**Partnership Annual Conference (PAC)**
**Eighth Conference**
**Saint Petersburg, Russia**
**25 November 2011**

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

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| **Reference** | PAC 8/5.1/1 |
| **Title** | NDPHS Progress Report for 2011 |
| **Submitted by** | Committee of Senior Representatives |
| **Summary / Note** | This document presents the main activities implemented by the NDPHS during the period from January until October 2011 and, when known, those to be implemented until the end of the year. It has been developed based on the contributions received from the NDPHS Expert Groups and Task Groups.<br>Considering that the NDPHS needs to produce and post on the NDPHS website a progress report covering the whole year 2011, it is proposed that, when approving this progress report, the PAC would mandate the Secretariat to update it with new relevant information (included, but not limited to the one included in square brackets) that would be available at the end of this year. |
| **Requested action** | For approval (with the above condition) |

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

# NDPHS Progress Report for 2011

Adopted during the 8th Partnership Annual Conference
25 November 2011, Saint Petersburg, Russia

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**Annexes**

## 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).
- CSR – NDPHS Committee of Senior Representatives.
- 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.
- OT – an operational target within the NDPHS Strategy.
- OSH TG – NDPHS Task Group on Occupational Safety and Health.
- PAC (in relation to the NDPHS) – Partnership Annual Conference.
- PAC (in relation to the EUSBSR) – Priority Area Coordinator.
- PPHS EG – NDPHS Expert Group on Primary Health Care and Prison Health Systems.

**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),[1] 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**[2] and the **Northern Dimension Policy Framework Document**[3] – 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 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 the **NDPHS Strategy**, which was developed by the Partnership during 2009 and subsequently adopted during the 6th Partnership Annual Conference (PAC).[4] 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 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.

[1] Available at www.ndphs.org/?doc,Oslo_Declaration.pdf.
[2] Available at www.ndphs.org/?doc,Political_Declaration_on_Northern_Dimension_Policy.pdf.
[3] Available at www.ndphs.org/?doc,Northern_Dimension_Policy_Framework_Document.pdf.
[4] 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 2011. Information contained herein is provided with reference to and against the objectives and action lines included in the NDPHS Work Plan for 2011[5] adopted during the 7th Partnership Annual Conference held on 28 October 2010 in Copenhagen, Denmark. 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).[6]

As regards the action lines, six of them were included in the NDPHS Work Plan for 2011:

- **Action Line 1: Working toward the NDPHS goals and taking actions to implement mid-term operational targets**
- **Action Line 2: Leading and coordinating the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan**
- **Action Line 3: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects**
- **Action Line 4: Increasing the Partnership's visibility**
- **Action Line 5: Establishing the NDPHS Secretariat with its own legal capacity**
- **Action Line 6: Monitoring the Partnership's progress and reporting on it**

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

[5] Available at www.ndphs.org/?doc,NDPHS_Work_Plan_for_2011.pdf.
[6] 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.

## 3. Achievements of the Partnership during 2011

### 3.1 Executive Summary

The Partnership's activities were run in accordance with its Work Plan for 2011 and, on the whole, the NDPHS was able to successfully implement most of the foreseen activities. The focus of the NDPHS Work Plan for 2011 was on the implementation of the NDPHS Strategy, which was developed by the NDPHS in 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 2011 the Partnership continued its efforts 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 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. Two meetings of the NDPHS Committee of Senior Representatives (CSR) were held in 2011,[7] as well as a Partnership Annual Conference (PAC) held on a ministerial level.[8] The latter was preceded by a side-event "Healthy lifestyles – the cornerstone of public health."

[Progress has been made towards the establishment of the NDPHS Secretariat enjoying its own legal capacity with an agreement on the establishment signed during the PAC.]

2011 was the second year of the implementation of the NDPHS Strategy and the NDPHS Expert Groups and Task Groups continued efforts to implement the adopted NDPHS Goals and Operational Targets (OTs). As the NDPHS Strategy places great emphasis on project development, facilitation and implementation, most of the groups were involved in developing or facilitating flagship projects.

During the first year of the implementation of the operational targets, it became apparent that some of the targets need to be refined or revised, or – in case when not a priority anymore – removed from the list. To that end, following request by the CSR, the Expert Groups and Task Groups developed their proposals for the revision of the NDPHS Goals, OTs and Indicators, which were subsequently adopted with some revisions during the Partnership Annual Conference. (NB. The present progress report refers to the OTs as originally adopted).

As Lead Partner for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (EUSBSR), the NDPHS successfully continued the coordination of health activities and undertook a number of efforts to implement the health-related actions included in the EUSBSR Action Plan. These have also contributed to further increasing of its visibility in the region.

The Partnership website, database and project pipeline, which constitute parts of its Coordinating and Financing Mechanism, continued providing up-to-date information.

Effort also continued to improve the Partnership's outreach activities and information collection and dissemination. The visibility of the Partnership in the region benefitted from a number of activities, including the attendance of the NDPHS representatives in non-NDPHS events, the cooperation with other regional stakeholders, and the regular issuing of the NDPHS e-news and e-newsletter.

[7] Meeting documents are available at http://www.ndphs.org/?mtgs,csr_18__oslo and http://www.ndphs.org/?mtgs,csr_19__brussels

[8] Meeting documents are available at http://www.ndphs.org/?mtgs,pac_8__saint_petersburg

## 3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2011

The following actions have been taken by the Partnership to implement the NDPHS Work Plan for 2011:

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

The NDPHS goals and, linked to them, operational targets and indicators constitute the core of the NDPHS Strategy and are intended to serve as an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC. They 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:**

- **Progress for each Goal and Operational target**[9]

#### 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).*

The Partnership took a range of actions 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;
- 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-newsletters, press-releases and roll-ups);
- Participation in the Advisory Board of the EUSBSR Priority Area 7 Flagship Project ScanBalt Health Region (full name "Set up cross-sectoral reference projects for innovation in health and life sciences").

Further details regarding the above are included in the list of activities within Action Line 2 and Action Line 4.

***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.*

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. Consistent with their ToRs some NDPHS Expert Groups and Task Groups continued

[9] This section contains a summary of the progress towards the achievement of Goals 1-11, including also information based on the progress reports of the NDPHS Expert Groups and Task Groups (attached as Annexes 1-8 to this Progress Report).

efforts to more broadly include social dimension in their work. However, it became apparent that further efforts need to be taken by and large, e.g., aimed to connect social well-being issues with the already existing health topics that the groups are working on.

The Partnership started a dialogue with the European Social Fund Baltic Sea Network (ESF BSN) on possible joint activities that would, *inter alia*, also reinforce the social dimension within the NDPHS (additional details follow further down).

***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.*

The NDPHS engaged with several regional actors to foster selected activities, such as project facilitation and development of policy recommendations. Examples include, but are not limited to: the Baltic Sea Parliamentary Conference (BSPC) which, during 2011 granted an observer status to the NDPHS (see also further down, the OT 8.1), BioCon Valley and the ScanBalt BioRegion, the above-named ESF Baltic Sea Network, the Union of the Baltic Cities, the Baltic Region Healthy Cities Association, and many other actors as listed further down in the report.

See also examples of external expertise engaged in relation to specific goals and operational targets, below, as well as Action Line 2, section “Involvement of other regional stakeholders in the implementation of the EUSBSR”.

***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.*

During 2011 the NDPHS was engaged in the development of eight regional projects. These have been presented further down in this Action Line, within the description of the actions to implement OTs belonging to the Thematic Areas 1 to 4, as well as under Action Line 2, section “Development, facilitation and coordination of regional flagship projects.”

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

See Action Line 3.

***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 2011 the number of records rose to [665 AS OF 13 OCTOBER, TO BE UPDATED AT THE END OF THE YEAR]. However, further efforts are warranted in this regard and the NDPHS Expert Groups and Task Groups should play an increased role in this process.

### *Thematic area 1: Containing the spread of HIV/AIDS and tuberculosis*[10]

#### 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.*

In 2011, two project proposals were developed to strengthen inter-sectoral collaboration aimed at prevention of HIV and related diseases and care for vulnerable groups with the participation of partners from Russia, Poland, Lithuania and Germany. A Logical Framework workshop was organized during which two project concepts were finalized. Both focused on the improvement of services for vulnerable groups in order to prevent HIV – one project was targeted at drug users and the other at primary prevention among youth. Concept notes of both projects were submitted to the Delegation of the European Union to the Russian Federation for financing from the Non-State Actors and Local Authorities Programme for the Baltic Sea Region.

Whilst the funding application for the project on primary prevention of HIV among youth was unsuccessful, the concept paper “Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast” was approved. After one more planning workshop the full proposal was submitted in June and approved for funding in September. Contract negotiations started at the end of 2011.

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

- The final report of the "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI" was published in autumn 2011, and included recommendations on enhancing prevention of HIV and STI among MSM;
- The Expert Group participated actively in planning and organising the European AIDS Congress 2011 in Tallinn, Estonia. A session "HIV-TB co-infection. Implications for public health practice" was organised by the TB expert of the Expert Group. A poster "Use of the Extended Logical Framework Approach in the planning of a multi-national HIV programme strategy within the NDPHS" was presented by the EG Chair and the ITA. Several Expert Group members gave presentations at the Congress, and the Chair participated in a panel discussion on regional collaboration and coordination;
- The Expert Group started preparing an epidemic review of the current status of HIV/AIDS and associated infections (tuberculosis, viral hepatitis, STIs), in the

[10] From 2004 until mid-2010, activities in this area were pursued 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.

geographic region of particular importance for the NDPHS (around the Baltic and Barents Seas). On the 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.

- For the purposes of planning the future work of the EG, a workshop was organized in Porvoo, Finland, in June. In December 2011, a Logical Framework Approach workshop was held, in order to start a new project development process. Several actors from the Baltic Sea region were gathered to plan a programme in order to define themes for future common projects for tackling TB and HIV in the region.

***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.*

No progress reported for 2011.

### 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*

A review of best practices on integration of social and health care services for HIV-infected individuals will be conducted in 2012, financially supported with funding obtained by the NDPHS from the European Commission.

More generally, 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.

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, and, most recently, 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.*

Contacts were established with NGOs active in the field, especially the Swedish-based BARN project and the German-based Baltic Amber project. Both organizations have been invited to participate in the work of the Task Group and their representatives attended AMR TG meetings.

An already implemented project that had compared drug prescription practises in certain countries (Latvia, Lithuania, and Sweden) was discussed, and it will be investigated whether this type of approach could be applied as a project plan also in the AMR TG.

Antibiotics usage in veterinary medicine versus human use is under investigation and ways to collaborate in this field will be developed. The possibility and advantages of establishing a technical expert group, with representation from both human and veterinary medicine will be considered.

Work is in progress to plan a multicentre project on Extended Spectrum Beta-Lactamase (ESBL) incidence in the member states. In December, a meeting was held in Stockholm with national representatives with expertise in the ESBL field from each AMR TG member state to finalize the plans for this study and to clarify the budget needs related to it.

MDR-TB has been identified as an increasing public health concern in the region.The idea of setting up a separate expert group on MDR-TB within the AMR TG was discussed and considered important. The chairperson, will contact TB experts in the AMR-TG countries and come up with a suggestion for the next AMG-TG meeting.

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

#### **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 OTs 5.1 and 5.2 included, but were not limited, to the following:

- In a series of focus groups with family doctors and nurses, the PPHS EG collected material for a thematic paper on tomorrow's role of primary health care professionals in the context of changing society;
- An outline of a policy document containing recommendations for education and professional development of primary health care teams has been developed within a sub-project of the NDPHS flagship project ImPrim;
- During the 3rd PPHS EG meeting, a number of pilot projects in primary health care, which could serve as models of best practice, were identified. Policy

recommendations deriving from these could be ready for dissemination in 2012-2013.

***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 2011.

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

The strengthening of the e-health component of the ImPrim project was made possible with the funding granted by the Swedish SIDA. The activities funded are aimed at facilitating the network building in the e-health field and include the following events: (i) International Conference on the Swedish Quality Registries was held in Stockholm, Sweden on 28 September 2011; (ii) Conference on e-health in primary health care to be held in Kalmar, Sweden on 1-2 February 2012 and (iii) the Final Conference on e-health and quality development in primary health care (date and place tbd).

The PPHS EG was also in dialogue with the lead partner for the PrimCare IT project, which targets remote primary healthcare for professionals using tele-monitoring/medicine applications. The project was granted funding through the EUBSR Programme in September 2011, and implementation commenced at the end of 2011.

Additional activities of the PPHS EG towards the implementation of Goal 5 included, but were not limited to the following:

- A workshop called “Experiences from the Baltic Sea Region - pay-for-performance indicators and quality of primary health care services” was organised by the EG during the European Wonca Conference in Warsaw, Poland in July;
- As the NDPHS representative, the PPHS EG ITA made a presentation “Primary health care and social care system development to meet the demographic challenge related to ageing” during the XI General Conference of the Union of the Baltic Cities "Building on the past, heading for the future" in Liepaja, Latvia, in October;
- The EG initiated a project application “4 Bs for Health: Building Bridges, Breaking Borders,” which will be submitted to the Lithuania-Poland-Russia CBS Programme 2007-2013.
- Cooperation with the European Forum of Primary Care (EFPC) has been established. The Coordinator of the EFPC was invited to the 3rd PPHS EG meeting in Moscow to present their activities and discuss possible joint activities in the future.

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

**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, the 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.*

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.

***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.*

A project proposal for HIV prevention within the female population (including the prison settings) was developed, with a regional focus on Poland, Lithuania, Latvia and Estonia. However due to a lack of financial support, on-going changes in health institutions within the prison setting, and the absence of programs providing financial support to prison-related issues, no further progress was made with this project.

**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 2011.

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

### 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.*

In 2011, the NDPHS Task Group on Alcohol and Drug Prevention among Youth (ADPY TG) developed four sub-project proposals the Baltic Sea Region Project on Alcohol and Drug related Harm among Young People (BADY). The first two proposals were submitted in April, one to Nordforsk Research Network and one to the Norwegian Ministry of Health and Care Services (through the NDPHS Project Pipeline). Neither was successful. A third proposal, focusing on four communities in Lithuania, Poland and Russia, was subsequently submitted to the Delegation of the European Union to

the Russian Federation in June. It was unsuccessful either. Finally, a fourth proposal, Capacity Building for Alcohol and Drug Prevention among Young People (CIADY), was submitted to the Central Baltic INTERREG IV A Programme in August. This project proposal was approved, but put on a waiting list (it will be supported financially if more funding becomes available the Central Baltic INTERREG IV A Programme).[11]

### 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.*

Throughout 2011, the NDPHS Secretariat and the ASA EG maintained close collaboration with the BSPC Secretariat. The Secretary to the BSPC took part in and made a contribution at the CSR meeting in April, in Oslo, and NDPHS Secretariat and the ASA EG representatives took part in the BSPC Enlarged Standing Committee meeting in June, in Olsztyn, where they made presentations. Both NDPHS structures also contributed presentations and background papers (developed with input from the NCD EG) to the 20th BSPC in August, in Helsinki. The resolution adopted by the BSPC calls for "concerted action to complement national responses to public health problems [...] and the harmful use of alcohol and substance abuse in particular."

Additional activities towards the implementation of Goals 7 and 8 included, but were not limited, to the following:

- The ASA EG continued its work to establish contacts with relevant actors, in order to engage them in NDPHS-coordinated activities. For this purpose, contacts were established with the Nordic Alcohol and Drug Policy Network (NordAN), and the Research Institute for Public Health and Addiction at Zürich University, which is in charge of developing the proposal for an EU Consensus on minimum quality standards and benchmarks in drug demand reduction. Close contact was also established with the Department of Mental Health and Substance Abuse, of the World Health Organization, Geneva Office;
- A Thematic Report on Alcohol Policy in the ND area was developed by an external consultant under instruction of the ASA EG. This report is intended to inform NDPHS Member Countries of the status of existing alcohol policies and to provide them with a baseline for assessing the situation;
- In close collaboration with the WHO/Euro office, the ASA EG developed a project proposal for the collection of comparative data on alcohol consumption (level and pattern) and alcohol-related harm, as well as an overview of policies in NDPHS Partner Countries, particularly in Russia;
- The ASA EG gave 2 presentations at the PAC side event, which took place in St. Petersburg, on November 24, 2012 and a presentation at the Global Alcohol Policy Conference, 28-30 November 2011, in Bangkok, Thailand.

