which have not done so yet: include the links to the NDPHS website/database/project pipeline on your own websites;
- (4.3) Interact with relevant actors active in the Northern Dimension area and keep them informed about developments within the NDPHS;
- (4.4) Include provisions regarding the NDPHS in relevant high-level and other documents;[1]
- (4.5) Make presentations at national and international conferences and other events;[1]
- (4.6) Continue efforts to produce and disseminate information and PR materials. These include, but are not limited to the NDPHS website, e-newsletter, e-news, press releases. NDPHS Expert Groups and Task Groups should be encouraged to produce both on-line and hard copy information materials;
- (4.7) Provide input to relevant publications, if possible;
- (4.8) Following the adoption, in October 2010, of an official NDPHS project labeling procedure, 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 5. Establishing the NDPHS Secretariat with its own legal capacity

The Partners recognize that for the NDPHS Secretariat to be able to fully exercise its functions and fulfill its objectives it is indispensable that it would enjoy its own legal capacity. To that effect, the Partner Countries have initiated a process aimed to reach an agreement on the establishment of the NDPHS Secretariat.

[1] The forthcoming Polish presidency of the EU in the second half of 2011 offers one opportunity in this regard.

➢ **Specific actions**

- (5.1) The Parties to the Agreement: start legal proceedings to sign and complete national legal procedures necessary for the Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being to enter into force.

Action Line 6. Monitoring the Partnership's progress and reporting on it

Every year the NDPHS prepare progress reports on its activities. These reports are prepared within the framework of the NDPHS Annual Reporting Mechanism[1] and are submitted to every autumn CSR meeting and/or PAC event. They take stock of the achievements made, describe enabling factors, strengths, obstacles and constraints regarding each group's work and the Partnership at large, and also present various recommendations to the CSR/PAC for consideration and decision. Notwithstanding the above, acting in its capacity as the Lead Partner for the Health sub-area in the EUSBSR Action Plan, the Partnership also prepares annually a report to the European Commission on the progress in this area.

➢ **Specific actions**

- (6.1) All relevant structures of the Partnership: regularly monitor and discuss the progress in the implementation of the NDPHS operational targets and take action to ensure their successful implementation, as appropriate;
- (6.2) The NDPHS Expert Groups and Task Groups: develop own Annual Progress Reports closely following the reporting elements stipulated by the NDPHS Annual Reporting Mechanism and submit them to the NDPHS Secretariat within the deadlines imposed by this mechanism;
- (6.3) The NDPHS Secretariat: based on the Expert Groups' and Task Groups' individual reports develop an annual report on progress in the Health sub-area and submit it to the European Commission;
- (6.4) The NDPHS Secretariat: develop the NDPHS Annual Progress Report based on the Expert Groups' and Task Groups' individual reports and submit it to the autumn CSR meeting and, after possible revisions requested by the latter, to the PAC event.

* * *

[1] Available at www.ndphs.org/?doc,NDPHS_Annual_reporting_mechanism.pdf.

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

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. **The operational targets can be modified by the CSR or PAC when justified and necessary**.

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).

Annex 2

Expert Group on Alcohol and Substance Abuse

Work Plan for 2011

I. Background and context

A substantial body of knowledge has accumulated on feasibility, effectiveness and cost-effectiveness of different policy options and interventions aimed at reducing the harmful use of alcohol, tobacco use and use of illicit drugs. During the last decade, methods to measure the burden of diseases and injuries have been improved. . Improved methods of measuring 26 main risk factors for illnesses have been developed. Much research has also been done on how effective the different measures are to mitigate the risk factors. The diversity of alcohol, tobacco and drug- related problems and measures necessary to reduce the harm points to the need for comprehensive action across numerous sectors.

When looking at so called *disability adjusted life years (DALY)* which combine mortality and morbidity, the avoidable risk factors related to lifestyle habits are dominating in the high income countries. (Tobacco use (10.7%), alcohol use (6.7 %) and overweight and obesity (6.5%) of the total. Illicit drugs is no 8, with 2.1 %).[38]

Hence, strategies to reduce these risk factors will have great impact of the total burden of disease.

The EU Commission adopted an EU Alcohol Strategy in 2006, and the World Health Assembly adopted a Global Strategy in 2010. In implementing the EU and the Global Strategy it is necessary to develop approaches closely related to the situation in each country and each region. The work of the expert group should avoid duplication by concentrating on problems and challenges particular or common for our region

II. Overall objectives

The burden of psychoactive substance use is high not only for the affected individuals, but for the children, families and the whole society. Every year the substance use related harm generates costs of billions of Euros to health and social systems, workplaces and law enforcement organisations in the Northern Dimension area. The NDPHS focused already several years ago on the importance of tackling those negative impacts and to take concrete action to mitigate hazardous impact of substance abuse. As a consequence the Expert Group on Alcohol and Substance Abuse (ASA EG) was established.

The NDPHS ASA EG's overall objective is to promote sustainable 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 children and young people). The central role of the Expert Group on Alcohol and Substance Abuse (ASA EG) is to act as the focal point for inputs from the Partner Countries and Organizations on above mentioned issues.

The Expert Group's focus within these fields is the following: (i) reduction of the impact on individuals and society of hazardous and harmful use of alcohol and illicit drugs in the

[38] Global Health Risks. Mortality and burden of disease attributable to selected major risks, WHO 2009.

Northern Dimension countries; (ii) price policy and marketing of alcoholic beverages with the aim to contribute to the reduction of under-age alcohol consumption, (iii) prevention and reduction of tobacco use and exposure to tobacco smoke in the Northern Dimension area and iv) strengthening the use of brief and early intervention in primary health care, social welfare and workplaces to identify and give support to people with alcohol or drug related problems.

III. Scope of Responsibilities and Outputs and Results

The work of the ASA EG will concentrate on issues related to the reduction of harmful and hazardous alcohol consumption.
Furthermore, it will focus on combating the spread of illegal drugs and reducing the harm done to individuals and society.
The ASA EG realizes that it is not only health consequences in a narrow sense which raise concern. The social dimension has also to be considered: violence, crime, family problems, social exclusion, problems at the workplace and drink driving.
The Expert Group shall, according to the mandate and Terms of Reference, 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.
The Expert Group shall also "Promoting the principles and objectives of the Partnership in the field of alcohol and substance abuse and developing partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results"
Within the focal areas mentioned above, the Expert Group on Alcohol and Substance Abuse intends to

- Developing, facilitating and assisting in implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol, tobacco and illicit drugs;
- In collaboration with suitable implementing agencies formulating and developing ideas for project proposals, facilitating the project application, and if funding is available, follow up on their implementation;
- Supporting efforts to provide technical and other forms of assistance to partners in planning, implementing and monitoring programs in the group's field of expertise to mitigate the harms induced by alcohol, illicit drugs and tobacco
- Supporting social and economic policies that seek to improve conditions for the healthy development of children and youth, reduce disadvantage, increase equity, and strengthen communities.

