

**Partnership Annual Conference (PAC)
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Reference	PAC 8/5.2/1
Title	Proposed revised NDPHS goals and mid-term operational targets
Submitted by	Committee of Senior Representatives
Summary / Note	This document contains a consolidated proposal for revision of the NDPHS Goals and mid-term Operational Targets (OTs) consistent with the CSR 19 decision. It is based on the contributions received from the respective Expert Groups and Task Groups.
Requested action	For adoption

NDPHS goals, operational targets and indicators

Adopted during the 6th Partnership Annual Conference
25 November 2009, Oslo, Norway
and revised during the 8th Partnership Annual Conference
25 November 2011, St. Petersburg, Russia

Introduction

This document specifies the NDPHS goals and, linked to them, the operational targets and indicators adopted during the 6th Partnership Annual Conference (PAC) on 25 November 2009 [and revised during the 8th PAC on 25 November 2011]. They are meant to be an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC and have been divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas. **The operational targets can be modified by the CSR or PAC when justified and necessary.**

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

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

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

1. Overall goal, operational targets and indicators

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Goals, operational targets and indicators for thematic areas

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

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

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

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

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

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

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will initiate and promote projects by 2012 that involve relevant stakeholders in the region and pay proper attention to the penitentiary system. The projects will aim to achieve the following:

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

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

Indicator 2.1C: A review of relevant policy recommendations developed by the NDPHS in the above thematic area.

Indicator 2.1D: Extent of the implementation of the LFA-based strategy of the EG.

Operational target 2.2: Geographical and priority thematic areas, as well as key populations at higher risk in urgent need of further local or regional projects are identified, partners to be involved in these projects are recommended, and project planning supported.

Indicator 2.2A/B: Number of geographical areas, key populations at higher risk and number of partners that have been involved in the projects facilitated by the NDPHS.

Indicator 2.2C: Number and contents of events on promoting stakeholder involvement in future projects.

Indicator 2.2D: Number and contents of supported projects which are covered by the EG strategy.

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

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

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

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

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

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

Indicator 3.1. B: Contents of projects within EG strategy, focusing on the integration of health and social care services.

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

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

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

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

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

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

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

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

Required expertise on the NDPHS side: Expertise currently available in the AMR TG, the HIV/AIDS&AI EG and the PPHS EG is required.

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

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

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

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a regional flagship project by 2011 fighting health inequalities through improvement of primary health care and reducing inequalities in access to qualified primary health care which demonstrate essential characteristics, like first contact, accessibility, continuity, comprehensiveness, coordination, and family and community orientation.

Operational target 5.1: Differences in the accessibility of qualified primary healthcare in countries of the ND region are assessed.

Indicator 5.1A: A report outlining the differences in the accessibility of qualified primary health care in partner countries and recommending further actions is developed.

Operational target 5.2: Mechanisms for promoting an equitably distributed and good quality primary care, which corresponds to changing society health needs in the region, are defined.

Indicator 5.2A: A jointly developed paper presenting population health care needs in the ND region is in place.

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

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

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

Operational target 5.3: By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.

Indicator 5.3A: Pilot project on tele-mentoring for career development of health professionals in remote primary health care.

Indicator 5.3B: Pilot project on tele-consultation for improved professional cooperation and quality in remote primary health care.

Operational target 5.4: By 2013 a review of policies and practices for primary health care services for migrants¹ will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.

Indicator 5.4 A: A report on policies and practices for primary health services for migrants developed and disseminated.

Indicator 5.4 B: Consultations in/within the ND Region held and a workshop organized.

Required expertise on the NDPHS side: Expertise currently available in the PPHS EG is required. Expertise regarding social matters is additionally required.

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

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

Goal 6: Health and other related needs of people kept in places of detention are readily met, access to the health services is improved, and gender specific needs are addressed

As a follow-up on implementation of the approaches indicated in the NDPHS Declaration on Prison Health of NDPHS, 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 2012, through the series of actions organized by international organizations including the WHO Regional Office for Europe's Health in Prisons Programme, policy guidance on the provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary

¹ The generic term "migrant" refers to a diversity of persons including long-term and short-term migrant workers and their families, international students, asylum-seekers, refugees, irregular migrants, trafficked persons, internal migrants, internally displaced people, and returnees.

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 and best practices and challenges are identified. International experiences on prison health and examples of evidence-based practice have been disseminated.

Indicator 6.1A: Comments are provided to the draft document of WHO guidance on the Stewardship role for Prison Health, and the Expert Group is involved in its dissemination and promotion once ready.