[11] Decision is supposed to be taken no later than spring 2012.

## 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.*

No progress reported for 2011.

## 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.*

The OSH TG has, jointly with the Baltic Sea Network on OSH (BSN OSH) continuously followed and promoted the implementation of the NDPHS Strategy on Health at Work, especially on the professional level (national OSH institutes and labour inspections are represented in the BSN OSH network). Constant progress is visible and major achievements are to be expected by 2013. A questionnaire to the Member States has been issued in June, to which [five Ministries have replied (reminder issued in Sept 2011)]. The received replies are positive, which the informal review of the OSH professionals confirms.

The continual and in-depth review of the implementation of the NDPHS Strategy on Health at Work by OSH TG and the BSN OSH professionals has revealed gaps in the effective implementation, which require actions. As a result, OSH TG has launched two projects in 2011:

1. Analysis of the national occupational health services (questionnaire circulated, followed by an in-depth review of specific issues. The data collection is used to share information and best practices between the Member States and to provide information of the present status).

2. Review and upgrading training for occupational health specialists. The aim of the project is to share latest best practice and provide upgrading training for specialists in selected countries.

## 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 IMHAP TG undertook efforts to develop a project focused on improving mental health, preventing addictions, and promoting child development and family/community health among indigenous peoples by the end of 2011.

- **Revision of NDPHS Goals and Operational Targets**

In 2009, during the 6th Partnership Annual Conference, the Partners adopted the NDPHS Goals and Operational targets, as an integral part of the NDPHS Strategy. The aim was to make the Partnership's work more focused and responsive to regional challenges. Therefore, when adopting the NDPHS Strategy, it was agreed that the goals and OTs should reflect the relevant developments not only within the NDPHS structures, but also in the Partner Countries, Organizations, as well as regionally and globally.

Although, as described in this report, progress was made by and large towards the implementation of the goals and OTs since their adoption, little or no progress was made in some areas, suggesting a necessity to examine if the NDPHS goals and OTs correspond to the current circumstances in the region, the needs and priorities of the parties and actors involved, as well as the availability of funding for the implementation of the agreed actions.

In response to these considerations, and to ensure that the Partnership would remain relevant, focused and responsive to priorities and new circumstances in the region, the CSR, during its meeting in April, decided that there was a need to revise the NDPHS Goals and OTs (and the indicators linked to them). Following request by the CSR, the Expert Groups and Task Groups submitted revisions that they proposed would be made, which were subsequently reviewed and approved by the CSR in October. The revised NDPHS Goals, Operational Targets and Indicators have been adopted by the 8th PAC on 25 November 2011.

- **Work plans for 2012**

As a further step towards the achievement of the operational targets by the set deadline, the NDPHS Expert Groups and Task Groups have elaborated annual work plans for 2012, specifying the methods, milestones and resources with which the respective Operational Targets will be pursued during 2012. These constituted the basis for the NDPHS Work Plan for 2012 which was subsequently discussed by the CSR in October and adopted during the PAC in November.

- **"Healthy lifestyles – the cornerstone of public health" (a PAC side-event)**

A regional event "Healthy lifestyles – the cornerstone of public health" was held on 24 November 2011 in St. Petersburg, Russia. The aim of the event was to advance the understanding of importance of healthy lifestyles for the prevention and control of noncommunicable diseases in the Northern Dimension area. It offered policy-makers and experts from different fields an opportunity to discuss the required improvements in policies and strategies as well as practical action. The outcome of the event was a NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016, which will aim to help translate respective global and European policies into actions in the Northern Dimension area. The Action Statement was endorsed by the Partnership Annual Conference held at the ministerial-level on 25 November 2011.

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

The NDPHS is the 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 health area. Also, the CSR tasked both, the NDPHS Expert Groups and (relevant) Task 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.

When adopting the NDPHS Work Plan for 2011 the Partners agreed to take the necessary actions to ensure successful discharging of the Partnership's role as the Lead Partner for the Health priority sub-area. 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.

**Main actions taken:**

- **Coordination/implementation of priority actions included in the EUSBSR Action Plan**

Because the NDPHS Strategy and the EUSBSR are correlated (and more specifically the priority actions coincide), the NDPHS activities listed in Action Line 1 above also contributed to the implementation of the priority actions included in the EUSBSR Action Plan.

In addition to those, the following actions have been taken by the NDPHS:

- Continued efforts to involve other regional stakeholders (or strengthen their involvement) in the implementation of the EUSBSR health-related actions. These included, but were not limited to the following:

  - The Baltic Sea Parliamentary Conference (BSPC) took part in and made a presentation at the CRS meeting in April, in Oslo, Norway. Further, the BSPC during the previously mentioned 20th annual conference adopted a resolution,[12] which (i) emphasizes the need to "allocate sufficient and long-term resources for joint regional activities and endeavors to improve health and social well-being, recognizing the crucial role of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) in regional work in this area and the necessity to maintain support to its project facilitation and promotion activities, aimed at helping the Baltic Sea Region make progress towards the achievement of objectives of relevant global and European strategies and policies," as well as (ii) grants the NDPHS an observer status with the BSPC;
  - The cooperation continued between the NDPHS and the e-Health for Regions network, the latter having been engaged by the NDPHS to take the lead role for the e-health component of the EUSBSR Action Plan (the network also took part in and made a presentation at the CRS meeting in April, in Oslo, Norway);
  - The NDPHS and the Baltic Sea Network of the European Social Fund (ESF) took part in each other's meetings (including the CSR meeting in October, in Brussels, Belgium) and made presentations as well as discussed, *inter alia*, (i) linking the activities of the ESF to the EUSBSR; (ii) possible joint activities the development of regional projects in the areas of common interest; (iii) funding opportunities from the ESF for projects in the area of health and social well-being; (iv) involvement of the BSN ESF in the NDPHS projects to reinforce the social dimension. These provisions have been included into the ESF BSN Letter of Intent [signed by the members of the network in late 2011];
  - The ENPI CBC Karelia Programme approached and discussed with the NDPHS the latter's support to the former in designing objectives and indicators for its call for proposals in the area of "Balanced social and economic wellbeing". Additional cooperation between the NDPHS and the ENPI CBC Karelia Programme is also envisaged in specific projects and activities, in joint efforts,

[12] Available at: http://www.bspc.net/file/show/511.

including exchange of information, cross-checking of ongoing activities and building bridges between projects;

- The NDPHS continued dialogue with the Union of the Baltic Cities (UBC) Commission on Health and Social Affairs.[13] They took part in each other's meetings (including the CSR meeting in October, in Brussels, Belgium), made presentations at them and discussed UBC member cities' engagement in the EUSBSR as well as their possible participation in NDPHS-facilitated projects and development of policy recommendations;
- The NDPHS was in dialogue with the BioCon Valley and the ScanBalt BioRegion (the latter also took part in and made a presentation at the CRS meeting in April, in Oslo, Norway), both of which are involved in the development and implementation of the flagship project aiming to "Set up cross-sectoral reference projects for innovation in health and life sciences" (Priority Area 7 in the EUSBSR Action Plan). Discussions focused on possible areas of collaboration, such as AMR and raising the profile of health and social well-being among the funding priorities in the region.

o Participation in EUSBSR-related meetings

The NDPHS Secretariat took part in several meetings of the EUSBSR National Contact Points, Priority Area Coordinators and Horizontal Action Leaders 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.

Further, the NDPHS Secretariat also participated in the EUSBSR Annual Forum on 14-15 October 2011 in Gdańsk, Poland, where it, along with the ICT for Health project, gave a presentation in the thematic session "Digital Agenda for the Baltic Sea Region."

- **Coordination/implementation of flagship projects included in the EUSBSR Action Plan**

Because the NDPHS Strategy and the EUSBSR are correlated, the NDPHS project-based activities listed in Action Line 1 above also contributed to the implementation of the priority actions included in the EUSBSR Action Plan.

During 2011 the NDPHS was busy developing eight regional projects contributing to the EUSBSR:

- o Baltic Sea Region Project on Alcohol and Drug related Harm Among Young People (BADY) (process coordinated by the ADPY TG);
- o Taking Up the Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast (process coordinated by the HIV/AIDS&AI EG; project secured funding from the EU Delegation to Russia);
- o Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area (process coordinated by the NCD EG);
- o Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area (process coordinated by the NCD EG);
- o Healthier People: Management of Change through Monitoring and Action (process supported by the NCD EG);
- o Development of Occupational Health Services (Part 1: Comparative analysis and thematic report. Part 2: Professional training and information dissemination)

[13] The UBC Action Plan for 2011 includes provisions regarding cooperation and coordination of activities with the NDPHS.

(process coordinated by the OSH TG);
- Developing new roles and tasks to local hospitals in support of primary health care in the Baltic Sea Region (process coordinated by the PPHS EG);
- 4Bs For Health: Building Bridges, Breaking Borders (project aimed to enhance border health management through development of effective and efficient primary health care) (process coordinated by the PPHS EG).

Activities pertaining to these projects are described under Action Line 1.

In addition, the Partnership was in regular dialogue with and was promoting the following two projects included in the EUSBSR Action Plan:

- ImPrim – Improvement of public health by promotion of equitably distributed high quality primary health care systems;
- ICT for Health – Strengthening social capacities for the utilisation of eHealth technologies in the framework of the ageing population.

- **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 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 mid-2010 until spring 2011 was developed by the NDPHS based on contributions from NDPHS EGs and TGs as well as relevant external actors and subsequently submitted to the European Commission in March 2011.[14]

### Action Line 3: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects

When adopting the NDPHS Work Plan for 2011 the Partners agreed 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 the framework of the Partnership. To that end, they pledged to 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:**

- **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, which provided the necessary funding for the effective functioning of the Expert Groups' and Task Groups' Chairs, vice-Chairs and ITAs/Coordinators. The need for the Partners to ensure the continuity of this support as well as the need to allocate funds for their operational budgets, which would ensure that they are able to work actively with the development and implementation of projects, was stressed by some of the Groups. Also, some Groups expressed worries about the lack of long-term funding for ITAs, as well as the fact that some countries cannot finance participation of their experts in the meetings.

In addition, Expert Groups and Task Groups benefitted from the following funding provided by the European Union:

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

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

  Through the ENPI Regional East Programme, the European Commission made available EUR 100,000 (gross) for NDPHS for meetings aimed to develop project concepts/proposals in 2011.

- Technical Assistance Grant from European Commission

  In June, the NDPHS submitted to DG REGIO a request for funding (a project proposal) for Technical Assistance relating to the EU Strategy for the Baltic Sea Region. An Agreement was signed in September. The grant, which supports the EUSBSR related activities of the NDPHS, amounts to EUR 120,000.

- Funding from Sweden

  In January, Sweden (the Ministry of Health and Social Affairs) made a voluntary contribution to the NDPHS Appropriations Account, amounting to EUR 33,326.

- Funding from Germany

  Through a voluntary contribution, Germany provided EUR 20,000 which was used to support the organization of the PAC side-event on healthy lifestyles.

- **Contributions to the NDPHS Secretariat budget**

Most, but not all Partners, paid their contributions to the NDPHS Secretariat budget for FY 2011. Despite having been pledged earlier, [two] contributions have not been paid.[15] This worrisome situation requires a remedy.

- **Channeling funding for projects through the NDPHS Project Pipeline**

The Norwegian Ministry of Health and Care Services made two calls for project proposals through the NDPHS Project Pipeline[16] and collected project applications through the pipeline. The two calls totaled approx. EUR 295,000 (spring call) and EUR 1,150,000 (autumn call) for health-related projects to be implemented in North-West Russia.

In addition to facilitating project funding activities, the pipeline also continued to provide an 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/or social well-being projects in the Northern Dimension area.[17]

In 2011, the pipeline continued to be frequently visited by visitors from within and from outside the region (altogether approx. [11,630 AS OF 13 OCTOBER, TO BE UPDATED AT THE END OF THE YEAR] visits during 2011). The NDPHS Secretariat maintained the Project Pipeline and, when requested, supported project proponents who were using it.

- **Other actions aimed to help provide adequate funding for the NDPHS and Partnership-relevant activities and projects**

[15] Contributions for 2011 are still expected to be received from Canada and Iceland.
[16] Available at www.ndphs.org/?pipeline.
[17] Available at www.ndphs.org/?pipeline,page,non-pipeline_agencies.

- **The ENPI CBC Karelia Programme**

  The NDPHS embarked on collaboration with the ENPI CBC Karelia Programme. In addition to being asked to assist in developing objectives and indicators for the Programme's 2012 Call for proposals on Balanced Social and Economic Wellbeing, NDHPS-related projects have also been encouraged to apply for funding from the Programme.

- **The European Social Fund**

  For the purpose of increasing its transnational activities, the Baltic Sea Network of the European Social Fund (ESF) approached the NDPHS regarding cooperation in the Baltic Sea region. Provided that they properly include the social dimension within their scope, some NDPHS-developed projects will be able to benefit from ESF funding in the future.

- **The NDPHS Position paper on raising the profile of health and social well-being in the EU funding programs to be operating in the ND area**

  In order to direct the attention of decision-makers to the necessity of allocating more funding to health and social well-being projects, the NDPHS developed a Position paper calling for visibly exposing health and social well-being among the priorities in the European cooperation programmes that will be implemented in the Northern Dimension area during the coming multiannual financial framework 2014-2020. The paper was adopted during the ministerial-level 8th PAC held in Saint Petersburg, in November.

### Action Line 4: Increasing the Partnership's visibility

When adopting the NDPHS Work Plan for 2011 the Partners agreed that, whereas the implementation of several NDPHS operational targets would contribute to increasing the Partnership's visibility within and beyond the Northern Dimension area, further efforts were warranted and complementary actions should be taken to that end.

**Main actions taken:**

- **Increasing the Partnership's visibility in the Partner Countries**

The Partnership took part in many international meetings where it presented information on its goals and activities. Speeches and presentations were made by the NDPHS Chairmanship, the NDPHS Secretariat, and representatives of EGs and TGs. The following are examples of the events and forums where the Partnership spoke, and which were attended by various politicians and/or decision makers from the Partner Countries:

- Several Northern Dimension Steering Group meetings as well as a Northern Dimension Senior Officials meeting held in November, in Reykjavik, Iceland. The conclusions of the Chair reflect the outcome of the discussions about the NDPHS;
- The 2nd Northern Dimension Parliamentary Forum, held in Tromsø, Norway in February. The final Conference Statement included a number of points in support of the activities of the NDPHS;
- 1st Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases Control in April in Moscow, Russia;
- 10th Nordic Public Health Conference in August, in Turku, Finland, where a session on the NCD prevention and control strategies in the Northern Dimension area was held
- NDPHS was held and a poster on "potential years of life lost" on preventable mortality was presented;

- The 20th Baltic Sea Parliamentary Conference, held in Helsinki, Finland in August, where the NDPHS submitted two background papers, delivered two speeches, disseminated leaflets and displayed its newly produced roll-ups. These roll-ups have been developed to provide brief and visible information about the NDPHS during conferences, seminars and similar events[18]. In the resolution of the conference, the BSPC recognized "the crucial role of The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) in regional work in [the health and social well-being] area;"
- The Union of the Baltic Cities (UBC) Commission on Health and Social Affairs meeting held in September, in Elblag, Poland as well as at the workshop on ageing population held during 11th UBC General Conference, in October, in Liepaja, Latvia;
- The 10th ScanBalt Forum organized by BioCon Valley and the ScanBalt BioRegion, held in September, in Heringsdorf, Germany;
- Two meetings of the Baltic Sea Network of the European Social Fund, one held in June, in Helsinki, Finland, and the other one in September, in Vilnius, Lithuania.

See also Action Lines 1 and 2, as well as details of various meetings attended by EG and TG representatives, provided in the progress reports attached as annexes to this report.