IV. Activities

The ASA EG intends in 2011 to pay special attention to the review of the nature and extent of the problems caused by alcohol and illegal drugs in the populations of the partner countries. The EG will participate in collecting and dissemination of information on existing consumption trends, policies, laws, regulations and the effectiveness of policies and programmes, in order to improve the policy implementation.

The research plays an important role for the continued development of alcohol, tobacco and drug policy. The EG will promote and facilitate research development in order to: a) to reveal the existence or magnitude of a problem, b) to facilitate the evaluation of policy options, and c) to evaluate the effectiveness of existing policies policy.

The ASA EG will closely follow and support to raise alcohol policy issues connected to the Polish Presidency of the EU. It will also support and participate in the Expert Conference to be held in Warsaw in September.

The ASA EG intends to continue the close collaboration with WHO in the process of the implementation of Global alcohol strategy. WHO EURO will have alcohol policy on its agenda at the regional committee meeting in 2011 and ASA EG will establish close relations to the preparatory work by the regional office.

ASA EG will establish close working relations with the Tobacco Control Program at WHO regional Office for Europe in order to facilitate the exchange of experiences, legislation and best practices in tobacco control within the NDPHS region.

ASA EG will develop close contact with all the participating partners. The ASA will particularly follow the work related to EU strategy to support Member States in reducing alcohol-related harm.

A balanced approach to the drugs problem also requires adequate consultation with a broad group of scientific centres, professionals, representative NGOs, civil society and local communities. The ASA EG will establish and maintain a close collaboration with all key stakeholders as appropriate.

It will further develop the contacts with the WHO programme on non-communicable diseases, injuries and violence and, with the Baltic Assembly, the Baltic Sea Parliamentary Conference (BSPC) and in the Nordic Council of Ministers (NCM), the Council of Baltic Sea States (CBSS), the Arctic Co-operation and NorDan.

ASA EG will support social and economic policies that seek to improve conditions for the healthy development of children and youth, increase equity, and strengthen communities, which can lead to a range of benefits including lower rates of the harm done by alcohol. In this regard the EG will collaborate in development and implementation of the flag-ship project ***"Alcohol and drug prevention among youth"*** -, which will be carried out by ADO TG and is consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan.

In addition the ASA EG will propose for 2011 the following:

1. Collect and review the analysis of the health situation related to the use of alcohol and illegal drug use, the plans and the initiatives taken in NDPHS partner countries, in order to bring them to the attention of the CSR and Secretariat to be included in the Annual work plan of NDPHS. .
2. Review and comment on the draft Strategic goals of participant countries – including coordination of review by Partner countries and organizations as appropriate.
3. Guide revisions to the draft Strategic Goals as appropriate based on feedback received from EG members and their institutions.
4. Provide cooperation to the national / regional public sector organizations and civil society organizations in building a national capacity for enhanced policy development, coordination, service delivery, sound monitoring and evaluation regarding issues related to harmful and hazardous alcohol use and illegal drug use
5. Prepare, review, analyze, and evaluate technical reports, research publications and other relevant materials on issues related to harmful and hazardous alcohol use and illegal drug use
6. Participate actively in Regional and Sub-regional networks working in the field of Alcohol and Substance Abuse
7. To facilitate an exchange of good practice guidelines/quality standards for prevention, treatment, harm reduction and rehabilitation interventions and services, with a special focus on the push and pull factors for young people's drinking and use of illicit drugs and support to children in families with alcohol

problems.

8. Meetings: The group is scheduled to have two working meetings in 2011, in Russian Federation and in Poland. In between the meetings, the Group will work based on E-mail correspondence between the members. They will also participate in different meetings and conferences. The EG will continue to implement The Project pipeline and The Data base Project activities, so that it can be used for evaluation and seeking for financing for project proposals by the end of the year.

V. Assumptions

All the Partners of the NDPHS represented in the ASA EG.

All members of the ASA EG have an interest to be engaged in discussions and are actively participating in promoting the activities above.

Partners, organizations, institutions are interested in engaging in discussions with ASA EG

The financial basis for running the ASA EG guaranteed.

Annex 3

Expert Group on HIV/AIDS and Associated Infections

Work Plan for 2011

1. Objectives

The main role of the Expert Group is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the Expert Group has the overall objectives to: work towards the achievement of Goals 2 and 3 as specified in the NDPHS Strategy through the implementation of the Operational Targets 2.1, 2.2., 2.3 and 3.1 included within these Goals. Further, the Expert Group will contribute to the implementation of the Operational Targets specified within Goal 1 and other relevant thematic Goals.

Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved
Goal 3: Social and health care for HIV infected individuals in the ND area is integrated

The objectives of the NDPHS HIV/AIDS and Associated Infections EG include promotion of regional collaboration around the Baltic and Barents Seas involving partners through activating common projects and creating networks of experts, NGO's and other implementing bodies. Another objective is to enhance harmonization of procedures when it comes to primary and secondary prevention, surveillance and case management.

The Expert Group aims to contribute for **the EU Strategy for the Baltic Sea Region, Thematic area 1:**
Containing the spread of HIV/AIDS and tuberculosis through partnerships and international collaboration in prompt and quality care for all, focusing on Tuberculosis / HIV co-infection and ensuring early diagnosis of HIV infections, providing access to treatment and strengthening interventions to reduce vulnerability especially for Injecting Drug Users (IDU), prisoners, etc.

2. Resources

Finland ensures financing of the chairman on basis of an annual contract between the Ministry of Social Affairs and Health and the EG chair. Funding for ITA activities (50% of working time) is planned to be covered through a project financed by the Ministry for Foreign Affairs and implemented by National Institute for Health and Welfare (THL). (The current project will be completed in December 2010, and a new application has been submitted for 2011-2013.)

Each partner funds the participation costs of its representative in the EG meetings.

3. Working principles

The HIV/AIDS and Associated Infections EG of NDPHS will continue its work based on a political mandate from the stakeholders of the partnership. The work concept will continue with new activities and new members. Regional collaborative networks and projects will be activated. Meetings that will be organised twice yearly will include not only evaluation of progress and new initiatives but also thematic sessions or meetings. The group will also provide help to update national HIV-policies and enhance development of clinical training

and harmonisation of case-management. In the coming years, proper implementation of ARV and its connection with effective preventive work will be a great challenge. Equally important will be the challenge posed by dual infections by HIV and Tb, both affecting the same population groups.