Indicator 6.1B: Regional consultations and participation in WHO Expert Group meetings have been organized.

Operational target 6.2: By 2013, a documentation of lessons learned and good practices regarding gender- and group-specific health needs in prisons are shared at national and international seminars. Actions will be undertaken following up to the WHO/UNODC Declaration on Women's Health and will be implemented in close collaboration with WHO Regional Office for Europe's Health in Prisons Programme.

Indicator 6.2A: WHO/UNODC Checklists on Women's Health in Prison introduced and promoted, and piloting in some countries organized.

Indicator 6.2B: Successful compilation and completion of the documentation and distribution among the relevant professionals in the ND area.

Operational target 6.3: By 2013 a review of policies and practices for health services for migrants kept in places of detention will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.

Indicator 6.3A: A report on policies and practices on health services for migrants kept in places of detention developed and disseminated.

Indicator 6.3B: Consultations in/within the ND Region held and a workshop organized.

Required expertise on the NDPHS side: Expertise currently available in the PPHS EG is required.

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

Unequal socio-economic conditions and lack of empowerment among disadvantaged population groups play major roles in the development of non-communicable diseases (NCD). These circumstances contribute to increasing health inequities. However, policies and actions directed towards "vectors" of NCD will mitigate such health inequities. Hence, the NDPHS will have contributed to the development of comprehensive policies and actions in the entire region to prevent and minimize harm from tobacco smoking, alcohol and drug-use to individuals, families and society (especially young people) through the achievement of the following:

Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced

Operational target 7.1: By 2012, the Partnership will have developed a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan.

Indicator 7.1A: Project application submitted to donors for funding.

Operational target 7.2: By 2014, the above-mentioned project will have been implemented in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.

Indicators 7.2A: Indicators agreed by donors and implementing agencies will be used.

Required expertise on the NDPHS side: Expertise currently available in the ADPY TG, the ASA EG and the NCD EG is required.

Goal 8: Pricing, access to and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol

Operational target 8.1: By 2011, the Partnership will have organized a side event back-to-back with the Baltic Sea Parliamentary Conference (BSPC) to promote parliamentarians' attention to and awareness of the impact of alcohol on society and to propose actions to be taken by national parliaments to reduce this impact and to support evidence based and cost effective preventive methods.

Indicator 8.1A: Number of BSPC parliamentarians who participated in the side event.

Indicator 8.1B: Number of countries represented by the parliamentarians.

Operational target 8.2: BSPC parliamentarians, as a result of the side event, will have included a plea to national parliaments in the ND area to adopt legislation aimed to limit the impact of alcohol on society in the BSPC Resolution 2011.

Indicator 8.2A: Number of countries in which BSPC parliamentarians have addressed national parliaments to limit the impact of alcohol on society.

Required expertise on the NDPHS side: Expertise currently available in the ASA EG and the NCD EG is required.

Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.

The Goal, operational target(s) and linked to them indicator(s) are under revision. The proposal shall be submitted by the ASA EG in due time to the CSR 20 Meeting to be held in 2012 for adoption.

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

Operational target 10.1: By 2013, the Partner countries have implemented the agreed actions in the NDPHS Strategy on Health at Work.

Indicator 10.1A: A report on the implementation of the Declaration is in place.

Indicator 10.1B: Actions included in the Strategy are evaluated country by country.

Required expertise on the NDPHS side: Expertise currently available in the OSH TG is required.

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

Operational target 11.1: By 2010, the Partnership will have developed a work plan which will clearly specify steps to be taken towards: (i) improving mental health, (ii) preventing addictions, and (iii) promoting child development and family/community health among indigenous peoples. The work plan will be implemented by 2013.

Indicator 11.1A: A jointly-developed work plan addressing the above issues is in place.

Required expertise on the NDPHS side: Expertise currently available in the IMHAP TG is required. It should also be carefully coordinated with the Arctic Human Health Expert Group (AHHEG).

Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt-intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical inactivity (sedentary lifestyle), and factors related to mental health problems

Operational target 12.1: By 2012 the Partnership will have developed multi-country flagship projects involving at least 3 partnership 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 and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.*

Indicator 12.1: Project application(s) submitted to financing agencies for funding.

Operational target 12.2: By 2014 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 financing and implementing agencies will be used.

Required expertise on the NDPHS side: Expertise currently available in the NCD EG, ASA EG, PPHS EG, ADPY TG, IMHAP TG and OSH TG is required.