- **Dissemination of information through the NDPHS website**

The NDPHS website continued to serve as an important channel of information on the activities of the Partnership. In 2011, the website had [89,236 AS OF 13 OCTOBER, TO BE UPDATED AT THE END OF THE YEAR] visitors. Press releases and e-news pieces were published during the year, as were two e-newsletter issues.

A new section was added to the website, providing an overview of projects which have received the NDPHS label. These are, in turn, linked to the respective project records in the NDPHS Database.

In an effort to increase the visibility of the Partnership, all Partners were encouraged to include a link to the NDPHS website on their respective websites. Those who have done this so far are: Finland, Latvia, Lithuania, Norway, Poland, Russia, Sweden, BEAC, BSSSC, CBSS, EC, ILO, NCM, WHO.

- **Dissemination of information through the NDPHS Database**

The NDPHS Database continued to serve as a source of information about projects ([665] records included), organizations ([412] records included), experts ([290] records included) and publications ([56] records included) (all figures as of the end of 2011 FOR THE TIME BEING AS OF 13 OCTOBER, TO BE UPDATED AT THE END OF THE YEAR).

- **Input to relevant publications**

The NDPHS Secretariat contributed an article presenting the NDPHS to the BSSSC Newsletter (September issue). [19]

### Action Line 5: Establishing the NDPHS Secretariat with its own legal capacity

The Partners agreed 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

[18] More information about the roll-ups is available at http://ndphs.org/?roll-ups.
[19] The newsletter issue is available at www.ndphs.org/?download,5046,CSR_19-6-Info_1__BSSSC_newsletter_featuring_NDPHS_article.pdf.

end, when adopting the NDPHS Work Plan for 2011, the respective Partner Countries agreed to 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.

**Main actions taken:**

An *ad hoc* working group led by Norway finalized draft text of the Agreement during the first half of 2011. After consultations with the countries concerned final revisions were made and the final text of the Agreement was sent by the CSR Chair to the countries concerned together with a request to begin legal proceedings to sign it.

The Agreement was signed by xx NUMBER Partner Countries during the ministerial-level Partnership Annual Conference on 25 November 2011, in St. Petersburg, Russia. Signatory countries subsequently started national legal procedures necessary for the Agreement to enter into force.

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

The NDPHS Work Plan for 2011 lists monitoring and reporting on the progress as one of the action lines. This concerns both the implementation of the NDPHS Strategy as well the health component in the EUSBSR Action Plan.

**Main actions taken:**

- **Monitoring and discussing progress in the implementation of the NDPHS Strategy**

Monitoring and discussing the progress in the implementation of actions was an important item on the agenda of the meetings of: the CSR, the EG Chairs and ITAs, the NDPHS Chair and Co-Chair Countries and the Secretariat, the Expert Groups, the Task Groups and, finally, during the ministerial-level PAC.

- **Developing annual progress reports**

All Expert Groups and Task Groups produced annual progress reports for 2011[20] following the framework set up by the NDPHS Annual Reporting Mechanism.[21] Based on these, the Secretariat drafted the NDPHS Progress report for 2011, which was first discussed during the autumn CSR meeting and, finally, adopted during the PAC. It takes stock of the achievements made, describes enabling factors, strengths, obstacles and constraints regarding each group's work and the Partnership at large, and also presents various recommendations to the CSR/PAC for consideration and decision.

- **Reporting on progress in the Health sub-area of the EUSBSR Action Plan**

Based on the contributions received from the NDPHS Expert Groups, Task Groups and respective regional stakeholders engaged in the implementation of health actions included in the EUSBSR Action Plan, the NDPHS Secretariat developed and submitted a Progress report on the implementation of the health component of the EUSBSR Action Plan. The report covers the period from mid-2010 until 2011 and it was submitted to the European Commission in April.

[20] Attached to this progress report as Annexes 1-8.
[21] Available at www.ndphs.org/?doc,NDPHS_Annual_reporting_mechanism.pdf.

## 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 2011.

**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. Many actions, but not all, are described in this progress report, while more detailed information can be found on the NDPHS website. In addition to these efforts were taken to **raise funds to aid the activities of Expert Groups and Task Groups**.

Of particular importance for the Partnership's continued work was progress in the development of regional projects consistent with the NDPHS Strategy and the EUSBSR Strategy Action Plan. **Funding received from the European Union and Sweden played an important role in making this progress.**

It is clear that future success in the implementation of the NDPHS Strategy relies foremost on the **Expert and Task Groups' ability to deliver tangible results** in accordance with the priorities set out in the NDPHS Strategy. All Partners have a role to play in ensuring progress by the groups. To that effect, it is recommended that those several **Partners, who have not yet nominated their representatives to the Expert Groups and Task Groups, do so promptly**. Another conclusion from the second year of the implementation of the NDPHS Strategy is that, in their activities **some Expert Groups and Task Groups need to attach more attention to and focus on the implementation of the adopted operational targets** for which they are responsible. It should also be noted that, since **some projects facilitated by the Partnership faced difficulties in raising funds for their implementation**, careful revision of project applications and, where warranted, project concepts is recommended.

The Partnership took many actions to discharge its role as **the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (EUSBSR).** These efforts strengthened the NDPHS importance and visibility in the region.

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.**]

**The Partners agreed that the profile of health and social well-being in the EU funding programs to be operating in the ND area during the coming programming period needs to be increased.** The Partnership has a favorite position in the region to push for change. The adopted NDPHS position paper addressing this issue is a valuable tool to try to achieve this. However, for the change to take place, **actions will also need to be taken by the Partners Countries individually, at their own capitals to support common efforts.**

**Annex 1**

# ASA Expert Group Annual progress report

**Submitted by:** ASA EG

**Year covered:** 2011 (status as of September 26)

## 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 January 2011.

### 1.3 Financial resources for leadership

The Lead Partner has ample funding in place for the leadership and for employment of an ITA (60% work time)

## 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 two meetings of the Expert Group took place. The first meeting was in Moscow, Russian Federation and the Second in Poznan, Poland. Participation at these meetings of the Group has been as follows: Latvia, Norway, Poland, Russia, Sweden, Estonia, WHO EURO, NCM, and Lithuania.

Other experts were invited representing ADPY TG, WHO Russia, PAPRA, NordAN, EMCDDA, and some other international organizations and NGOs

Partner representatives in the ASA EG:

| *Country* | *First name* | *Last name* | *Representative status* | *Phone* | *E-mail* |
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During 2011 representative from Iceland and Finland had difficulties to take part in any of the meetings of the Expert Group either for financial, time schedule or other reasons.

## 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.

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

**The ASA EG continue its work to establish the contacts with the relevant** actors, in order to arrange their participation in the activities. The work was mainly concentrated on identification of organizations and/or authorities, not currently participating in the NDPHS, but which may be involved in NDPHS policy development. For this purposes, the contacts were established with the representatives of the Nordic Alcohol and Drug Policy Network (NordAN), the Research Institute for Public Health and Addiction at Zürich University, which is in charge of development of the proposal for an EU Consensus on minimum quality standards and benchmarks in drug demand reduction. Close contact was established with the Department of Mental Health and Substance Abuse, of the World Health Organization, Geneva Office. The

main objective of all above mentioned activities was to start, broaden, and engage more extensively a network of partners, in order to increase the role of ASA EG. To introduce ASA EG as a trustful partner to support Partner Countries in their efforts to reduce the harmful use of alcohol, and drugs and its health and social consequences.

**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 project developing team (ADYP TG) hold two meetings in 2011, first one in Tallinn and the Second in Moscow. It was decided to split the application in two – one for Russia and one for the rest of the participating countries and that the age of the target group should be all teenagers, i.e. 13-19 year olds. The original plan was to apply for funding from the EU Public Health Programme, call for proposals in December 2010. However, the focus of our project – alcohol and illicit drugs - did not correspond to the priority area of the call. The project has therefore, during the spring 2011, been split up in a number of applications to different donors for funding, a process that is still going on. The applications together cover municipalities in Estonia, Finland, Latvia, Lithuania, Poland, Russia and Sweden.

**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.

During the year 2011 ASA EG continued close collaboration with the BSPC Secretariat. It had prepared a background document (with input from NCD EG) for the 20th BSPC; The ITA of the ASA EG took part in the BSPC Enlarged Standing Committee meeting on 10 June and presented the draft background paper; the Chair of ASA EG took part and made a presentation during the the 20th BSPC on August 29th, in Helsinki. Finally, NDPHS applied and got a status of the BSPC observer, which gives an automatic access to the conferences and other meetings of the BSPC.

**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.

The regional meeting of WHO Framework Convention on Tobacco Control (FCTC) implementation took place in November in Moldova. The meeting was organized by WHO Euro together with the Convention Secretariat. Parties to the treaty were invited as well as countries not yet Parties as well as organizations having an observer status by the Conference of Parties. NDPHS does not have an observer status however countries parts of the NDPHS were invited to participate. The ASA EG continue its discussions with the WHO EURO, during the Poznan meeting, in order to identify possible actions to reach the operational targets identified by NDPHS strategy.

In addition to above mentioned, the ASA EG developed a Thematic Report on Alcohol Policy in ND area. The special questionnaire was developed by the ASA EG. Based on the answers from the partner Countries, the invited young researcher from the National Institute of Health Development, Estonia, had developed the thematic report. This report is intended to inform NDPHS Member Countries of the status of existing alcohol policies and to provide them with a baseline for monitoring the situation. It is hopefully also useful as an advocacy tool for identifying existing gaps and raising awareness about the need for alcohol policies.

The ASA EG in close collaboration and assistance from WHO Euro office had developed project proposal submitted for the possible financials support to the DG Regio. The objective of proposed activities is to collect comparable data on alcohol consumption (level and pattern), alcohol related harm and an overview of policies in NDPSH Partner Countries and particularly, in Russia. This will give an opportunity to monitor trends in alcohol related problems in MS and to compare trends between countries and between groups of countries and to compare consumption and harm with policy responses.

The ASA EG was invited and made presentation during the Global alcohol policy Conference, 28-30 November 2011, Bangkok Thailand. The meeting was organized by GAPA together with WHO, Thai Ministry of Public Health and Thai Health Promotion Foundation. The conference theme was “From the Global Alcohol Strategies to Local Actions.” This conference provide an opportunity for policy makers, advocates, academics, and campaigners to share and exchange their knowledge and experience. The conference served also as a platform for developing a truly global network and for discussing possible efforts at the global level to reduce problems from alcohol.

The ASA EG established contact with the international expert group within the European Quality Standards (EQUS) project, which is drafting minimum quality standards at the EU level. EQUS is coordinated by the Research Institute for Public Health and Addiction at Zürich University (Ambros Uchtenhagen, Michael Schaubin) in collaboration with EMCDDA. The aim of this project and collaboration with it is participate and facilitate in development of an European consensus on minimum quality standards and benchmarks in the field of drug demand reduction and put in place a common reference framework.

The ASA EG was actively involved in the preparation of PAC side event, which took place in St.Petersburg, on November 22. The Co-Chair of the ASA EG and Estonian Researcher, who prepared Thematic report on alcohol Policy, gave presentations at this event

## 4. Strengths and opportunities

The good working relations were established within the leadership of ASA EG (Chair and Co-chair), which was strengthened with several meetings between the country representatives. Most of the partner countries had now nominated the members to the ASA E, and all of them were actively involved in the work of the EG. The group was getting strong support from the representatives of WHO, both from EURO office in Copenhagen and HQ office in Geneva. The ASA EG members were several times contacted for the consultations and inputs, both from the International bodies and Country representatives working in the field of Alcohol and Substance

Abuse. This increased visibility, gives a hope that ASA EG will play more and more active role on the International scene and may become a reliable partner.

## 5. Obstacles and weaknesses

The main obstacle is lack of financial resources and instruments available to support the possible activities in the Partner Countries. Unfortunately Health is not always on priority agenda. As a result, there is a concern that not all initiatives from the ASA EG can be implemented in practice, and can be some missed opportunities. This situation does not support to maintain the optimism which is now in the group. There are also many international organizations working in the ND area in the field of Health, and collaboration among them is still far from ideal, with some elements of competition. That is not helpful while trying to wide invite variety of stakeholders to ensure that the Partnership achieves maximum results;

## 6. Conclusions and recommendations

In recent years, a larger number of countries have been providing data, enabling WHO to create a more comprehensive picture of the global situation on alcohol use and its health consequences. However, many gaps in the data remain and a detailed picture cannot be clearly drawn for all countries and regions. This information is critical in assessing progress in reducing the harmful use of alcohol at all levels and in monitoring and evaluating progress made in the implementation of the global strategy. So ASA EG can continue to facilitate joint effort to improve data collection and reporting.

Drug-related problems, increasing demand for treatment, drug-related deaths, and infections among injecting drug users are still one of the major public health concerns caused by the use of drugs. To tackle this problem, it will be importnat that large-scale exchanges and dissemination of research results, experiences and good practices, within the Partner Countries will continue and that focus will be emphsised on training of professionals and consulting civil society.

## 7. Other relevant information

None.

**Annex 2**

# HIV/AIDS&AI Expert Group Annual progress report

**Submitted by:** HIV/AIDS&AI EG

**Year covered:** 2011.

## 1. Group leadership and coordination

### 1.1 Lead Partner and Co-Lead Partner

Lead partner: Finland

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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 is covered through a project financed by the Ministry for Foreign Affairs and implemented by National Institute for Health and Welfare (THL). (The project application has been submitted for 2012.)

## 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)*<br>Deputy DirectorDep. of Infectious Disease Epidemiology<br>Norwegian Institute of Public HealthPostbox 4404 Nydalen0403 OsloNORWAYPhone: +47 21076404Fax: +47 21076513E-mail: hans.blystad@fhi.no | Mr. Torsten Berglund *(Main representative)*<br>Senior Research OfficerCommunicable Disease Prevention & ControlThe National Board of Health and WelfareSE-106 30 StockholmSWEDEN Tel. int: +46 75-247 37 15E-mail: torsten.berglund@socialstyrelsen.se |
| Ms Inga Upmace *(Main representative)*<br>Acting Head of HIV/AIDS Program unit<br>Infectology Centre of Latvia<br>7 Klijanu St.<br>LV-1012 Riga<br>LATVIA<br>Phone: +371 6708 1621<br>Fax +371 67339954<br>E-mail: inga.upmace@lic.gov.lv | Mr Saulius Chaplinskas *(Alternate 1)*<br>Director<br>Centre for Communicable Diseases and AIDS<br>Nugaletoju St. 14 D<br>LT-10105 Vilnius<br>LITHUANIA<br>Phone: +370 5 2300 125<br>Fax. +370 5 2300 123<br>E-mail: saulius@ulac.lt |
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| | |
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During 2011 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 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

*"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…"*

Two project proposals were developed to strengthen inter-sectoral collaboration in HIV and related diseases prevention and care for vulnerable groups, with participation of partners from Russia, Poland, Lithuania and Germany. For the planning process a Logical Framework workshop was organized in Svetlogorsk, Kaliningrad Oblast, Russia, in February 2011, where two project concepts were finalized. Both projects will aim at improving services for vulnerable groups in order to prevent HIV – one project is targeted at drug users and the other at primary prevention among youth. Concept Notes of both projects were submitted to the Delegation of the European Union to the Russian Federation for the financing from the Non-State Actors and Local Authorities Programme for the Baltic Sea Region.

The concept paper **Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast** was approved for preparing a full proposal. Another planning workshop to further elaborate this proposal was organized in Sopot, Poland, in May. The full proposal was submitted in June, and it was approved in September. Contract negotiations will start in the near future.

***A new project development process*** will be started in December 2011 by organising a Logical Framework Approach workshop. Several actors from the Baltic Sea region will be gathered to plan a common project in order to tackle TB and HIV in the region. Financing of the workshop will come from DG Regio (the common proposal by NDPHS).