The work of the Expert Group has been based on Recommendations for priorities which were presented in the Thematic report (HIV/AIDS in the Baltic Sea Region and Northwest Russia, http://www.ndphs.org/?database,view,paper,20).

The recommended priorities are the following:

- Regional collaboration
- Integration of social and health care for HIV-infected individuals
- Prevention of HIV among drug users
- Enhancing cross-border bilateral activities
- Promoting harm reduction policies among drug users
- Prevention of HIV/TB dual infections
- Prevention of HIV among MSM
- Prevention of MTCT
- Enhancing implementation of common best practices

4. Activities to implement the Goals

The Expert Group will provide ongoing review of current status of the HIV/AIDS epidemic and associated infections (tuberculosis, viral hepatitis, STIs), in the geographic region of interest of the Expert Group (around the Baltic and Barents Seas). On basis of the results of this review the group will continue to identify the current needs and most appropriate areas of common interest for international collaboration.

The Expert Group will finalise planning of a new project "***Strengthening of intersectoral collaboration in prevention and care of HIV and related diseases among vulnerable populations in Northwest Russia, Lithuania and Poland***" . The project will have special focus in Kaliningrad and make use of the experiences that are derived from similar projects implemented in the region earlier. Planning meetings will be organised and the application will be prepared during spring 2011. Financing possibilities will be clarified, and the application submitted.

The Expert Group will actively participate in planning and organising ***the European AIDS Congress 2011 in Estonia***. Proposal was submitted by National Institute for Health Development, Estoniato be financed by EU, and preliminary information about financing has been received.

Project "***European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI***" will continue in 2011. A comparative analysis is planned.

Part of the Expert Group members will be involved in the project ***"Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups (TUBIDU)"***. The project aims at prevention of IDU- and HIV-related TB epidemic in the partner countries - Estonia, Latvia, Bulgaria, Romania, Leningrad Oblast). Financing has been applied from EU, and preliminary information about financing has been received.

The long-term priority of the Expert Group in ***promoting low threshold services*** for drug users, sex workers and bridging populations will be implemented in the the project "Development of low threshold services in Leningrad Region (2010-2012). The project will replicate in a modified way the activities of the earlier projects in Murmansk and Kandalaksha.

The project ***TB/HIV collaboration*** in Murmansk (2010–2012) will continue promoting collaboration between Tuberculosis services in the civil and penitentiary systems, and AIDS centres, and thus contribute to prevention of TB/HIV co-infection in the Murmansk Region.

Planning of a ***project on prevention of HIV among women*** in collaboration with HIV/AIDS and AI EG and the Primary Health and Prison Health Systems EG will continue**.** The objective of this project is to 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 women's vulnerability.

A project proposal on ***Development of surveillance, diagnostics and treatment for hidden STIs: Gonorrhea and Chlamydia*** brought forward by the Lithuanian member will be considered.

Several project proposals have been submitted for financing, and decisions are expected to come in the end of 2010 - beginning of 2011. New initiatives will be developed further during 2011.

Barents region collaboration
There is a close link between the activities of HIV/AIDS&AI EG and the Barents HIV/AIDS programme Steering Committee. A large number of HIV-related projects have been and are being implemented in the Barents Sea Region (covering such areas as Murmansk region, Archangelsk region, Karelia and Komi) in collaboration with the EG. ITA of the EG is financed through a project that includes activities in the Barents Sea Region further promoting the collaboration and coordination between these two programmes.

A new Barents Tuberculosis Programme is on a planning phase and will probably be launched in the beginning of 2011. EG lead partner Finland is chairing BEAC Joint Working Group on Health and Related Social Issues until the end of 2011. The Tuberculosis Programme is planned to work under the JWGHS and to have contacts with HIV/AIDS&AI EG and PPHS EG through ITAs, as well as Scandinavian and Russian participants.

5. Other activities

- To share among experts inside the Group the knowledge on what is going on in other expert and political fora thematically related to the area of interest of the Group
- To collect information on all opportunities of collaboration and possible financing in the area of interest of the group
- Organising of ***two Expert Group meetings*** in 2011 (one of them possibly in Russia, as Russia continues to be the Chair of NDPHS until the end of 2011, another one in some other country)
- As the Expert Group was renamed in June 2010 and it includes also "Associated Infections", there is a need to extend activities to deal also viral hepatitis and STI:s in addition to tuberculosis.
- Contribution to PAC, CSR, EG chairs and ITAs and other relevant NDPHS meetings
- To benefit from the recommendations of EU HIV Think Tank expert group and to disseminate conclusions from other international fora, like PCB UNAIDS.
- Collaboration with other NDPHS expert groups, especially with the Expert Group on Primary Health and Prison Health Systems (PPHS)
- Other additional activities according to the needs during 2011.

Annex 4

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

Work Plan for 2011

NCD EG's Lead Partner:	NCD EG's Co-Lead Partner:
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1. Introduction

Following the recommendation made by the CSR-17/ NDPHS, new Expert Group on **"Non-Communicable Diseases Related to Lifestyles and Social and Work Environments" ("NCD EG")** was established in June 2010. It held its 1st meeting in Helsinki in September 2010. Finland has agreed to act as the Lead Partner and Lithuania as Co-Lead Partner to the group. Chair and ITA were elected (see above).

We know already a lot about the epidemiological changes of unhealthy lifestyles and what will be the consequences to population health. The message is clear: We urgently need to scale up public health policies and action due to hazardous and harmful lifestyle of our populations leading into worsening epidemic of obesity, mental un-health, alcohol and tobacco related problems, accidents and violence. Unhealthy lifestyles are not a natural catastrophe but a man-created societal problem. Experience shows that the trend can also be reversed to the better by man-made policies and practical measures. It will require strong political action supported by integrated action by health-, social-, education- and other sectors. New innovation, holistic approach, and international collaboration will be needed, where the NDPHS NCD EG will act as catalyst through:

- *Facilitating lifestyle and social wellbeing and work environment related WHO and ILO Declarations and Conventions such as, e.g., on obesity/nutrition, mental health, accidents & violence, and NCDs in general.*
- *Advocating and lobbying for the improvement of public health and social well-being, provide and communicate "collective knowledge;"*
- *Improving general awareness and increasing positive attitudes towards NCD prevention, care and rehabilitation,*
- *Promoting 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;*
- *Contributing to the development of national policies that respond to the needs and requirements of the Partner Countries;*
- *Mapping and identifying Member Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;*
- *With assistance from the NDPHS Secretariat, facilitating practical and project oriented activity and support efforts to provide technical assistance and disseminating 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, formulating and developing ideas for project proposals (including flagship project), facilitating the project application, and if funding is available following-up on their implementation.*

1. Meetings:

1.1 Two NCD EG meetings (tentatively March 2011 and September 2011).

1.2 Ad hoc meetings, workshops, seminars and conferences: the overall purpose of seminars and conferences in 2011 should be to support the scaling up of NCD flagship-projects. Two project planning meetings are scheduled in Russia with the financial support of the Delegation of the European Union to Russia: 1) January 2011 and 2) March 2011 (see later in this document).

2. Projects

As part of the implementation of NDPHS Action Plan 2011, the NCD EG plans to facilitate the elaboration of project plans, promote their start up and organize eventual monitoring of progress of tentatively two Flagship-projects in the NCD-prevention area:

3. FLAGSHIP-A Project on healthy nutrition, prevention and correction of obesity, diabetes-type-2 primary prevention, and physical activity promotion among school-

aged children and youth[39]. The preparatory work is expected to take place through two project planning meetings (back-to-back with Flagship-B) supported by NDPHS Secretariat and the Delegation of the European Union to Russia. The coordinating institute for this project will be the Nordic School of Public Health (Gothenburg/Sweden) linking with NCD EG through the membership of Nordic council of Ministers in the NCD EG (see project concept paper prepared for PAC-7 side event 27 October 2010).

4. FLAGSHIP-B Project on health policy and strategy facilitation for NDP countries *("Stop NCD-epidemic now!: Health policy and strategy support to combat NCD and hazardous and harmful lifestyle epidemic in Northern Dimension geographical area")*[40] . The preparatory work is expected to take place through two project planning meetings (back-to-back with Flagship-A) supported by NDPHS Secretariat and the Delegation of the European Union to Russia. The coordinating organization for this project will be WHO-EURO linking with NCD EG through their membership in the NCD EG (see project concept paper prepared for PAC-7 side event 27 October 2010).

The remaining work of NCD EG will be focused on the setting up the two above mentioned project proposals. As part of that will be the further elaboration and refining of project "building blocks" (started already in 2010 October – December) such as:

8. Potential Years of Life Lost/ PYLL: process for identification of evidence based NCD priorities in our Northern Dimension member states and selected regions (e.g capital cities and selected other typical smaller areas).
9. Nutrition, obesity and diabetes: problems and prospects for practical intervention in our region (background work for NCD Flagship Project A preparation).
10. Forum of "wise men and women" on NCDs and healthy lifestyles: Exploring the possible role as change agent and operational feasibility.
11. "Expert patient", "citizen & patient involvement "health literacy", and "salutogenesis" feasibility as concepts for NCD-project building blocks.
12. Life-at-Stake TV-programme format: feasibility in building up public awareness of individual responsibility in NCD prevention and promotion of own health.
13. Assessment of WHO and other international core agreements linking with NCD policy development where NCD Flagship Project-B could bring value added to the ongoing European Health Policy process.

[39] FLAGSHIP-A: Food and nutrition plays a hugely important role in causing and preventing many diseases. In Northern Dimension Area cardio-vascular diseases are linked with too much animal fat and salt and too little fruit and vegetables in our diets. Yet, some of our countries can show excellent results through population based dietary changes, which encourages the project to facilitate the changes in countries still lagging behind. A common nutritional danger is the intake of more food than we need, leading into obesity and eventually to type-2 diabetes, hypertension, arthrosis and many other complications, loss of quality of life and premature disability and death. Overweight (obesity), lack of physical activity, low fruit and vegetable intake, high cholesterol and blood glucose is a combination of interlinked problems, which competes on the questionable highest ranking position among public health threats with alcohol and tobacco in Northern Dimension countries. Childhood and youth are crucial periods when nutritional and physical activity habits are formed. Hence, our primary focus should be in children and young adults.

[40] FLAGSHIP-B: Presently the international community globally and in Europe is in the process of scaling up action against NCDs. WHO is leading this process. Recent policy documents provide undisputable evidence that NCDs cause immense human suffering through premature disease and disability and death. The calculations on huge economic losses and burden to our societies provide an additional imperative to tackle this problem, where short term commercial interest and profiteering has tried to camouflage the long term losses to life and productivity. Firstly, we need to demonstrate systematically the importance of life lost prematurely due to preventable causes in our Northern Dimension Area. Secondly, we need to increase our involvement in the European health policy and strategy process closely collaborating and supporting WHO-EURO. Thirdly, as part of NCD-Flagship project, improve methods for management of change locally, nationally and regionally to stop the NCD-epidemic among our working aged population.

14. Assessment of strengths and weaknesses of WHO Health Promoting Cities Network/ urban health programme in Northern dimension area: “Troyan horse” for strengthened NDPHS NCD action?

Important landmarks in 2011 requiring intensive preparation and post-meeting action through NCD EG would be:

1. NCD policy meeting in Russia planned for April 2011
2. WHO-EURO Regional Committee 61/ September 2011
3. PAC-8 side-event November 2011

3. Other activities:

Continued work on strengthening links with main partners (especially WHO-EURO, ILO/Russia, and national actors on NCDs and healthy lifestyles).
Strengthened collaboration with NDPHS Secretariat in Stockholm and in St. Peters-burg (NCM Office).
Based on our previous experience, NCD EG secretariat and members will need to respond to *ad hoc* requests from our partnership countries and organizations to bring the NDPHS experience and expertise to discussion for dealing with NCD priorities. These requests are always seriously considered and responded to if possible. However, in 2011 the project preparation action will be our priority and therefore only responding to requests that would support this process could be responded to.

4. NCD EG representatives:

The representatives nominated to NCD EG by 28 September were the following:

NCD EG Nominated Representatives and alternates as by 28 September 2010

Country/ Organization	Family name	First name	Representative status	Phone(s)	E-mail
FINLAND	**VIENONEN**	Mikko	Chair of the EG	+ 358 50 4421877	m.vienonen@kolumbus.fi
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(Participants’ names attending NCD-1 on 28 September 2010 are written in “bold”)

Annex 5

Expert Group on Primary Health and Prison Health Systems

Work Plan for 2011

I. Background and Rationale

Within the Northern Dimension area, there are large disparities in health status and outcomes, connected with social and economic problems which lead to a high level of mortality, a high prevalence of cardiovascular diseases, violence, abuse of alcohol and drugs, and spreading of infectious diseases such as TB and HIV/AIDS. Thus, the priority objectives of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) are the prevention of lifestyle related non-communicable diseases (e.g. diabetes type 2, metabolic syndrome, many cardiovascular and pulmonary diseases) and the reduction of major communicable diseases as well as the 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 coordination 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.

Health systems strengthening, in order to improve health outcomes and reduce the burden of major communicable and non-communicable diseases, is one of the areas of the Partnership Strategy. Proposed thematic areas for the Partnership's action are accessibility and quality of Primary Health Care, including health promotion at community level and integration of individual and public health.