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

The Expert Group participated actively in planning and organising ***the European AIDS Congress 2011 in Tallinn, Estonia***. Organisation was lead by National Institute for Health Development, Estonia, and financed by EU. Session "HIV-TB co-infection. Implications for public health practice" was organised by the TB expert of the Expert Group. A poster "Use of the Extended Logical Framework Approach in the planning of a multi-national HIV programme strategy within the NDPHS" was presented by the Chair and the ITA. Several Expert Group members gave presentations at the Congress, the Chair participated in a panel discussion “Is there a need for regional collaboration and coordination?”, and the ex-Chair, prof. Pauli Leinikki prepared the concluding notes. The essential points of his conclusions were:

- HIV problem is connected to many regional features which are widely shared:
  - high incidence figures which are not decreasing
  - on the other hand, between neighbouring areas we may find sharp differences
  - an essential aggravating and transfer factor is the use of intravenous drugs
  - there is a clear correlation between HIV problem and MDR-tuberculosis
  - there is also a strong correlation with social marginalisation and poverty
  - political unwillingness, especially in Russia, to make use of means and approaches which have been proven effective and useful elsewhere

- We have means and possibilities to fight and resist the epidemic…
  - ARVs (anti-retrovirals) and other mechanisms related to treatment
  - LTSCs (low threshold service centres)
  - NSPs (needle and syringe exchange programs)
  - OSTs (opioid substitute therapies)
  - improving testing systems and their effectiveness

- … but we have failed, because
  - many countries around the Baltic Sea cannot present sufficient results, but there are regions, cities and other hot spots, where the incidence figures are continuously unacceptably high
  - there are big differences between countries and regions

- What do we need
  - stronger political support
  - better understanding and knowledge about the current epidemic and its consequences, such as financial and social impacts, as well as effectiveness of different type of actions
  - more high level and independent scientific research
  - more dialogue between the civil society and politicians in many countries
  - better balance between international collaboration and project funding, national efforts and investments, which would also necessitate taking real political responsibilities.

See also www.aids2011.com

***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***

Activities concerning other vulnerable groups include an ongoing project "***European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI***" which received preliminary results in spring 2011. Final report will be published in autumn 2011.

Several 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. Thirteen organisations from 12 countries participate in the project which is lead by Estonia. Financing comes from EU, and first steps of the project have been taken.

**NDPHS labelled projects**

In the beginning of 2011, several HIV projects received NDPHS label:

The long-term priority of the Expert Group in promoting low threshold services for drug users, sex workers and bridging populations is being implemented in the project ***Development of low threshold services in Leningrad Region*** *(2010-2012*). The project replicates in a modified way the activities of the earlier projects in Murmansk and Kandalaksha. In 2011, trainings have been organised for gynaecological and primary health care workers.

The project ***TB/HIV collaboration in Murmansk*** (2010–2011) continued promoting collaboration between Tuberculosis services in the civil and penitentiary systems, and

AIDS centres, and thus contributed to the prevention of TB/HIV co-infection in the Murmansk Region.
The project was planned to continue until the end of 2012. Anyhow, in spring 2011 the Russian Ministry of Regional Development suddenly informed that it does not support this project. No explanations were given. The Murmansk authorities had to interrupt the project even though they were strongly motivated in collaboration.

The main results of the project were:

- Training programme of health personnel in TB, HIV and co-infection of TB+HIV has been developed on basis of a survey conducted among health care personnel, nurse students and prisoners
- TB and HIV infection control evaluation done in the Drug rehabilitation centre, and training of personnel conducted
- Tuberculosis screening started in the Regional AIDS centre, as well as preventive therapy
- Access of homeless improved to TB and HIV screenings in collaboration with NGO "Street"
- Regional coordinating body on TB and HIV established on ministry level.
- Collaboration has increased and intensified between regional TB and HIV services

The project ***HIV prevention among reproductive-aged women in the Republic of Karelia*** (2010–2012) continued organising trainings for health care workers from maternity and gynaecological services, as well as for primary health care personnel.

***Strengthening of municipal anti-drug networking in the Murmansk Region*** (2010–2012)***.***
Trainings for municipal authorities and specialists have been organised in pilot regions, as well as a study tour to Finland in order to present methods in work against drug use and rehabilitation of drug users.

***Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Regions (Phase III); Technical Assistance and Coordination*** (2011–2013). Coordination of the Barents HIV/AIDS Programme and the HIV/AIDS&AI Expert Group of NDPHS is financed through this project.

See for additional information in http://www.ndphs.org/?labelled_projects.

**Epidemiological review**
The Expert Group intends to provide a 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.

**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.

The Barents HIV Programme Steering Committee discussed development of HIV situation, TB/HIV co-infection and prevention activities in May in Petrozavodsk, Russia. ***Evaluation of***

***the Programme*** was implemented in June-September 2011 by the ex-Chair of the HIV/AIDS&AI Expert Group.

A new ***Barents Tuberculosis Programme*** has been approved and the first Steering Committee meeting was organised in May 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 operates under the JWGHS and has contacts with HIV/AIDS&AI EG and PPHS EG through ITAs, as well as Scandinavian and Russian participants.

**Meetings of the Expert Group**

The spring **meeting of the Expert Group** was organised in April in Riga, Latvia. The Expert Group approved a new chairperson proposed by Finland - Dr. Ali Arsalo. Expectations for future work of the Expert Group were discussed. One of the conclusions was that the Expert Group needs to analyse current problems and objectives to see, if priorities set earlier still hold and to see where and on which themes there would be the biggest need for projects. The model of planning of the Barents HIV/AIDS Programme agreed to be used, namely the extended Logical Framework Approach.

To start this process, a small and informal **workshop** was organised **in Porvoo**, Finland, in June. The task of the workshop was to initiate analysing problems, leading further to the definition of objectives on the basis of the Logical Framework approach for the continuation of the planning of the EG's future operational activities to produce added value to partners.

**The autumn Expert Group meeting** took place on 6-7 October in Kaliningrad. The agenda included continuation of the analysis process, review of the epidemiological situation and on-going projects. Special attention was paid to the development of HIV situation in Kaliningrad Region.

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

It is continuously valid, as it has been stated earlier that the 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.

***An application to finance preparing of a review*** on best practices on integration of social and health care services for HIV-infected people was submitted to DG Regio in coordination with the NDPHS Secretariat (as a part of a common proposal). Financing has been confirmed and the review will be produced in 2012.

**Activities responding to both goals 2 and 3**

The internal planning process of the Expert Group will be conducted so that the overall objectives, goals and operational targets which have been given, will guide the process. The intention is that different stakeholders will be consulted as widely as possible and in as many countries and areas as possible. Based on the consultations, a wide variety of needs and problems, related to the scope of the EG, will be identified. More concrete objectives, hierarchically connected to higher level objectives will be then formulated. These will form

the basis for the identification of local, regional and international project ideas, the development of which can subsequently be supported by the EG.

The identified projects, activities and objectives will form an entity which is hierarchically connected to the Goals 2 and 3. The ultimate aim of this process is that the work of the EG will eventually produce concrete added value to partners investing in the EG work.

In September 2011, there were 16 projects going on under the umbrella of the EG, 7 project proposals had been reviewed or were under consideration by the Group. See the project list in the Attachment.

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

## 4. Strengths and opportunities, obstacles and weaknesses

As before, 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. Hopefully, the above mentioned process of analysing the current situation and developing new project ideas will further maintain the motivation of the group members.

In general, the critical weakness of the sector is the insufficiency 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. The need to make the views of the civil society known and usable in the project development, is a remarkable challenge for the EG.

## 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 NDPHS strategy and EU BSR strategy. At least partly, the EG intends to respond to these challenges through new approaches on project development as has been described above.

## 6. Other relevant information

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.

**Attachment to the HIV/AIDS&AI EG Progress report**

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

***Projects under implementation in September 2011***

FINNISH-RUSSIAN PROJECTS

*1.* "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Regions (Phase III); Technical Assistance and Coordination" (2011-2013) Coordination: National Institute for Health and Welfare (THL), Finland and Ministry of Health and Social Development of the Murmansk Region. Budget for 2011 EUR 164,900. Financier: Finland. *The work of ITA and meeting costs of the Expert Group (when not covered by the host country) are financed through this project.*

*2.* Strengthening of municipal anti-drug networking in the Murmansk Region (2010–2012). Coordination THL (Finland) and Monchegorsk City Administration. Budget for 2011 - 90,600 EUR + local input. Financier: Finland. *ITA participated in the planning phase of this project and follows up its implementation.*

*3.* 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 2011 - 74,600 EUR + local input. Financier: Finland. *ITA participated in the planning phase of this project and follows up its implementation*.

*4.* TB/HIV collaboration in Murmansk. Project planning phase 2009. Implementation 2010–2012. Coordination FILHA, Finland. Budget for 2011 - 97,000 EUR. Financier: Finland. *The ex-Chair provides expert services for this project, and the ITA is a member of the project steering committee. Interrupted in autumn 2011.*

*5.* Development of low threshold services in Leningrad Region (2010–2012). Coordination THL and Leningrad regional AIDS centre. Budget for 2010 - 70,500 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)*

6. "Health under prevention guard" - mobile facility for adolescents and youth designated to prevent HIV/AIDS and drug abuse; medical, social and psychological assistance; HIV and hepatitis testing. (May 2010-) Approximate budget NOK 200,000. Coordination: Murmansk Regional AIDS Centre and Centre for Social Medicine (Tromsö). Financier: Norway. NDPHS ID 154
7. "Cross action between STI Clinic in Archangelsk and Olafia Clinic in Oslo". Coordination: Norway. Approximate budget for 2011: NOK 112,500. 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. "HIV and co-infections in Murmansk region, seminar". Coordination: University Hospital of Northern Norway. Project region: Murmansk Oblast, Russia. Approximate budget for 2010: NOK 206,000. Project region: Murmansk Oblast, Russia.
10. "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

11. Vera 2: HIV and STI prevention among Russian-speaking female sex-workers in Norway and Northwest Russia. Approximate budget in 2011: NOK 397,800. Coordination: NGO Stellit, St. Petersburg and Pro Center, Oslo. Financing Norway. *The project will start in the beginning of 2012.*

12. Enhancing tolerance in society to people with HIV/AIDS through training of media professionals. Coordination: NGO Sodeistvie, Petrozavodsk and Olav Andre Manum, Norway. Approximate budget for 2011: NOK 250,000.

13. THINK Murmansk - a pilot youth empowerment. Coordination: Think Mental Fashion, Norway and Committee for cooperation with NGOs and youth affairs of the Murmansk Region. Approximate budget for 2011: NOK 326,000.

EU PROJECTS

14. "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 32 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.

**NB!** *Russian Arm of European MSM Internet Survey 2009-2011 financed by Finland and Norway, coordinated by German Agency for Technical Cooperation (GTZ) and Population Services International Russia.*

*15.* 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.

*16.* 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, Lithuania, Bulgaria, Romania. Leningrad Oblast is also involved. Financier EU.

*17.* European AIDS Congress 2011 in Estonia. Coordination: National Institute for Health Development, Estonia. Applied from EU. Financier EU. *Completed.*

**Projects under consideration (in September 2011)**

1. Strengthening response to the HIV and the TB epidemics in North-West regions of Russia. Kaliningrad, Northwest Russia, Nordic countries. Coordinated by NCM Kaliningrad office and NGO "YLA". Proposal submitted to NCM. *This proposal has been removed and combined with the proposal no 7 "Social partnership in prevention of HIV/AIDS and TB".*
2. Taking up the challenge: developing services to contain the spread of HIV and TB among injecting drug users in Kaliningrad Oblast. Applied by NGO YLA from EU. Partners from Poland, Lithuania and Germany. Approx. budget 320,000 EUR. *Preliminary approval received; contract negotiations to be started.*
3. Project on primary prevention of HIV among youth in Kaliningrad Region. Applied by Fund of overcoming of demographic crisis, Kaliningrad, in collaboration with the Institute for Information and Organisation of Health Care, Moscow. *Did not receive funding.*
4. 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.
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. *Financing not received, but idea not forgotten.*

6. Research project “The Governance of HIV/AIDS Prevention in North-West Russia”. Coordination: Norwegian Institute for Urban and Regional Research, Norway. Application under preparation to develop some training in connection with results of this project.
7. Social partnership in prevention of HIV/AIDS and TB". Training of prison personnel in Northwest Russia; work with drug users in Kaliningrad Region. (Duration: 2011-2013.) NCM St. Petersburg office, NGO Stellit (St. Petersburg); NGO Rassvet (Archangelsk) and NGO YLA (Kaliningrad). Applied from NCM.

# NCD Expert Group Annual progress report

**Submitted by:** NCD EG

**Year covered:** 2011 (status as of 08 October 2011)

## 1. Group leadership and coordination

### 1.1 Lead Partner and Co-Lead Partner

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

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

The position of NCD EG Chair was held in 2011 (10 working days per month) 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 Co-chair was held since May 2011 by:
Ms. Rita Sketerskienė
Ministry of Health
E-mail: rita.sketerskiene@sam.lt, Phone: +370 5 260 4716, Fax: +370 5 2661402
Address: Vilnius str. 33, LT-01506 Vilnius, Lithuania

The position of International Technical Advisor for the period 1 January – 1 April 2011 was held (40 % work time) by:
Ms Hanna Koppelomäki
Ministry of Social Affairs and Health/Finnish Institute of Occupational Health
Address: Topeliuksenkatu 41 a A, FIN-00250 Helsinki
Tel. office: +358 30 474 2929, GSM: +358 50 3808540, Fax: +358 30 474 2629
E-mail: hanna.koppelomaki@ttl.fi

The position of International Technical Advisor for the period 4 April - 31 December 2011 was held (50 % work time) by:
Ms Marja Tuomi
Finnish Institute of Occupational Health
Address: Topeliuksenkatu 41 a A, FIN-00250 Helsinki
Tel. office: +358 30 474 2929, GSM: +358 43 824 5314, Fax: +358 30 474 2629
E-mail: marja.tuomi@ttl.fi

The Expert Group monitors and supports the progress of the Task Group on Occupational Safety and Health and the Task Group on Indigenous Mental Health, Addictions and Parenting and is answerable to the CSR and PAC. It also develops and maintains collaborative relationship with other NDPHS groups on cross-cutting actions and other issues included in the NDPHS Strategy.

Both Task groups have their own functionaries.

***1) Task group on Sub-group on Occupational Safety and Health[22]***

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

***2) Task group on Indigenous Mental Health, Addictions and Parenting***

| | |
|---|---|
| **Chairperson**<br>**Mr Eric Costen**<br>Director<br>Mental Health and Addictions Division<br>Community Programs Directorate<br>First Nations and Inuit Health Branch, Health Canada<br>Jeanne Mance Building, Tunney's Pasture,<br>Ottawa, ON K1A 0K9<br>Tel: 613-954-5762<br>Cell:613 859 1353<br>eric_costen@hc-sc.gc.ca | **Chairperson (acting)**<br>Ms. Maria-Pia De Palo<br>Nordisk Ministerråd<br>Ved Stranden 18<br>DK-1061 København<br>Phone: +45 33960277<br>E-mail: mpp@norden.org |

### 1.3 Financial resources for leadership

Funding for NCD EG (1.1.- 31.12.2011) part time Chair (consultative basis 10 work days per month) is provided by the Ministry of Social Affairs and Health (MoSA&H) of Finland. Additionally, travel of NCD functionaries to necessary administrative meetings (e.g. CSR, Chairs and ITAs meetings, etc.) are covered by the Lead Partner.

[22] For OSH sub-group the Chair is, in principle, identified from ILO cosponsoring the sub-group.

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

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.