Qualified primary health care should be equally accessible for all population groups, including those confined to imprisonment. Therefore improved cooperation and coordination between the Primary and Prison Health systems is vital.

The following two goals have been agreed for those areas:

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

In addition, Goal 4: Resistance to antibiotics is mitigated in the ND area – has a strong bearing on the PPHS EG, and a newly established Task Group addressing this Goal will specifically report through PPHS EG.

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 transform the Expert Groups on Primary Health Care and on Prison Health to one single expert group aiming at pursuing the above-mentioned goals. The consolidated Expert Group will be called **NDPHS Expert Group on Primary Health and Prison Health Systems (PPHS EG).**

II. Objectives

The main role of the Expert Group is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the Expert Group has the overall objectives to: work towards the achievement of Goals 5 and 6 as specified in the NDPHS Strategy through the implementation of the Operational Targets 5.1, 5.2, 6.1, 6.2 and 6.3 included within these Goals but also contributing to targets 5.3 and 5.4. Further, the Expert Group will monitor and report on progress regarding Goal 4 and Operational Targets 4.1 and 4.2. Finally, 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. Also, the Declaration permits Expert Groups to "facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise."

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

- Promote the principles and objectives of the Partnership in the field of health systems development with a special emphasis on primary health care and community health promotion for all citizens including those confined to imprisonment and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions as appropriate;
- Establish connections and co-operation with other NDPHS Expert Groups and Task Groups especially with regard to the cross-cutting Operational Targets;
- Specifically cooperate, when needed, with the Antimicrobial Resistance Task Group (AMR TG) on relevant issues;
- Promote general awareness concerning the role and significance of comprehensive primary health care, including health issues related to penitentiary institutions, as one of the cornerstones of a well-functioning health care system;
- Specifically focus on health promotion with a community perspective;
- Ensure that ethics and citizens´ and patients' perspectives continue to be fundamental in all its work;

- Work towards the development of positive attitudes towards professionals in health care, social and penitentiary services;
- Take into account the equity perspective, the needs of vulnerable groups, the threats of communicable diseases, public health perspectives, the situation for children with parents confined to prison sentences, and gender questions as cross cutting issues;
- Promote environmentally sustainable development in the Expert Group's actions;
- Contribute to the development of national policies that respond to the needs and requirements of Partner Countries;
- Map and identify Partner Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;
- 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;
- Monitor the progress of the Task Group on Antimicrobial Resistance and advise it, as appropriate;
- In association with Partners, and with assistance from the NDPHS Secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up Primary and Prison Health Care systems for all citizens;
- Provide the Partnership website/database with information concerning the Expert Group's work;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate;
- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities;
- Take any other appropriate actions to contribute to proper discharging of the Partnership's responsibilities as the Lead Partner for the health priority sub-area in the Action Plan 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 Expert Group is English.

IV. Activities to implement the goals

4.1. During 2011 the following activities have been planned aiming to implement the Strategic Goals 5 and 6 of NDPHS:

1. PPHS EG, through contacts with country senior representatives to NDPHS and project partners, will facilitate and monitor activities of PPHS flagship project ImPrim. The EG will pay attention to the severe problems caused by the drop-out of the ImPrim Lead Partner SEEC. The 4th Project Partners meeting is planned to take place in Klaipeda in June 2011. At that time project results are expected which will contribute to the NDPHS Strategic Goal 5 and particularly to operational targets 5.1 and 5.2:
    a. Developed operational system of evidence-based and widely recognized quality indicators for PHC performance;
    b. Report on the testing of jointly developed incentive payment scheme
    c. Strategy on professional development of PHC in the BSR with a focus on interaction between doctors - nurses and continued professional development developed

2. The EG will collect and prepare background material for a pilot project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care. Transnational policy conclusions on how local hospital capacity could be used more efficiently in addressing changing health needs of the community are of particular interest for Baltic countries, Finland and Russia. The PPHS EG plans to organise an internal workshop during 2011 on the future role of local hospitals.

3. There are urgent needs to extend project activities targeted to the NDPHS strategic goal 5 to Kaliningrad oblast, Russia and Poland. Project application *4 B for Health: Building Bridges, Breaking Borders involving* has been submitted to Lithuania-Poland-Russia CBS Programme 2007-2013. This project application involves partner organisations from Kaliningrad and Lithuania. PPHS EG supports this project application and during 2011 plans to initiate new project proposals (to CBS Programme and/or other relevant donors), so that partners from Poland also would be involved and it would be possible to foresee more comprehensive and more sustainable development of qualified PHC in Kaliningrad oblast.

4. PPHS EG considers it a challenging opportunity, against the different background and expertise of members from the former PH EG and PHC EG, to start activities for identification of gaps between prison health and public health in different countries during 2011. That may include assessment of cost-effectiveness and effectiveness across those settings. Identified gaps can be used to develop targeted funding initiatives to meet these gaps. There are also a need to better address the needs of people released from prison and other community vulnerable group outside prison settings. Prison health experts have tools to work with vulnerable community groups and during 2011 EG PPHS plans to generate ideas for the project proposals regarding this issue.

5. PPHS EG during 2011 plans to further develop material collected during 2009 for the position paper on tomorrow´s role of primary health care professionals in the context of changing society health needs (indicator 5.2B of the operational target 5.2). Additional focus group interviews should be provided with nurses in different countries.

6. In accordance with the Oslo Declaration on Prison Health, the PPHS EG will promote necessary measures directed to increase access of prisoners to the health education, for better quality of life in prisons and after serving time in prison. The PPHS EG will facilitate the development of a project proposal related to the development of health-promoting prisons. The aim of the project would be to increase attention and reinforce the focus on promoting health and preventing diseases like HIV/AIDS in prison settings.

7. The PPHS EG intends in 2011 to pay special attention to the health needs of female prisoners and will follow the priorities set out in the NDPHS strategy. A project proposal on prevention of HIV/AIDS among the female population, including in prison settings, will be facilitated in close collaboration with the EG on HIV/AIDS and Associated Infections and will be submitted for the possible funding.

8. The PPHS EG will also facilitate WHO HIPP and UNODC, in piloting of the “Gender in the criminal justice assessment tool”, in some of the partner countries. This Tool was prepared by WHO and UNODC, and helps guide the assessment of gender in the criminal justice system. It will help to strengthen women´s and girls’ access to justice; to support the development of legislation that protects the rights of women and girls and reflects regional and international law and human rights standards, to identify gender biases, and perceived biases, within the criminal justice system and to

develop practices, polices and procedures that address biases and effectively implement the constitution and laws

9. In the light of the current development regarding HIV and TB co-infection, including in prison settings, the PPHS EG will promote and facilitate establishment of effective collaboration between TB and HIV programmes, and will assist to implement best practices collaborative TB/HIV activities, in order to reduce the impact of HIV related TB. The PPHS EG will be actively involved in the implementation of Barents TB Programme, which was initiated and developed by the former PH EG in close collaboration with the BEAC JWGHS

10. The PPHS EG will facilitate the development of a project proposal "Delivering health and social services to inmates in prison and upon their release into the community" for the Kaliningrad Region. The aim of the project will be to develop a system of services for prisoners to prevent the spread of communicable diseases both inside and outside the prison

4.2. Meetings:

1. Two PPHS EG meetings are planned for 2011. The 2nd PPHS EG Meeting is planned to be hosted at a prison facility in the vicinity of Oslo, Norway, in April or May 2011. The 3rd PPHS EG Meeting is preliminarily planned to be in Russia before or back-to-back with the PAC 8 Meeting.

2. The PPHS EG considers organising a workshop or a separate session for presenting PPHS EG activities during the WONCA meeting in Warszawa, Poland, in September 2011.

4.3. Collaboration with International organizations:

1. *Cooperation with WHO Euro* is by the PPHS EG considered as a high priority. Recent priorities of WHO Euro in the field of primary health care are all in line with the strategic goals of NDPHS and PPHS EG: 1. Equitable access of PHC, with a PHC evaluation tool to measure accessibility of vulnerable community groups; (2). Performance of PHC nurses; (3). Management of NCD The EG will be happy to cooperate with WHO on such matters in the ND area.

   The EG will continue the close collaboration with the WHO Health in Prison Project (HIPP) and UNODC in supporting NDPHS Partner Countries to address health and health care in prisons, and to facilitate the links between prison health and public health systems at both national and international levels

2 Arctic Council The main scope of collaboration with the Arctic Council could be on environmental health issues. Arctic Council is rather more research-oriented than other international organizations, hence limiting cooperation opportunities. It is, however, still important to exchange information on priorities and activities.

3 Barents Euro-Arctic Council (BEAC) The former PH EG had a close collaboration with the Working Group on Children and Youth at Risk of the BEAC, and representa- tives of this group always participated in the meetings of the PH EG. PPHS EG plans to continue close cooperation with BEAC and invite representatives of this group to participate in the EG meetings. The PPHS EG will be actively involved in the imple- mentation of Barents TB Programme, which was initiated and developed by the for- mer PH EG in close collaboration with the BEAC JWGHS

4. European Forum on Primary Health Care (EFPC) The coordinator of EFPC proposed to sign agreement of cooperation and to have free membership of PPHS EG in

the EFPC. Cooperation and signed agreement with EFPC will be discussed during the 2nd PPHS EG meeting and the coordinator of EFPC will be invited to join that meeting.

5 Nordic Council of Ministers (NCM) The NCM has a strong commitment to social development, with important health links, in the Baltic Sea area. NCM has a presence in non-Nordic countries including in Russia, and the NCM budget comprises substantial funding for projects highly relevant to the PPHS EG.

V. Assumptions

Partner Countries and Partner Organisations continue to take active part in the meetings and in-between-meeting contacts of the EG

A balanced representation of health systems expertise from the public and prison health systems is reached at

Social issues will be better addressed through EG representation of professionals with a social background

Annex 6

Task Group on Alcohol and Drug Prevention among Youth

Work Plan for 2011

Background

Within the Commissions Baltic Sea Region Strategy (BSR) adopted by the European Council in October 2009, fifteen high priority areas are mentioned. The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is Lead Partner for the Health issues within area 12 "To maintain and reinforce attractiveness of the Baltic Sea Region in particular through education, tourism and health". In the strategy, a number of examples on Flagship Projects are appointed on the Health-area. Of specific relevance for the initiative presented in this paper is: "*Alcohol and drug prevention among youth* – project aimed at reducing hazardous and harmful alcohol use and alcohol and substance use in general among young people. (Lead: NDHPS and its member countries)". The NDPHS took an active part in the process of the BSR strategy by contributing its views during regional consultation events, as well as by presenting a position paper.

The NDPHS have set goals, operational targets and indicators for a number of thematic areas. Within the thematic area 4 "Lifestyle-related non-communicable diseases and good social and work environments" the NDPHS appoints a number of goals. A Flagship-project is mentioned in Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced. The first indicator is: Project application submitted to donors for funding (7.1A).

Furthermore, in December 2009, during the Swedish Presidency to the EU the Council adopted conclusions that stressed that the impact of harmful use of alcohol is greater in younger age groups of both sexes and that alcohol-related issues are also of Community relevance because of cross-border element and the negative effect on both economic and social development. Member States and the Commission were to take these conclusions into account when developing and supporting the implementation of the European Union Strategy for the Baltic Sea Region.

During the Swedish Presidency in 2009 the Swedish Ministry for Social Affairs took the initiative to start the process to fulfil the request of the European Council. Discussions started both within the Nordic cooperation and within NDPHS on a possible future EU-project on Prevention of Alcohol use Among Young People in the Baltic Sea Region**.** The first concrete step was taken in February 2010 at a meeting hosted by the Ministry of Health and Social Affairs in Sweden. All relevant actors (NDPH, NVC, Sida, STAD) were invited to the meeting. One of the outcomes of that meeting was the agreement to start planning a project application. The first step of the project will be to finalise a project outline and the ways forward. This phase is led by Sweden through STAD (Stockholm Prevents Alcohol and Drug Problems, under the auspices of Karolinska Institutet), jointly with NVC (Nordic Centre for Welfare and Social Issues). The first outlines of the project are presented and discussed at the 9th Meeting of the NDPHS SIHLWA Expert Group in Copenhagen 24-26 March 2010.

Pursuant to the "Declaration Concerning the Establishment of a Northern Dimension Partnership in Public Health and Social Well-being" the CSR decided at its meeting in Moscow, Russia to establish the NDPHS Task Group on Alcohol and Drug Prevention Among Youth In NDPHS Area (AP- Flagship).

ToR for ADPY TG

The Task Group will focus on Goal 7 as specified in the NDPHS Strategy through the implementation of:

- 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. (the outcome of action will be monitored through Indicator 7.1A: Project application submitted to donors for funding), and
- Operational Target 7.2: By 2014, the above-mentioned project, if it has been approved for funding, 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.(the outcome of action will be monitored through Indicator 7.2A: Indicator(s) to be agreed by donors and implementing agencies)

By end of 2010, the ADPY Task Group will have developed a work plan which will clearly specify steps to be taken towards its operational target 7.1.and its indicators. The Baltic Sea Region Alcohol & Drug Prevention among Young People Flagship Project will be up and running by the end of 2011. After that the ADPY Task Group will provide logistic and expert support to the project, as appropriate. The ADPY TG's work plan will be implemented by 2013.