## 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 representatives nominated to NCD EG for 2011 were as per 5 September 2011 the following:

| NCD EG Nominated Representatives and alternates as per 5 September 2011 | | | | | |
|---|---|---|---|---|---|
| **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 |
| LITHUANIA | **SKETERSKIENE** | Rita | Co-chair | +370 5 260 4716 | rita.sketerskiene@sam.lt |
| FINLAND | **TUOMI** | Marja | ITA EG | + 358 43 824 5314<br>+ 358 30 474 2929 | marja.tuomi@ttl.fi |
| FINLAND | **LAATIKAINEN** | Tiina | Alternate 1 (nomination in process) | | tiina.laatikainen@thl.fi |
| FINLAND | **MÄKI** | Päivi | Alternate 2 | | paivi.maki@thl.fi |
| FINLAND | **LEHTISALO** | Jenni | Alternate 2 | +358 20 610 8573 | jenni.lehtisalo@thl.fi |
| LATVIA | **PUDULE** | Iveta | Main rep. | +371 67501588 | iveta.pudule@vec.gov.lv |
| LATVIA | **KUKLIČA** | Sanita | Alternate | +371 67876074 | sanita.kuklica@vm.gov.lv |
| LITHUANIA | **GUREVIČIUS** | Romualdas | Alternate 2 | +370 5 277 3301 | guro@hi.lt |
| LITHUANIA | **LAUKAITIENĖ** | Aida | Alternate 1 | +370 5 247 7341 | aida.laukaitiene@gmail.com |
| NORWAY | **HAGA RIMESTAD** | Arnhild | Main rep. | +47 24163440 | ArnhildHaga.Rimestad@helsedir.no |
| POLAND | **WOJTYNIAK** | Bogdan | Main rep. | +48 22 54212 29 | bogdan@pzh.gov.pl |
| POLAND | **CAR** | Justyna | Alternate 1 | +48 22 54213 77 | jcar@pzh.gov.pl |
| RUSSIA | **KOROTKOVA** | Anna | Main rep. | +7 495 6181109 | korotkova_anna@mednet.ru |
| WHO | **TSOUROS** | Agis | Main rep. | +45 39 171 509 | ATS@euro.who.int |
| WHO | **MAUER-STENDER** | Kristina | Alternate 1 | +45 39 171 603 | KMA@euro.who.int, |
| WHO | **BREDA** | Joao | Alternate 2 | +45-3917 1620 | JBR@euro.who.int |
| WHO | **BOLLARS** | Caroline | Alternate 3 | +45-39171530 | CAR@euro.who.int |

The Secretariat of NCD EG has actively invited those Partnership countries, who have not nominated their representatives to NCD-EG to do so. All ND countries have a common interest in tackling the silent catastrophe of NCDs in our area, and only a strong NCD team can bring full impact as put forward by the NDPHS strategy 2010-2013. The efforts to encourage Canada, Estonia, Germany, and Sweden to join will be continued.

**NCD-EG meetings** More detailed information on the NCD-EG meetings is available on www.NDPHS.org website (meetings/NCD EG)

Two NCD EG meetings were held in 2011: the 2nd in St Petersburg, Russia on 23-25 March (full meeting reports are available on http://www.ndphs.org/?mtgs,ncd_2__st.petersburg) and the 3rd in Kaliningrad, Russia on 3-4 October (http://www.ndphs.org/?mtgs,ncd_3__kaliningrad).

2nd NCD-EG meeting in St Petersburg

At the meeting there were in total 16 participants. The meeting noted that the main focus in 2011 will be on the planning and application of Flagship-projects A and B. As to action plan for 2012 was discussed that close involvement in the implementation of NCD-policies (WHO Health 2020) should be on the agenda. The need of NDPHS thematic reports on NCDs which will serve also the Flagship-project implementation, was as well considered as one of the main tasks for this year.

The Chair pointed out that at the moment NCDs beyond alcohol, tobacco, substance abuse, occupational safety and health (OSH) and indigenous mental health, addictions and parenting, are not explicitly "present" in the NDPHS Strategy for 2010 -2013. This creates somewhat awkward situation for NCD-EG in reporting and also in bringing the other important aspects of NCD prevention forward, especially linking with nutrition and lack of physical activity. Therefore, based on the request of NDPHS Secretariat, the NCD EG suggested the inclusion of a new Goal 12 and Operational Target and authorized the Chair to bring it forward at the CSR-18 in Oslo 14-15/4.

Main issues discussed:

The meeting welcomed the overall theme suggested for PAC-8 side-event but in order for the group to elaborate further in the preparatory work the terms of reference was proposed to have a broader NCD prevention and holistic health promotion approach ("Salutogenesis") and not focus explicitly on alcohol abuse problem already covered by Goals 7-9 and implemented by ASA-EG. NCD EG emphasized that it would like to see the PAC-8 side event focus on action on what should be done in our region, rather than only repeating the problems. Therefore, elaborating also on what factors have prevented more effective alcohol and NCD policy to be adopted in ND countries, and how we could learn from the more positive process in smoking prevention. NCD EG decided that it is ready to take part in the preparatory work for PAC-8 side event, provided that NCD-topic beyond alcohol is explicitly included in the scope and purpose of the event.

3rd meeting in Kaliningrad

The meeting took place in Kaliningrad, Russia on 4 October and there were __ participants (http://www.ndphs.org/?mtgs,ncd_3__kaliningrad) The meeting endorsed the plans made at the 3rd NCD Flagship-Project A & B Planning meeting on 3 October (see later in this report ). NCD-3 among its most important topics also reviewed and gave valuable comments for:

- NCD-EG draft Annual Report 2011
- NNCD-EG Annual Work Plan 2012
- Draft NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016
- DRAFT background thematic document for 8th Partnership Annual Conference PAC-8 Side-Event 24 November 2011 on "Healthy Lifesyles – Corner Stone of Public Health, Why we need noncommunicable disease prevention and control ?"

***Flagship project planning meetings*** *(meeting reports available at http://www.ndphs.org/?mtgs,ncd_)*

In connection with the 2nd NCD EG meeting in St Petersburg was organised the ***1st NCD Flagship project planning workshop*** which received funding support through EU. 14 representatives from five countries and two organizations participated in the meeting.

Elaboration of both project concepts: Concept A: "Prevention of overweight and obesity in schoolchildren (ages 7-15) in Northern Dimension geographical area" and Concept B "Stop NCD-epidemic now: Health policy and strategy support to combat NCD epidemic in Northern Dimension geographical area" continued. Both concepts found their preliminary form and content. The concepts were developed in two separate working groups: the facilitator of Concept A group was Dr Mikko Vienonen and of Concept B ms Tamsin Rose.

The concepts were further elaborated during the ***2nd planning session in Kaliningrad*** on 13-15 June also receiving funding support through EU. 18 representatives from seven countries and two organizations participated in the meeting. The work was organised in the same way as in St Petersburg and with the same facilitators. New participants brought additional new ideas and called into question some parts of the original plan. The set task to come out with a finalised project proposal was not possible but the project immediate objectives and the contents of the work packages were thoroughly discussed and good progress in clarification of the project documents was made during the days. The last versions of the Concepts are available at http://www.ndphs.org/?mtgs,ncd_3__kaliningrad

At the Kaliningrad meeting Group-A (Nutrition) got good briefing from Professor Lennart Köhler (Nordic School of Public Health, NHV) on the background that had lead to the elaboration of Flagship-A project concept in autumn 2010. NHV had meanwhile collected a team of experts to work in NHV in April-May 2011 and they had come up with the new (third) proposal "OVERCHILD", which he presented. In the discussion on "OVERCHILD" we noted that the project proposal was well prepared and interesting but as it is strongly research-oriented and would require considerable funding already immediately at the planning phase, we should consider it as a potential "FLAGSHIP-C project. We agreed that as NHV is an institute working under Nordic Council of Ministers (NCM), Professor Köhler and NCD EG Chair would try to meet with NCM representatives and discuss funding possibilities through them. The group felt that BOTH project concepts (A and C) should be brought forward. In fact, they could in a useful way support each other.

3rd planning workshop in Kaliningrad on 3-4 October 2011 further elaborated on the Flagship A and B focusing especially on defining activities under revised work packages. Mr Jacques Bertrand, Manager from Consultant Belgium/PSUtec acted as external finance and budget consultant. Meeting revised the project concept and action plan towards full project plan was agreed upon and scheduled until end of 2011. Project-A objective (and title) was after thorough discussed returned back to its "roots": "Prevention of over-weight~~, reduction of salt & securing of vitamin-D~~ of schoolchildren (ages 7-15) in Northern Dimension geographical area." The issues of salt reduction in diet and higher substitution levels of vitamin-D were considered important and timely, but would not render themselves well into a holistic school-age over-weight prevention project. Furthermore, the question about vitamin-D substitution is presently in preparation in a joint committee of Nordic Countries, and the consensus statement is expected not sooner than mid 2012. The NCD-EG felt that it is important that we have made an "informed decision" to leave these two issues outside the explicit objective of Flahsip-project-A Concept. More detailed information on the FLAG-PRO-3 meeting is available on www.NDPHS.org website (meetings/NCD EG)

**Call for projects in January 2011 by Delegation of the European Union to the Russian Federation to Non-State Actors and Local Authorities Programme for the Baltic Sea Region (within the framework of priorities of the Northern Dimension)**

Based on the above mentioned call (Budget line: 19 08 01 03 Reference: Europe Aid/130-934/L/ACT/RU) NCD EG secretariat together with NDI representative and local NCD-EG experts from Saint Petersburg and Moscow attended a EU information seminar 16 February 2011 in Saint Petersburg and Submitted by set deadline a Project Concept by 10 March 2011 ("Healthier People: Management of Change through Monitoring and Action"). The concept was accepted for further elaboration and hence full Project Application was submitted by 8 June 2011. This project proposal's scope is € 250.000 focusing on Saint Petersburg selected

rayons. The grant was successfully awarded 12 October 2011, and the project was launched 1 December 2011 (?check timing). This project is expected to serve as a useful pilot for the full NCD Flagship-B project.

***NCD links and networking with WHO-EURO – Copenhagen and WHO Country Office - Moscow***

Collaboration with WHO-EURO has got a strong booster due to the upcoming PAC-8 side-event (24 Nov 2011), NCD-flagship-projects' (A&B) preparation, drafting NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 (reinforcing Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 http://www.euro.who.int/ncd-actionplan), drafting background thematic document for 8th Partnership Annual Conference PAC-8 Side-Event 24 November 2011, etc.

NCD EG Chair visited WHO-EURO 26-27 Septrember 2011 and met with:

- Ms Zsuzsanna Jakab, Regional Director, WHO-EURO
- Dr. Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion
- Dr Joao Breda, Programme Manager, Nutrition, Physical Activity and Obesity Programme
- Dr Frederiek Mantingh, Technical Officer NCD
- Caroline Bollars, Technical Officer Nutrition Policy,
- Agis Tsouros, Head of Policy & Cross Cutting Issues & RD's Special Projects
- Leen Meulenbergs, Executive Manager Strategic Relations with Partners
- Kristina Mauer Stender, Technical Officer Tobacco Control

(Note-for File available by request to NCD-EG secretariat)

These links have lifted the NCD-EG collaboration with WHO-EURO on a new level of efficiency and effectiveness.

**European Observatory on Health Systems and Policies, WHO European Centre for Health Policy** (Rue de l'Autonomie 4, B-1070 Brussels) Phone: +32 2 525 0933, Fax: +32 2 525 0936. Director **Josep Figueras**, jfi@obs.euro.who.int, Health Systems and Policy Advisor **Suszy Lessof** (szy@obs.euro.who.int ) . NCD Chair visited the office in 18 May 2011 and revitalised information links vis-à-vis WHO-EURO data-bases and publications on NCD-related health policy documentation to avoid duplication of efforts and to find the best synergies for our work.

Links with **WHO/RUS Office** in the Russian Federation were strengthened in meetings during the 1st Global Ministerial Conference on Healthy Lifestyles and NCD Control in Moscow, and for NCD Action Plan issues 15 October during NCD_EG Chair visit in Moscow.
***Dr Luigi Migliorini,***
Head of WHO/RUS Office in the Russian Federation
tel.: +7 495 787 21 66, fax: + 7 495 787 21 19
GSM: + 7 916 869 80 35, e-mail: LMI@euro.who.int

***NCD links and networking with public health authorities in Russia:***
***Saint Petersburg City , Vologda Oblast, Cherepovets City, NGO Development Center:***
NCD Chair has used the opportunity to visit Russian public health autorities whenever visiting in Russia. Our most important link in SPb is:
***Dr Yuri Alekseevitsh Petrov,*** Director of Intl. Affairs Dept.
Public Health Care Committee of Saint Petersburg
Malaya Sadovaya Str. 1, RU-191023 Saint Petersburg, Russia
Phone +7 812 314 52 17, Fax +7 812 315-54-42
E-mail: vao@kz.zdrav.spb.ru

NCD Chair met with Dr Petrov and his team 17 Feb, 24 March and 26-27 May

Links with Russian Association "Healthy cities, districts and settlements" were strengthened at their annual meeting Cherepovets/Vologda 16-17 March. People met were:
***Yulia Evgenyevna Abrosimova***, Coordinator
Russian Association "Healthy cities, districts and settlements"
E-mail: yulia.abrosimova@gmail.com
***Ms Tatyana Shestakova***, Health Sector Coordinator, Cherepovets city, Vologda Oblast,
E-mail: invdep@cherepovetscity.ru
Tel: +7-8202-501649, Tel: +7-8202-578 985
***Dr Alexander A. Kolinko***
Head of Department, Vologda Regional Administration, Public Health Department
ul. Gertsena 2, Vologda, 160000, Russia
Tel. work +7-8172-721425, E-mail: vocmp-vologda@yandex.ru
***Mr Riza Kasimov***, Director, Kandidat pedagogitsheshkih nauk, Oblastnoi Tsentr Meditsinskoi Profilaktiki, Departament zdravoohraneniya Vologodskoi oblasti, 16000, Volgda, ul. Mira, 9
Tel work +7-8172-76-95-59, E-mail: vocmp-vologda@yandex.ru

Links with NGO Development Center SPb were strengthened in meetings 17 Feb, 24 March and 26-27 May in SPb and in Lappeenranta 7 March and 31 May while planning the SPb EU NCD intervention project, 7 September reviewing collaborative activities for PAC-8 side-event in November and the new SPb EU-funded project.
***Ms Anna Skvortsova***
Executive Director, Tsentr razvitiya nekommertsheskih organizatsij SPb,
NGO Development Center SPb
GSM: +7-812-939 5590, E-mail: annas@crno.ru

***NCD links and networking with other relevant organizations:***

***Northern Dimension Institute*** were strengthened through planning of SPb based NCD pilot project in spring 2011. Additionally in the NCD Flagship project B plannning meetings 1-3 in SPb and in Kaliningrad participated:
***Ms. Katja Lahikainen***
Coordinator, Lappeenranta University of Technology, Skinnarilankatu 34
FI-53850 Lappeenranta, Finland, Phone: +358 400570603, Fax: +358 56217199
E-mail: Katja.Lahikainen@lut.fi

**Participation and involvement in NDPHS administrative meetings (Chairs & ITAs' meetings, CSR meetings, PAC-8 (including PAC side-event)**

***Oslo CSR-18 meeting 14-15 April***
From the point of view of the NCD EG the most important issues discussed and decided in the Oslo CSR meeting were (see also for further information http://www.ndphs.org/?mtgs,csr_18__oslo) :

- Information about the forthcoming 1st Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control in Moscow, Russia, on 28-29 April 2011
- Introduction by the Secretariat suggestions regarding a possible revision of the NDPHS goals and mid-term operational targets. From the Secretariat's dialogue with the EGs and the TGs, as well as from the presentations of the meeting, it had become evident that there were some areas where the progress was not satisfactory and/or where adjustments needed to be made. The NCD EG Chair presented issues for a new goal covering NCDs beyond alcohol, tobacco and substance abuse, which had been discussed in the expert group NCD-EG-2 meeting in St Petersburg in March. The CSR Meeting considered the presented information and proposals, and requested a) the

NDPHS Expert Groups and Task Groups to develop further their proposals for the revision of the NDPHS goals, OTs and indicators, and submit them to the Secretariat no later than 10 August 2011; b) the Secretariat to: (i) produce a consolidated proposal for consideration and advice by the EG Chairs and ITAs at their 12th meeting to be held on 6 September 2011 and, subsequently (ii) submit the revised NDPHS goals, OTs and indicators to the CSR 19 to be held in October 2011 for an approval and subsequent submission to the ministerial-level PAC 8 for adoption

- The Secretariat informed about the funds available in the NDPHS Appropriations Account and asked the CSR to approve the use of approx. 12,000 EUR for the remuneration of the consultant employed by the NCD EG for the development of its two flagship projects. The Meeting approved the requested use of approx. 12,000 EUR.
- The NCD EG Secretariat stated that the NCD EG would gladly contribute to and participate in preparing the PAC side-event in St Petersburg in October and that he would also approach the OSH TG and the IMHAP TG regarding their possible contribution. It was also noted that NCD-EG would welcome an idea of establishing a PAC 8 side-event preparatory group, which would be convened relatively frequently by the Chair Country and the Secretariat. The Meeting considered the proposal and endorsed a) ***"Healthy lifestyles – the cornerstone of public health"*** as the theme of the PAC 8 side-event; b) the proposal to have a NDPHS Strategy on prevention of non-communicable diseases as the outcome document of the event; c) requested the ASA EG and the NCD EG, each within its respective sphere of competence, to assume, in coordination with the Chair Country and the Secretariat, the responsibility for jointly preparing and running the PAC 8 side-event and drafting its outcome document for subsequent submission to PAC 8.
- At the CSR-18 meeting the NCD-EG Secretariat could meet with Mr Joao Breda WHO EURO Regional Advisor for Nutrition. This link is indispensable and mutually beneficial in further elaborating the Flagship A project on overweight & obesity prevention. WHO-EURO fully endorses the idea to have their nutrition policies implemented and piloted in the NDPHS area.