Preparing for application

A first meeting in the ADPY TG was arranged on 30 September-1 October in Riga, Latvia, to discuss the preparation of the Flagship-project. The main objective of the meeting was to gather partners, identify working packages and to set the timeframe for the application period (probably October 2010 – March 2011).

Description of the Flagship-project

The flagship-project is formed as a community-based capacity building alcohol and drug prevention project targeted at youth in the Baltic Sea Region. The communities involved in the project will build a base for concrete actions by assessing community readiness both in terms of structural and cultural possibilities for mobilizing and implementing future preventive interventions. Throughout the project period the participating municipalities will support each other by exchanging knowledge, ideas and practices. The project will consist of the following work packages (WPs):

- **WP1 Mapping -> development -> training communities**
  1a. Lead: ICSRA (quantitative)
  1b. Lead: University of Helsinki (qualitative)

- **WP2 Organisational development -> building the base for method development**
  2a. Has a focus on the structures in the municipalities. Lead: THL
  2b. Has a focus on what is being done as regards prevention work in the municipalities Lead: (proposed: Estonia or Lithuania)

- **WP3 Mobilisation -> policymaking -> action!**
  Has a focus on raising awareness in the communities based on findings in WP 1 and 2 by for example developing templates and plans for forming and implementing strategies, policymaking and campaigning.
  Lead: (proposed: Estonia)
  Co-lead: Baltic Region Healthy Cities Association

- **WP4 Process evaluation of the project**
  Focuses on the success-rate of the efforts put in the project.
  Lead: Russia

- **WP5 Dissemination**
  Focus on communication activities and arranging meetings and events.
  Lead: Latvia
  Co-lead: Baltic Region Healthy Cities Association

- **WP6 Lead, administration and coordinating external evaluation**
  Lead: STAD
  Co-lead CAN

Funding

ADPY TG will look into the possibilities to apply for funding from different donors. Possibly some WP could be lifted out and applied for separately. Members of the ADPY TG will attend the PAC Side-Event. The main plan is to apply from the EU Health Programme in the spring 2011.

Structure within the Flagship-project

The work within the project involves many levels and sectors both on a national level as well as on a community level. A cross-sectoral approach will be used on a community level.

- *National coordinator*: co-ordinates the communities in the own country and is connection point for the communities.
- *Community-co-ordinator*: co-ordinates the activities of the cross-sectional teams, follow up activities and economy on a community-level and reports to the WP-coordinator.
- *WP-leader/WP co-leader*: makes budget and plans for their own WP, follow up activities and economy and report to BADY-lead. Leader and co-leader devide the work between them as they find suitable.
- *The Flagship-lead* co-ordinates obligatory meetings and report activities and financially to ADPY and ASA. Flagship-lead also co-ordinates external evaluation of whole project as well as produces final report.

General outcome of the whole flagship-project

- Reports to be distributed and used in the cities (including final evaluation and strategy). Produced by the cities and network together.
- Dissemination of BADY-concept and project including final report to other stakeholders.
- Media visibilty and publishing including scientific publishing.
- Material can be used as a base for implementation.
- Network exchange and support.

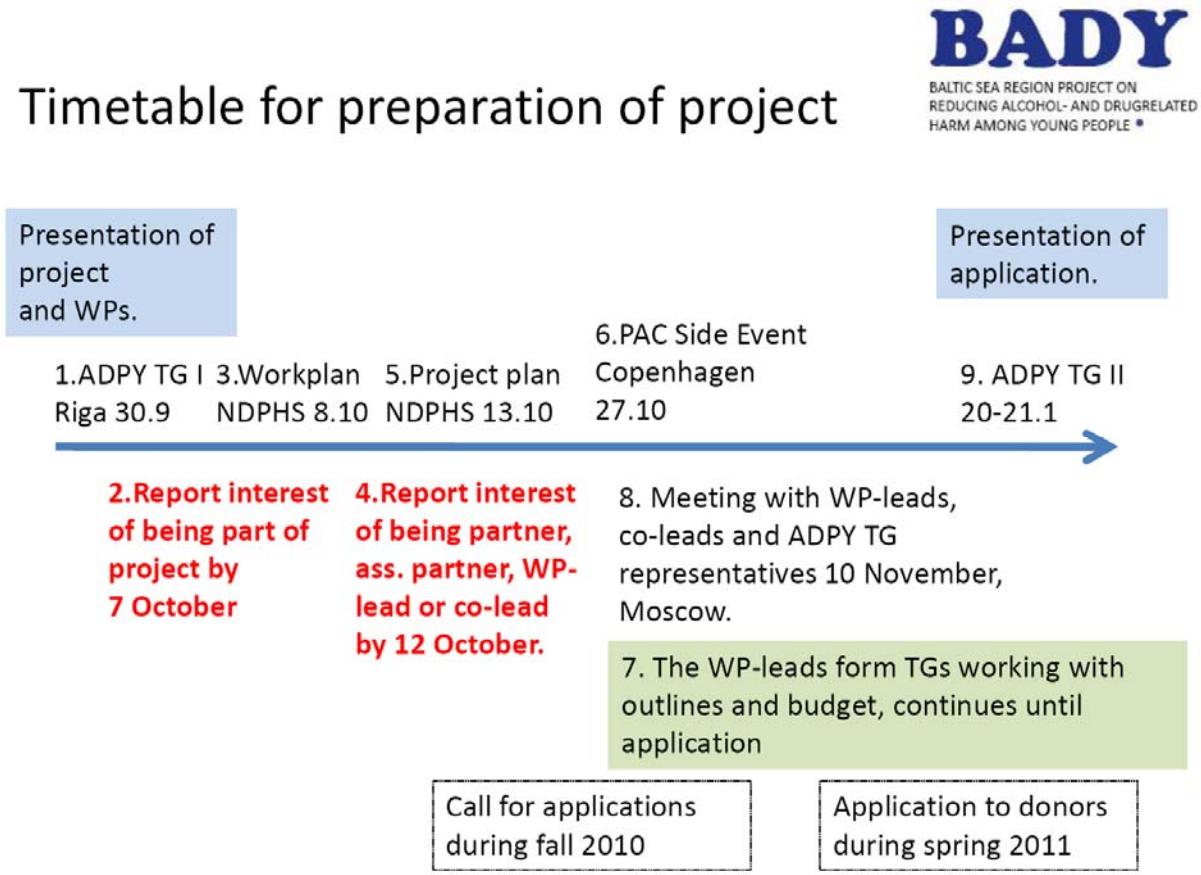
Outcome for the participating municipality