***Brussels CSR-19 meeting 27-28 October***
(to be filled in after the meeting)

***Partnership Annual Conference side-event, Saint Petersburg 24 November 2011***
***"Healthy lifestyle - the corner stone of public healt"***
(to be filled in after the meeting)

- with ASA EG main responsible technical organizers of the meeting

***Partnership Annual Conference Saint Petersburg 25November 2011***
(to be filled in after the meeting)

- Endorsement of NDPHS NCD Action Plan 2012-2016
- Distribution of NDPHS NCD thematic paper on NCDs

**Other NCD-related activities aiming to facilitate the work of NCD EG**

**1st Global Ministerial Conference on Healthy Lifestyles and NCD Control in Moscow**

WHO 1st Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control in Moscow, Russia, on 28-29 April 2011 was attended by NCD-EG Chair. The Conference endorsed the Moscow Declaration on NCD control which will be an important document for NCD-EG and NDPHS strategy to follow and on our part implement. The global process will continue both by WHO ("Health 2020", European Alcohol Strategy and European NCD prevention strategy) and by UN at the United Nations High-level Meeting on non-communicable disease prevention and control 19-20 September 2011 - New York, USA. Therefore, the time to build up NCD intervention project (NCD Flagship A & B projects) is very

opportune, and indeed the additional policy advise and technical information retrieved was immediately forwarded and taken into consideration at the NCD Flagship-projects' planning workshop in Kaliningrad in June.

**Symposium on Health Promotion in Europe: Tackling Obesity through Better Prevention Strategies and Lifestyle Choices 17th May 2011, Brussels**

The Symposium organized by Centre for Parliamentary Studies was attended by NCD-EG Chair. It provided excellent and to the point timely information on EU funded nutrition projects, and this knowledge was transferred to the NCD Flagship-projects' planning workshop in Kaliningrad in June. In Brussels the NCD-EG Chair used the opportunity to meet with the staff at the European Observatory on Health Systems and Policies. The flagship-projects were discussed and mutual areas of collaboration were explored. Indeed, especially for flagship-B project a lot of relevant background information can be found, which need not be repeated by us. It will save energy, money and time.

NCD Chair benefited from creating links directly with following expert's on nutrition:
**Pia Lindeskog, Head of Department**
Statens Folkhälsoinstitut (National Public Health Institute, Sweden)
Department of Health Behaviours and Living Environment
Forskarens väg 3, SE-83140 Östersund
Tel. direct: +46 (0)63-199767, Tel. mob. +46 (0)70-337 6260
pia.lindeskog@fhi.se , www.fhi.se
**Dr Dietrich Garlichs, Geschäftsführer**
Reinhardtstraße 31, 10117 Berlin, Deutschand
Tel. +49 (0)30 311 69 37 11, Fax. +49 (0)30 311 69 37 20
garlichs@ddg.info, www.ddg.info
**Dr Stefanie Gerlach, Leiterin Gesundheitspolitik**
Reinhardtstraße 31, 10117 Berlin, Deutschand
Tel. +49 (0)30 201 667 15, Fax. +49 (0)30 201 667 20
gerlach@diabetesde.org , www.diabetesde.org

Creating contacts with these experts is important as neither Germany nor Sweden so far have nominated their representatives to NCD EG

Furthermore, during the NCD-EG Chair's visit to Brussels he used the opportunity to explore personal links with EC DG-SANCO in order to explore the EU project funding opportunities and to brief them on the perspectives for collaboration (=lobbying). With following persons links through telephone and e-mail have been established and tentatively agreed for a meeting in early autumn 2011 in Luxemburg;

Mr. Charles Price, Head of Unit C4, European Commission Directorate-General for Health and Consumers, Unit C4 Health Determinants, HITEC Building, Office HTC 01/168, L2920, Luxembourg, Tel 00352 4301 33541, email Charles.PRICE@ec.europa.eu

Mr. Philippe Roux, Deputy Head of Unit C4 Health Determinants, Directorate C – Public Health and Risk assessment, DG Health and Consumers, HITEC Building, Office HTC 01/168, L2920, Luxembourg, Tel +352 4301 xxxx, email Philippe.ROUX@ec.europa.eu

Mr. Michael Huebel, Director, Directorate C – Public Health and Risk assessment, DG Health and Consumers, HITEC Building, Office HTC 01/168, L2920, Luxembourg, Tel +352 4341 34023, email Michael.HUEBEL@ec.europa.eu
Policy Officer/ Secretary Ms Vita Nielsen, Tel.: +352-4301-34393

Mr. Erdem Erginel (Policy Officer, DG SANCO, Rue Froissart 101, B-1040 Brussels, Phone: +32 22988707 , E-mail: erdem.erginel@ec.europa.eu) (attended and met at NDPHS CSR-18 in Oslo April 2011).

Mr. Jean-Marc Venineaux , Policy Officer, DG REGIO, Rue de la Loi 200, B-1049. Phone: +32 22955022, E-mail: jean-marc.venineaux@ec.europa.eu) (attended and met at NDPHS CSR-18 in Oslo April 2011).

**10th Nordic Public Health Conference, Turku/ Finland 24-26 August 2011**
NCD EG Chair participated and made a presentation at NDPHSsession on the NCD prevention and control strategies in the Northern Dimension area. Additionally NCD EG provided a poster on "Potential Years of Life Lost" as a tool to facilitate NCD prevention strategies and interventions at national, regional and local level.

## 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 TOR of NCD EG, approved by CSR-17 on 30 June 2010 lists the following tasks on NCD EG agenda:

- *Facilitate 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.*
- *Advocate and lobby for the improvement of public health and social well-being, provide and communicate "collective knowledge;"*
- *Improve the general awareness of and increase positive attitudes towards NCD prevention, care and rehabilitation,*
- *Promote healthy lifestyles promotion and non-communicable disease prevention oriented service systems and health sector reforms with attention to populations at risk and to take into account response capacity in rural and remote locations;*
- *Contribute to the development of national policies that respond to the needs and requirements of the Partner Countries;*
- *Map and identify Member Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;*
- *With assistance from the NDPHS Secretariat, facilitate practical and project oriented activity and support efforts to provide technical assistance and disseminate best practices among the public and private stakeholders in terms of planning, implementing and monitoring various projects and programmes in the field of the Expert Group;*
- *In collaboration with suitable implementing agencies, formulate and develop ideas for project proposals (including flagship project), facilitate the project application, and if funding is available follow-up on their implementation:*

During 2011 the NCD-related work focused through NCD EG on strengthening the suitable framework and structure to meet the challenges put forward by the new NDPHS Strategy for 2010 – 2013.

The NCD EG 2nd meeting on 23-25 March brought together 16 experts from 5 countries and 3 organizations. The meeting focused on reviewing the ongoing Flagship project plans and also elaborating a proposal for CSR-18 meetings for new NCS Goal for the NDPHS Strategy 2010 – 2013 (see later).
(see NCD-2 full report http://www.ndphs.org/?mtgs,ncd_2__st.petersburg ) .

The NCD EG 3rd meeting on 4 October in Kaliningrad, Russia brought together 13 experts from 5 countries and 3 organization. The meeting continued further to focus on Flagship A & B project plans (activities and budgeting) and also checking the proposal for CSR-19 meetings for new NCD-Goal-12 for the NDPHS Strategy 2010 – 2013, as presented below (see also ANNEX 1 in this report)

Re-formulated **NCD new goal and operational targets and indicators as by 4 October 2011:**

**GOAL 12:** The impact in the ND countries of all main causes/risk factors of lifestyle related NCDs (in addition to alcohol and tobacco) are addressed: overweight, low fruit and vegetable intake, trans-fat avoidance, high salt-intake, low vitamin-D intake, high blood pressure, high blood cholesterol, low physical inactivity (sedentary lifestyle) and factors causing mental health problems.
**Operational target 12.1:** By 2012 the Partnership will have developed multi-country flagship projects involving at least 3 countries on NCD prevention in cooperation with relevant actors:
**NCD Flagship-A project:** Prevention of over-weight, reduction of salt & securing of vitamin-D in schoolchildren (ages 7-15) in Northern Dimension geographical area
**NCD Flagship-B project:** Results! Effective implementation of NCD prevention strategies in Northern Dimension geographical area (multi-country peroject involvivg at least a 3 countries)
**Indicator 12.1:** Project application(s) submitted to donors for funding.
**Operational target 12.2:** By 2014 the the above mentioned projects will have been launched and are well on their way being implemented in coordination with other international actors active in this thematic area, such as EU, WHO/EURO and ILO
**Indicator(s) 12.2:** Relevant indicator(s) developed by WHO and accepted by donors and implementing agencies will be used.
Required expertise on the NDPHS side is currently available in the NCD, ASA and PPHS Expert Groups, and ADPY, IMHAP and OSH Task Groups.

Furthermore, an important booster to the progress towards goals and the implementation of operational targets were given through NCD EG input to PAC-8 side-event, including our input to the thematic paper on NCDs to be used as background document for PAC-8 side-event, and the NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 aiming 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 held in April 2011 ➔ WHO-EURO Regional Committee 61/ held in 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).*
More information is available on (http://www.ndphs.org/?mtgs,ncd_3__kaliningrad) .

By the end of December the NCD secretariat has made considerable preparatory work for the NCD-4 meeting planned to take place in March 2012. 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).

Activities in the EG member states

As mentioned above, the project ”Healthier People: Management of Change through Monitoring and Action” is starting in St. Petersburg by funding grant through Delegation of the European

## 4. Strengths and opportunities

- NDPHS NCD Expert Group is since 2010 the follower of previous EG on Social Inclusion, Healthy Lifestyles and Work Abilities (SIHLWA). The fact that new ASA EG is now focusing on alcohol , tobacco and other types of substance abuse has provided better opportunity to focus on important issues related to nutrition (obesity prevention) and physical activity (re. Flagship A). Cross cutting issues focusing on “management of change” and NCD policy implementation and WHO-EURO collaboration is another area, where NCD EG has created new opportunities and even project activity in Saint Petersburg.
- Year 2011 has brough a new strength and opportunity to the NCD EG through Global and European action and progress in NCD policies and strategies endorsed at the highest possible level, namely:

  **The report of the 1st Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases Control including the Moscow Declaration**
  http://www.euro.who.int/moscow-declaration-ob-healthy-lifestyles-and-ncds
  **Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016**
  http://www.euro.who.int/ncd-actionplan
  **Political declaration adopted at the UN General Assembly - 18 September 2011** on the Prevention and Control of Non-communicable Diseases
  http://www.un.org/ga/search/view/ doc.asp?symbol=A%2F66%2FL.1&Lang=E
  **European action plan to reduce the harmful use of alcohol 2012-2020**
  http://www.euro.who.int/en/who-we-are/governance

- The approval of new NCDHS Goal-12 on NCDs has brought NDPHS up-to-date with these global developments.
- An additional strength has been OSH TG, thanks to its innovativeness and initiative. Unfortunately, in 2011 the same is not applicable to IMHAP EG (see below). OSH-subgroup has actively implemented the N-W Russia OSH project already in its 4th phase. and also has been able to further implement “Health at Work” strategy;
- A positive booster to the NCD EG has been provided by the active role of the secretariat being able to attract EU funds for NCD meetings and Flagship-project planning workshops. Also the very valuable support provided by the NDPHS Chairing country Russia as been a big help.

## 5. Obstacles and weaknesses

- Since the beginning of new NDPHS structure in 2010 and establishment of NCD EG, we have suffered from the fact that there is no NDPHS Strategic goal focusing on issues listed on NCD EG Terms of Reference. Now after the formulation and adoption of new Goal 12 (see above), this weakness has been removed.
- In 2011 NCD-EG has started to work intensively towards “tangible results” through Flagship project preparation. The first sign of success is the start-up of NCD-policy strengthening project in Saint Petersburg with funding through EU Delegation in Russia. Flagship project A & B are under intensive formulation and fund identification process. It has brought the EG secretariat into a situation whereby unprecedented demands on administrative, fiscal and legal demands are given to us, although it has not been reflected in our contracts with Lead Partners, either concerning administrative regulations as to from whom we can or shall take orders from, is the NDPHS EG

secretariat's direct supervisor/superior, what is our responsibility vis-à-vis legal financial contracts, who is responsible for commitments if funding commitments e.g. from EU or member country resources are delayed, can Egs be ordered to be responsible for NDPHS activities if the existing time allocation is clearly insufficient ( e.g. arrangements for PAC-8 side-event) etc. The need to clarify these administrative, fiscal and legal rules should be done urgently, before we may find ourselves in court sorting them out.

- As before, a big obstacle for more successful operative work for NCDs is the fact that the Expert Group continues 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 above mentioned EU and Chair-country support has alleviated the situation in 2011 compared with previous years.
- 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 fulfilled in an optimal way from EG's point of view. 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. This issue has been on our agenda already in 2010 but it is repeated here as not much progress has been made. This obstacle could partly be alleviated (as some Member Countries have done) by nominate 1-2 alternates to their representatives, who can work as a team. This improves continuity and institutional memory and also can make the use of EG activities more useful and relevant at country level,
- 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*;
- Our collaboration with "sister" EGs and TGs has not been optimal. We need to strengthen our collaboration so that we can find a mutually beneficial tune and synergies in our work. Clarification administrative rules as mentioned above can facilitate this process.

## 6. Conclusions and recommendations

- NDPHS administrative, fiscal, and legal procedures must urgently be agreed upon, and the tasks allocated to EG secretariats must be in relationship with the allocated and contracted resources (time resources and financial resources).
- NDPHS is a "knowledge based organization". Additionally, we rely very much on our experts voluntary work which often means even allocating own free time to it without financial compensation. Organizations like this thrive only, if there is strong supportive atmosphere and tolerance of mistakes which are not intentional, and of action which

always did not lead into wanted outcome. If the fear of failure grows too big, the temptation to do less becomes great (“ if you do not do anything, you cannot do mistakes either”). There is well known evidence from several knowledge based organizations who have succeeded to kill all innovation and enthusiasm by command and control and on the contrary others whose success can be explained by genuinely supportive atmosphere and tolerance towards failures, as a source for lessons learned and new development.

- The slogan of “achieving tangible results” is starting to prove itself useful. The focus on Flagship project preparation is proceeding well, but will require more “lobbying” for funding through potential funding agencies, primarily EU and Russia.
- Approaching project funders is not possible, if we do not have a solid project concept/ plan. This work must continue.
- Collaboration with WHO is crucial, especially now that so much is happening in the NCD prevention and control sector. We do not need to “invent the wheel” but to extract those parts out from WHO policies, strategies and action plans which are most urgent in our Northern Dimension Area. We can also provide WHO examples of lessons learned.
- IMHAP (Indigenous Mental Health, Addiction and Parenting) will be provided additional support as feasible and acceptable by them in order to get their activities well on the way again, and in 2012 one back-to-back meeting with NCD EG and IMHAP and OSH TGs will be aimed at. The possibilities to have a back-to-back meeting with ASA EG will also be targeted for as mutually agreeable.