- Knowledge on situation in the own country/city (quantitative)
- Knowledge on how young people in the own country/city relate to alcohol and other drugs (qualitative)
- Above knowledge and exchange of experience with all the other countries/cities
- Policy documents (manuals?) on preventive work for different needs.
- Checklists/templates for policymaking
- Training for conducting surveys, interpreting the results, communicating the results
- Plan for implementation of methods for different needs
- Plan for dissemination
- Money to do the above mentioned
- + whatever is decided in the WPs

Attachments

Attachment 1: Timeline for preparation of ADPY Project
Attachment 2: Draft budget proposal discussed at ADPY TG 1

Timeline for preparation of ADPY Project



Draft budget proposal discussed at ADPY TG 1

	Person months/municipality	Number	Total person months	Approx budget/costs
Municipalities	30 (wp1-2: 6 months, wp: 24 months)	10	10*30=300 months	750 000 Euro
Lead body (STAD/CAN)		3 persons for 2 years	36	260 000 Euro
WP-leaders	12 months/leader	8	96	290 000 Euro
Plus OH (approx. 30%)				Approx 1 500 000 Euro
		Number of trips during 24 months		
Travelling	Lead body	20 (10/year)		
	WP-leaders	80 (5/year)		
	Municipalities	60 (3/year)		
		Sum: 160		125 000 Euro
Other costs				300 000 Euro
Total				**2 030 000** Euro

Annex 7

Task Group on Antimicrobial Resistance

Work Plan for 2011

Topics to be addressed by the AMR-TG for –

(i) synchronization of existing activities in the field, in particular with respect to surveillance and early warning
(ii) areas for specific projects

- Microbiological diagnostics including AST: a prerequisite to surveillance and rational antibiotic usage
    - o data bank systems and reporting of results
    - o quality standards, for AST most desirable sticking to EUCAST; external quality assurance
    - o accessibility and sufficient performance of diagnostics (indicators)
- Surveillance of AMR at local, regional, and national level, early warning among MS
    - o data bank systems, periodical analysis of the MR situation for health care institutions as one of the bases for calculated antibiotic therapy
    - o molecular epidemiology: strain typing and detection of important (new emerging) antibiotic resistance genes
      MRSA
      ESBL
      carbapenemases (e.g. KPC, NDN-1)
      M tuberculosis
- Support by Reference Centres for important pathogen
    - o regional analysis, most desirable in network structures (health care facilities, public health institutions)
    - o national analysis: what is embedded into Europeans networks (e.g. EARSS, BARN)
- Appropriate use of antimicrobial agents
    - o existence of guidelines for different kinds/categories of infections
    - o reflection of AMR data by therapy regimens (above all calculated treatments)
    - o surveillance of antibiotic consumption in health care facilities and in the community
    - o accessibility of antibiotics
- Prevention of spread of resistant microorganisms
    - o guidelines/recommendations
      for health care facilities
      for correctional facilities
      for community associated infections
    - o colonization – screening policies
    - o indicators for implementation at local and regional level (important role of networks)

Annex 8

Task Group on Indigenous Mental Health, Addictions and Parenting

Work Plan for 2011

The Indigenous Mental Health Addictions and Parenting Task Group (IMHAP TG) will continue its work to clearly specify steps to be taken towards:

1. **Parenting skills and families** - including addiction and alcohol related problems as there seems to be no special treatment services for parents with substance abuse. The idea is to develop indicators and guidelines from sharing best practices.
2. **Mental health services** with a focus on indicators.
3. **Telemedicine/e-health** as a tool for improving health.

The IMHAP TG is planning an initial two day seminar that will be facilitated by the Nordic School of Public Health in Gothenburg, Sweden during the first quarter of 2011. Experts on Indigenous peoples, parenting skills and families, mental health services and telemedicine/e-health will be invited to the seminar to develop ideas for joint pilot projects and opportunities to exchange information and promising practices.

By end of 2010, the IMHAP TG 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.

IMHAP TG will invite the Arctic Council to IMHAP meetings in order to coordinate activities and avoid duplication.

IMHAP TG will have at least one face-to-face meeting per year.

Annex 9

Task Group on Occupational Safety and Health

Work Plan for 2011

Reference	Annex 3
Title	List of participants
Summary / Note	This list includes participants who attended the Meeting

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Reference	Annex 4
Title	List of documents submitted to the Meeting
Summary / Note	This list includes all documents submitted to the Meeting

Main documents

Code	Title	Submitted by	Date
• PAC 7/2/1	Provisional agenda with timetable	Secretariat	22/09/10
• PAC 7/2/2	Provisional annotated agenda	Secretariat	22/09/10
• PAC 7/4/Info 1	Meetings of relevance to the NDPHS, which were recently attended or are planned to be attended by the Chair Country and the Secretariat	Secretariat	21/10/10
• PAC 7/4/Info 2	BSSSC newsletter featuring NDPHS article	Secretariat	19/10/10
• PAC 7/4/Info 3	NDPHS participation in and contribution to the 1st Annual Forum of the EU Strategy for the Baltic Sea Region	Secretariat	21/10/10
• PAC 7/6/Info 1	Baltic Sea Parliamentary Conference Work Programme 2010 – 2011	BSPC	22/09/10
• PAC 7/6/Info 2	Presentation by Northern Dimension Institute	Northern Dimension Institute	22/10/10
• PAC 7/7.3/1	NDPHS Progress Report for 2010	Secretariat	19/10/10
• PAC 7/7.4/1	Proposed NDPHS Work Plan for 2011	Secretariat	22/10/10
• PAC 7/7.5/1	Proposed rules for NDPHS project labelling	Secretariat	19/10/10
• PAC 7/7.6/Info 1	NDPHS Progress report on the implementation of the actions included in the EUSBSR Action Plan priority sub-area on health	Secretariat	19/10/10
• PAC 7/8/1	A NDPHS report to the 2nd Ministerial Meeting of the Renewed Northern Dimension	Secretariat	22/10/10
• PAC 7/8/1/Rev 1	A NDPHS report to the 2nd Ministerial Meeting of the Renewed Northern Dimension (revised)	Secretariat	28/10/10

Auxiliary documents

Code	Title	Submitted by	Date
• PAC 7/Info 1	Practical information for participants	WHO/Europe	07/09/10
• PAC 7/Info 2	Preliminary timetable	Secretariat	22/09/10
• PAC 7/Info 3	List of documents	Secretariat	22/09/10
• PAC 7/Info 3/Rev 1	Revised list of documents	Secretariat	19/10/10
• PAC 7/Info 3/Rev 2	2nd revised list of documents	Secretariat	21/10/10
• PAC 7/Info 3/Rev 3	3rd revised list of documents	Secretariat	22/10/10
• PAC 7/Info 3/Rev 4	4th revised list of documents	Secretariat	25/10/10
• PAC 7/Info 4	Preliminary list of participants	Secretariat	22/10/10