## 7. Other relevant information

None

**ANNEX 1 to the NCD EG Progress report**

## 111008 NDPHS new NCD Goal-12 proposal by NCD EG/ DRAFT

**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.

**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:

**New suggested NCD Goal-12/ NDPHS (as agreed at NCD-3, Kaliningrad 4 October 2011)**

**Justification:**
Non-communicable diseases (NCDs) represent one of the world's major health challenges, both in terms of human suffering, as well as negative impact on socioeconomic development in all countries.Non-communicable diseases (NCD) are the main killers in the WHO European Region. Region wide , cCardiovascular diseases are by far the leading killer, with more than 5 million deaths estimated to take place annually from these causes alone. By 2030, NCDs are estimated to contribute to 75% of global deaths, which means that NCDs are having even greater impact on all levels of health services, as well as health care costs as they are having today.

Tackling non-communicable diseases begins by acknowledging that they are linked by common determinants and opportunities for shared policy intervention. Almost 60% of the disease burden in the European region is attributable to seven leading risk factors: **high blood pressure,** tobacco use, harmful use of alcohol, **high blood cholesterol, overweight, low fruit and vegetable intake and physical inactivity**. Evidence-based and cost-effective

interventions exist to prevent and control NCDs at global, regional, national and local levels, but their implementation requires strong political commitment and interventions in all policies.

Out of the above 7 leading risk factors, the NDPHS Strategy 2009 – 2013 recognizes explicitly two (alcohol: Goal 7 & 8; tobacco Goal 9) and, whereas the other five leading risk factors are only implicitly and incompletely covered by Goal 6 (Primary Health Care), Goal 10 (Health at work) and Goal 10 (Public health and social well-being among indigenous peoples). Therefore, the NDPHS strategic Thematic area 4: *Lifestyle-related non-communicable diseases and good social and work environments* is presently weak to address the NCD-epidemic as a whole. It is worth noting that since 2009 the overall global and European focus on NCDs as a whole have increased and therefore the need to become more active in this field is well justified opportune.
Tackling non-communicable diseases begins by acknowledging that they are linked by common determinants and opportunities for shared policy intervention. Almost 60% of the disease burden in the European Region is attributable to seven leading risk factors: high blood pressure, tobacco use, harmful use of alcohol, high blood cholesterol, overweight, low fruit and vegetable intake and physical inactivity.
Investing in prevention and improved control of non-communicable diseases would reduce premature death and preventable morbidity and disability and improve the quality of life and well-being of people and societies. No less than 86% of deaths and 77% of the disease burden in the WHO European Region are caused by this broad group of disorders, which are linked by common risk factors, underlying determinants and opportunities for intervention.

Presently the international community, globally and in Europe, is in the process of scaling up actions against the epidemic of NCD. The national, regional and local strategies are being produced in the countries. However, their implementation and financing is threatened by numerous factors, e.g. lack of resources – financial, human, institutional, not realistic targets, lack of indicators and monitoring tools, insufficient dialogue between decision makers and public health practitioners. Those factors, together with the financial crisis and cuts in the public health budgets, do not support implementation of the strategies.

The First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, which was held in Moscow, 28-29 April 2011, emphasised that *"prevention and control of NCDs requires leadership at all levels, and a wide range of multi-level, multi-sectoral measures aimed at the full spectrum of NCD determinants (from individual-level to structural) to create the necessary conditions for leading healthy lives. This includes promoting and supporting healthy lifestyles and choices, relevant legislation and policies; preventing and detecting disease a the earliest possible moment to minimize suffering and reduce costs; and provide patients with the best possible integrated health care throughout the lice cycle including empowerment, rehabilitation and palliation.*

United Nations High-level Meeting on noncommunicable disease prevention and control
19-20 September 2011 - New York, USA at highest international level has called concerted action against the problem. Therefore, it is well justified that NDPHS actively strengthen and join this movement by re-orienting its goals stronger on NCDs by broadening the scope of its goals and operational targets accordingly.

- the *Global Strategy on Diet, Physical Activity and Health* endorsed by the World Health Assembly in 2004 (http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf );
- the *2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases* endorsed by the World Health Assembly in 2008 (http://www.who.int/nmh/publications/9789241597418/en/index.html );
- The report of the 1st Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases Control including the Moscow Declaration of the above

mentioned Conference http://www.euro.who.int/moscow-declaration-ob-healthy-lifestyles-and-ncds

- Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 http://www.euro.who.int/ncd-actionplan
- Political declaration adopted at the UN General Assembly - 18 September 2011 on the Prevention and Control of Non-communicable Diseases http://www.un.org/ga/search/view/ doc.asp?symbol=A%2F66%2FL.1&Lang=E

The new **Goal 12** aims at addressing the above mentioned challenges beyond alcohol and tobacco by tackling the implementation gap of health strategies in the Northern Dimension area by facilitating effective implementation of NCD prevention strategies. The operational targets will aim to support institutional capacity building and networking of key stakeholders so that they are better motivated and prepared for participating in decision making and policy formulation in the field of health and social protection, by practical interventions supported by necessary policy decisions.

Proactively, mental health and social wellbeing will be explicitly taken as an additional important component of NCD prevention. Mental ill-health is a neglected area for many reasons. Beyond suicides, psychiatric disorders seldom cause premature mortality directly, and people who suffer from them and their families are not well equipped to form a vocal pressure group demanding for better prevention and care. Yet, mental problems are fastly growing as reasons for premature retirement and human suffering.

Moreover, **Goal 12** will aim to create operational links with the ongoing WHO-EURO and EU NCD NCD policy development and implementation.

Re-formulated **NCD new goal and operational targets and indicators by 4 October 2011:**

**GOAL 12:** The impact in the ND countries of all main causes/risk factors of lifestyle related NCDs (in addition to alcohol and tobacco) are addressed: overweight, low fruit and vegetable intake, trans-fat avoidance, high salt-intake, low vitamin-D intake, high blood pressure, high blood cholesterol, low physical inactivity (sedentary lifestyle) and factors causing mental health problems.

**Operational target 12.1:** By 2012 the Partnership will have developed multi-country flagship projects involving at least a 3 countries on NCD prevention in cooperation with relevant actors:
**NCD Flagship-A project:** Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area
**NCD Flagship-B project:** Results! Effective implementation of NCD prevention strategies in Northern Dimension geographical area (multi-country project involving at least a 3 countries)
**Indicator 12.1:** Project application(s) submitted to donors for funding.

**Operational target 12.2:** By 2014 the the above mentioned projects will have been launched and are well on their way being implemented in coordination with other international actors active in this thematic area, such as EU, WHO/EURO and ILO
**Indicator(s) 12.2:** Relevant indicator(s) developed by WHO and accepted by donors and implementing agencies will be used .

Required expertise on the NDPHS side is currently available in the NCD, ASA and PPHS Expert Groups, and ADPY, IMHAP and OSH Task Groups.

**Annex 4**

# PPHS Expert Group Annual progress report

**Submitted by:** PPHS EG

**Year covered:** 2011

## 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

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### 1.3 Financial resources for leadership

Funding for PPHS EG Chair is provided by the Ministry of Health and Social affairs of Sweden and by the National Board of Health and Welfare in Sweden. Additionally, one of the ITAs for primary health care issues is financed by the Lead Partner.

Funding for Vice-Chair is provided by the Ministry of Health and Social Development of the Russian Federation.

The ITA for the Prison Health Issues is financed by the Royal 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 2011 the PPHS EG held two meetings, in Oslo and in Moscow. Participants were from the Partner Countries, WHO Euro, European Forum on Primary Health Care, IOM and some other International organizations

The representatives nominated to PPHS EG by 26 September were the following:

| Country/ Organization | Family name | First name | Representative status | Phone(s) | E-mail |
|---|---|---|---|---|---|
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| Sweden | Silfverhielm | Helena | Chair | | 'helena**.silfverhielm@socialstyrelsen.s**e |
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| Russia | Kochkarev | Denis | Alternate - 1 | +7 495 639-41-28 | dekon72@rambler.ru |
| Denmark | Nielsen | Finn | Main | +45 72554620 | Finn.Nielsen2@kriminalforsorgen.dk |
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| | | | | | |
|---|---|---|---|---|---|
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| 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 |
| WHO | Baltag | Valentina | Main | +45 39171205 | baltagv@who.int |
| WHO | Van den Bergh | Brenda | Alternate 1 | +45 39171401 | vandenberghb@who.int |
| Belarus | Zhilevich | Luidmila | Associate member | +375172004418 | ljilevich@belcmt.by |

Representatives from Estonia and Lithuania have had limited possibilities to participate in both meetings during 2011. 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.

## 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.

However, during the year it became evident that operational targets and indicators needed to be revised. The PPHS EG had prepared suggestions for the Changes, which were submitted to the CSR and later to the PAC for adoption. It was also discussed if a new operational target related to Migrant Health should be added. The IOM collaborated with the PPHS EG in a leading role in the preparation of this potential goal.

### 3.2 Progress towards goals and implementation of operational targets

**Operational target 5.1:** Differences in the accessibility and quality of primary healthcare in the ND region are assessed.

***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*. Two reports outlining differences and quality of primary health care in partner countries have been developed during year 2011 by PPHS EG flagship project Imprim. Project Partner Blekinge Competence Centre (Sweden) has developed Transnational Synthesis report on financing of health care system in BSR Countries. Project Partner Klaipeda university has developed a report on Proposal of operational system of evidence based and widely recognized quality indicators for PHC performance.

**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*.

No activities in year 2011.

**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.*

PPHS EG Member Paula Vainiomakki (Finland) and ITA Arnoldas Jurgutis have had discussions with former EG member prof. Toralf Hasvold (Norway), who initiated the idea of this position paper. Additional materials for this position paper have been collected by ITA during focus groups with family doctors and nurses, which took place August 2011 in Riga (Latvia) and Klaipeda (Lithuania). It was agreed during PPHS EG meeting in Moscow in September that further work on this position paper could be postponed till next year.

***Indicators 5.2C:*** *Jointly developed recommendations for education and professional development of primary health care teams with particular attention to PHC nurses and patients empowerment are in place*.

The outline for the policy document, which include recommendations for education and professional development of primary health care doctors and nurses have been developed in the frame of subproject of NDPHS flagship project Imprim. ITA Arnoldas Jurgutis has presented the outline of the report during PPHS EG meeting in Moscow.

***Indicator 5.2D:*** *Models of best practices in different countries are demonstrated and policy conclusions for dissemination are in place.*
During PPHS EG 3rd meeting in Moscow there have been identified several pilot projects,(among them subprojects of Imprim) which have planned results – models of good practices. Dissemination could be planned in year 2012-2013.
The Expert Group contributed to the NDPHS project proposal to the DG REGIO with proposed activity on Development of Transnational Policy Conclusions on Best Model Solutions for Local Hospitals to support High Quality Primary Care in the Baltic Sea Region Activities of this subproject will start in December 2011. The EG plans to collect and prepare background

material for a future 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 the local hospital's capacity could be used more efficiently in addressing changing health needs of the community are particularly actual for Baltic countries, Finland, Russia.

***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.*

No expert emphasized this OT as very actual for the ND region, to be included under goal 5. No activities have been identified which relates to this OT. Therefore considering so many priority problems to be addressed regarding quality of primary health care in the region, 3rd EG meeting in Moscow have proposed to CSR not to include this OT.

**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.*

PPHS EG members have communicated with lead partner of project proposal PrimCare IT, submitted for funding through EU BSR Programme. Project application has been approved for funding and project activities planned to be started in the very end of 2011. Planned project results during 2012-2013 will contribute to OT 5.4.

***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*.

An Expert Group was established at WHO Euro to provide Member States with unbiased and evidence based information on experiences and best practices regarding the stewardship for prison health throughout the European Region, addressing issues such as minimum standards in prison health, continuity of care, suitable working conditions and motivation for staff, and which Ministry is responsible for prison health. The Expert Group aims to develop advice and guidance to Member States in the WHO European Region, especially those considering a transfer of responsibility for prison health from the Ministry of Justice to the Ministry of Health. The ITA of PPHS EG, together with Norwegian member of the PPHS EG, are included in this Expert Group. Due to changes of the structure of PPHS EG and establishment of above mentioned EG at WHO Euro, it was decided to revise this operational target and indictors, and new ones were submitted to the CSR

**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) was developed. The project initially included Poland, Lithuania, Latvia and Estonia. However, due to the lack of financial support to finalize the proposal, changes on-going in the Health institutions within the Prison settings and absent of Programs with financial support to the issues related to the Prisons, made it difficult to report any progress in this direction. Due to the above mentioned realities, this operational target was also revised.

**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. It was recommended to abolish this target.

**In addition to above mentioned**, the PPHS EG continues its close collaboration with ACCESS project, where previous Prison Health EG was presented as an associated partner. As a result of this collaboration, representatives from Estonia were chosen for training related to models of care for drug users in the criminal justice system. The training took place in UK, in October.

The ITA of PPHS EG Zaza Tsereteli was selected as a member of the Organizing committee of the European Conference "HIV in European Region - Unity and Diversity" from May 25th to 27th. This Conference brought up to 500 public health experts from nearly 53 countries of European Region. The ITA was chairing a special session related to HIV in Prison settings and was in charge of organizing this session.

The new Barents Tuberculosis Programme has been developed in close collaboration with the PPHS EG and HIV and Associated Infections EG. Among the focus areas of this programme one of the main is strengthening prevention of TB and TB/HIV co-infection (including penitentiary system) and strengthening of collaboration between the Public and Prison Health services. The ITA of the PPHS EG Zaza Tsereteli, was selected as as Co-Chair of the Steering Committee for this programme.

In September, 2011, ITA of PPHS Arnoldas Jurgutis , Paula Vainiomaki (Finalnd), Jaceck Putz (Poland), Goran Carlsson (Sweden) have organized NDPHS PPHS labeled workshop " Experiences from the Baltic Sea Region - pay-for-performance indicators and quality of primary health care services" for the European WONCA (World Associations of Family Medicine) Conference in Warsaw, Poland.

In facilitation by NDPHS Secretariat cooperation has been launched with Commission on Health and Social Affairs of the Union of Baltic Cities. September 2011 ITA PPHS EG Arnoldas Jurgutis has contributed with presentation on behalf of NDPHS "Primary health care and social care system development to meet the demographic challenge related to ageing" in XI General Conference of the Union of the Baltic Cities "Building on the past, heading for the future" in , Liepāja, 4-7 October 2011.

PPHS EG initiated project application *4 B for Health: Building Bridges, Breaking Borders involving* planned to be submitted to Lithuania- Poland Russia CBS Programme 2007-2013.

This project application involves partner organisations from Kaliningrad, Poland (Bialystok) and Lithuania (Klaipeda).

Cooperation with European Organisation European Forum of Primary Care (EFPC) have been established. Coordinator of EFPC has participated in PPHS EG 3rd meeting in Moscow and to present possible joint future activities aimed to improve quality of PHC in the ND region have been discussed.

EG Member Paula Vainiomaki (Finland) and ITA of PPHS Arnoldas Jurgutis have disseminated results of EG related activities in development quality of PHC in the region during Baltic Conference of Family Medicine in Riga, October 6-8th: presentations on Teamwork (Arnoldas Jurgutis), on Quality Improvement (Paula Vainiomaki) and NDPHS PPHS labelled workshop "Pay-for-performance indicators and quality of primary health care services".

## 4. Strengths and opportunities

Good working relations are established with WHO Euro Office, both in the field of Primary health and Prison Health Services. The EG had managed to attract some other International organizations, to become actively involved in the activities of NDPHS. As a result new Operational Target on Migrant Health was developed and suggested for approval to the CSR.

## 5.Obstacles and weaknesses

Unfortunately after the reorganization of PH and PHC EGs and establishment of PPHS EG, it became more evident that there is a lack of collaboration in the field of Prison Health between the authorities of Health and Justice Ministry. As a result the participation of the representatives from the Prison Sector, in the work of PPHS EG becomes difficult. Due to that fact it is tricky to initiate or propose some concrete activities related to the Prison Health, as representatives from the MoJ are not represented within the NDPHS, and MoH representatives have little power to interfere in the decisions of MOJ which are related to Prison Health. The PPHS EG has not managed to identify one common filed, which would allow experts from both Primary and Prison Health work together.

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.

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

## 6.Conclusions and recommendations

Health is central to many aspects of prison life and prison management, particularly since many prisoners and detainees suffer from poor health as a result of personal circumstances, lifestyle or the environment from which they come. Prison services are a public service and should be seen as part of society within their country; so a separate health system for prisons implies that in one important aspect of the service they are NOT an integral part. Closer links needs to be made between prison and public healthcare.

## 7. Other relevant information

None

# ADPY Task Group Annual progress report

**Submitted by:** ADPY TG

**Year covered:** 2011 (status as of 14 October 2011)

## 1. Group leadership and coordination

### 1.1 Lead Partner and Co-Lead Partner

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

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### 1.3 Financial resources for leadership

As from December 1 2011 there is no financing for the chairperson of the TG, the coordinator of the TG and the coordinator of the BADY Project.

## 2. Participation in the Group's activities

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

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The member countries and organizations are well represented at the TG meetings, except for the WHO which has not attended any meeting. If the TG receive funding, participants from the international organizations is required in order to reach Operational Target 7.2 in the NDPHS strategy. It would also be beneficial for the work with the progress of applications to have members from Estonia in the TG.

**List of Project Partners**

**Initiators:**
European Commission
The Swedish Ministry for Social Affairs

**Management:**
The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)
NDPHS Task Group for Alcohol and Drug Prevention among Youth (ADPY TG)
Stockholm Prevents Alcohol and Drug Problems (STAD)
Swedish Council on Information on Alcohol and Other Drugs (CAN)

**Communities:**

*Russia*
Kaliningrad City
Bagrationovsky Municipality

*Lithuania*
Klaipeda Municipality

*Finland*
Kotka Municipality

*Norway*
Drammen Kommune

*Poland*
West Pomeranian Region

*Sweden*
Nynäshamn Municipality
Gotland Region

*Latvia*
Riga City

*Iceland*
Hafnarfjordur Municipality

There are ongoing efforts to include 1-2 Estonian communities.

**WP Leaders:**

*WP1a*
Icelandic Centre for Social Research and Analysis

*WP1b*
Department of Social Research, University of Helsinki

*WP2*
National Institute for Health and Welfare, Finland

*WP3*
National Institute for Health Development, Estonia
Swedish Council for Information on Alcohol and Other Drugs

*WP4*
Federal Research Institute of Health Care Organization and Information, Russia

*WP5*
Baltic Region Healthy Cities Association

*WP6*
Stockholm Prevents Alcohol and Drug Problems
Swedish Council for Information on Alcohol and Other Drugs

All WP leaders have attended meetings. Municipalities were invited to one meeting and we had representatives from the cities Tallinn, Riga and Vilnius.

## 3. Progress towards goals and the implementation of operational targets

**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.**

As previously reported the original plan was to apply for funding from the EU Public Health Programme, call for proposals in December 2010. However, the focus of our project – alcohol and illicit drugs - did not correspond to the priority area of the call. The project has therefore, during the spring 2011, been split up in a number of applications to different donors for funding, a process that is still going on. A coordinator was engaged to work 50% February-June and 100% in July with the project preparations (there was no coordinator September 2010-January 2011). During this time a number of applications have been submitted to donors for funding:

1.
Concept Note; March 10, 2011,
Full application June 8, 2011
Donor: Delegation of the European Union to the Russian Federation
Name of the sub-project to BADY: Four Community Project
Countries/communities: Sweden, Finland, Estonia, Iceland, Lithuania (Klaipeda), Russia (Kaliningrad City and Bagrationovskaya Region) Poland (West Pomeranian Region)
Project Lead Partner: STAD
Activities: All workpackages, implementing in the participating municipalities.
Result: Rejected.

2.
Date: April 6, 2011
Donor: NordForsk, Research Network
Countries/communities: Estonia, Finland, Iceland, Latvia, Lithuania, Poland, Russia and Sweden.
Project Lead Partner: STAD
Activities: Mapping and assessments.
Result: Rejected

3.
Date: April 15, 2011
Donor: NDPHS Pipeline, the Norwegian Ministry of Health and Care Services
Countries/communities: Estonia, Finland, Iceland, Latvia, Lithuania, Poland, Russia and Sweden.
Project Lead Partner: STAD
Activities: Mapping and assessments.
Result: Rejected

4.
Date: August 12, 2011
Program: INTERREG IV A, Central Baltic Programme
Name of the sub-project to BADY: Capacity Building for Alcohol and Drug Prevention among Young People (CIADY)
Countries/communities: Sweden (Nynäshamn and Region Gotland), Finland (Kotka), Estonia (WP lead), Latvia (Riga City)
Project Lead Partner: CAN
Activities: All work packages, implementing in the participating municipalities.
Result: Processing.

5.
Date: October 17, 2011
Donor: NDPHS Pipeline, the Norwegian Ministry of Health and Care Services
Countries/communities: Norway and Russia.
Project Lead Partner: FRIHOI, Russia.
Activities: Mapping and assessments.
Result: Processing

No further applications or activities are planned at this stage.

## 4. Strengths and opportunities

The strength of the TG is that we have had funding for a coordinator to handle the large number of applications and that has also enabled us to build a strong network of municipalities around the Baltic Sea Region, who have all taken an interest in being a part of the Flagship Project.

## 5. Obstacles and weaknesses

The obstacles, of course, is to find funders who accept the municipalities that want to take part in the project. It is unlikely that we will have a project up and running by 2012.

## 6. Conclusions and recommendations

We have not had the opportunity to discuss this in the TG as we have been focused on detailed discussions on the present applications. However, one lesson learned is that it is

important to have one coordinator that can work full time with applying for funding as we are forced to make applications around the year – for 2011 in March, April, August and October. At the last TG-meeting (3-4 October 2011) we discussed the possibility to split the project up into smaller isolated sub-projects. That solution was not recommended by the TG Members. It is strongly recommended to find and apply for funding for all parts of the project or not to apply at all.

## 7. Other relevant information

**Annex 6**

# AMR Task Group Annual progress report

**Submitted by:** AMR TG

**Year covered:** 2011

## 1. Group leadership and coordination

**1.1 Lead Partner and Co-Lead Partner -** Sweden and Germany

**1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)** Not applicable

**1.3 Financial resources for leadership:**

No specific funding available – costs for the chair (Sven Hoffner) was covered by his employer; the Swedish Institute for Communicable Disease Control. For the other representatives the cost has been covered by the respective nominating country, or their respective organization.

## 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 AMR-TG has held its first two meetings during the reported period.
The first meeting was held in Berlin in March 30-31 with participation from all group members apart from Russia. Also the NGO "Baltic Amber" was represented at the 1st meeting and Dr Göran Carlsson from the Swedish MoH attended.
The second meeting was held in Moscow September 12-13. In this meeting all member countries apart from Poland and Lithuania was represented. The representative from WHO could not attend. From the NDPHS, Silvija Juscenko attended the meeting.

## 3. Progress towards goals and the implementation of operational targets

2011 was the first year when the AMR-TG was fully active. During the year and especially at the two meetings, much progress was made on defining priorities, identifying roles and tasks of the group members and developing strategies for establishing links with other actors in the AMR field in the region.

Apart from the tasks of closely following the AMR situation in their respective country, and to provide an update of the country specific situation at the AMR TG meetings, all AMR TG members took part in analyzing the more general AMR situation in the region and in identifying gaps and needs for further information, support and interventions within the scope of the terms of references for the group.

The following topics were discussed and corresponding actions agreed:

1. Antibiotic usage in veterinary medicine versus human use. Dr. Steinbakk, Norway, will investigate the field and come up with suggestion on ways to collaborate in this field. The possibility and advantages of establishing a technical expert group, with representation from both human and veterinary medicine will be considered. Dr Steinbakk will report back to the group at the next AMR TB meeting.
2. A public health concern in the region is the increasing problems related to MDR-TB. The rate of multidrug resistance among tuberculosis cases in certain areas is clearly worrisome. The idea of setting up a separate expert group on MDR-TB within the AMR TG was considered important. The chairperson, who represents the TB field within AMR-TG, will contact TB experts in the AMR-TG countries and come up with a suggestion to the next AMG-TG meeting.
3. Dr. Dumpis, Latvia, reported a project that has compared drug prescribing practices in certain countries (Latvia, Lithuania, and Sweden). He will investigate whether this type of approach could be applied as a project plan also in the AMR-TG. He will report results and future ideas at the next AMR-TG meeting.
4. Contacts will be taken with WHO-Euro and ECDC to investigate the ongoing and planned AMR activities in the region. The results will be presented and discussed at our next meeting, where we hope to have representatives from both organizations present. Contacts have been established with the Swedish based BARN project and the German based Baltic Amber project. Both these organizations have the status as observers and representatives of them have attended AMR-TG meetings.

Beside the management and structural efforts to establish a well functioning TG and defining its priorities, the main technical focus of our group is a multicentre project, the planned ESBL incidence survey to be carried out in the member states. This is an ongoing initiative and in December 2011 a meeting will be held in Stockholm with national representatives, each with an expertise in the ESBL field, to finalize the plans for this study and to clarify the budget needs related to it. The meeting will be jointly arranged and chaired by the AMR TG delegates from Norway and Latvia, who also are responsible for identifying and inviting the most suitable country representatives for the other member states.

## 4. Strengths and opportunities

The group has been established and has agreed on how to continue its work. A good agreement has been reached on the priorities for this work, which questions we will address and which we for the moment leave aside. The group sees a strong potential in increasing its contacts with official organizations active in the AMR field in the region, especially WHO and ECDC, NGOs and experts in related field, e g in veterinary medicine. The discussion in the group is reflecting the high level of commitment and enthusiasm for its task.

## 5. Obstacles and weaknesses

The main obstacle has been – and is – the lack of funding for the activities of the AMR-TG. Without a more sustainable and realistic funding it is a risk that much of our work will be severely hampered, and even that some members of the group will not find the needed resources to cover even participation in our meetings. We consider the need of activities in the AMR area much larger than what is possible to address in the TG.
Also, a lack of some countries, specifically Estonia, in the group is a recognized weakness.

## 6. Conclusions and recommendations

To make possible for the group to continue its work according to the plans and priorities a sustainable system for funding should be identified.

## 7. Other relevant information

Ass Prof Sven Hoffner, Sweden replaced Prof Wolfgang Witte, Germany, as the chair of the group in August 2011. Prof Witte now holds the role as co-chair.
During the year a Russian participant, prof Roman Kozlov, Smolensk, was nominated to the group.
Sven Hoffner and Dr Lars Blad from Sweden visited Smolensk and Prof Kozlov in August to discuss the group and its priorities and jointly set the program for the Moscow meeting.

# IMHAP Task Group Annual progress report

**Submitted by:** IMHAP TG

**Year covered:** 2011

## 1. Group leadership and coordination

### 1.1 Lead Partner and Co-Lead Partner

**Canada**

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**Nordic Council of Ministers**

Ms. Maria-Pia De Palo **(Vice-Chairperson)**
Nordisk Ministerråd
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Phone: +45 33960277
E-mail: mpp@norden.org

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

Same as above

### 1.3 Financial resources for leadership

In 2011 the lead partners managed and led this Task Group through existing resources and staff levels.

## 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 following representatives have been nominated to the Task Group. Task Group meetings via teleconference have been infrequent through 2011; however, each teleconference has included the participation of all partners or their delegates. The Task Group remains open to the inclusion of more participants should other countries express an interest in engaging on these issues.

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**Norway**

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**Russia**

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**World Health Organization**

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## 3. Progress towards goals and the implementation of operational targets

Due to high staff turnover, progress has been slow to achieve the goal and operational target of the IMHAP Task Group. A workplan focused on improving mental health, preventing addictions, and promoting child development and family/community health among indigenous peoples has been established. Efforts to develop a joint project for the Task Group are ongoing, and the recent re-engagement of partners to advance this work is encouraging. It is expected that a joint project will be selected by fall 2011.

## 4. Strengths and opportunities

All partners are dedicated to finding solutions to the mental health and addictions challenges facing indigenous families. Partners bring a wide range of diverse experiences and expertise to the table. Indigenous involvement is seen as being essential to advancing these efforts, and key indigenous partners are engaged in the various partner countries.

## 5. Obstacles and weaknesses

Rates of mental health and addictions among indigenous populations in several partner countries are extremely high. This creates a high-pressure environment in which available resources are occupied in resolving ongoing health crises. Within this context, it can be challenging to allocate time and resources to advance international work that is not related to an immediate crisis. In spite of these challenges, partners continue to seek opportunities to work with the IMHAP Task Group.

## 6. Conclusions and recommendations

In conclusion, indigenous mental health, addictions and parenting continue to be important issues for the members of the IMHAP Task Group. It is expected that the selection of a joint project in fall 2011 will allow group members to channel their collective energy around these issues into a concrete deliverable.

## 7. Other relevant information

Nil

**Annex 8**

# OSH Task Group Annual progress report

**Submitted by:** OSH TG

**Year covered:** 2011 (status as of Oct 2011)

## 1. Group leadership and coordination

**1.1**

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

### 1.2 ITA/Coordinator/Task Managers

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

TG OSH has held two meetings, one in March in Vilnius and the second in Oct in Riga, jointly with BSN OSH network. An informal TG OSH meeting was held in connection with the OSH Forum in Helsinki in June. The two projects started in Vilnius have been discussed and advanced in a variety of manners between the meetings.

## 3. Progress towards goals and the implementation of operational targets

The TG OSH has clear goals and objectives in 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.

A questionnaire to the Member States has been issued in June, to which five Ministries have replied (reminder issued in Sept 2011). The received replies are positive, which the informal review of the OSH professionals confirms. The report to PAC is pending the replies of the Member States.

However, substantial progress towards the objectives has been achieved, indicated by the informal reviews and surveys done in the BSN Annual Meeting in Oct 2011 in Tartu, Estonia (see annex 1 and 2).

The continual and in-depth review of the implementation of the “Health at Work” strategy by OSH TG and the BSN OSH professionals has revealed gaps in the effective implementation, which require actions. As a result, OSH TG has launched two projects in 2011:

1. Analysis of the national occupational health services (questionnaire circulated, followed by an in-depth review of specific issues. The data collection is used to share information and best practices between the Member States and to provide information of the present status.

2. Review and upgrading training for occupational health specialists. The aim of the project is to share latest best practice and provide upgrading training for specialists in selected countries.

TG OSH is further actively implemented two projects

- the ILO executed N-W Russia OSH project already in its 3rd phase. A summary of the activities is posted on the TG OSH web page.
- 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.

The TG OSH and BSN aim to continue the 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 Riga, Oct 2011 is sharing best practices and experience between the member states. The cooperation with TG OSH is essential to implement the two new project. The work plan of TG OSH and BSN for 2012 was developed in the joint meeting.
- The TG OSH projects have earlier been concentrated to NW Russia, but the two new broader projects for 2011-12 cover also the Baltic and other 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. The situation has slightly improved with funding from the EU Russia Delegation.

## 6. Conclusions and recommendations

- 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

**Annex 9**

# Leadership and coordination in the Partnership EGs and TGs

**(Status as of the end of 2011)**

| 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 and Coordinator | Chair | | |
| BEAC | | | | | | | | |
| CBSS | | | | | | | | |
| EC | | | | | | | | |
| ILO | | | | | | | | Chair |
| IOM | | | | | | | | |
| NCM | | | | | | | Vice-Chair | |
| UNAIDS | | | | | | | | |
| WHO | | | | | | | | |

- denotes Lead Partner
- denotes Co-lead Partner