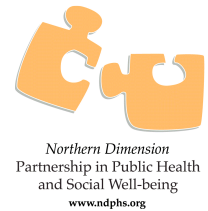


**Partnership Annual Conference (PAC)
Eighth Conference
Saint Petersburg, Russia
25 November 2011**



Reference	PAC 8/4/1
Title	NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases in the Northern Dimension Partnership area in 2012-2016
Submitted by	ASA EG, PPHS EG, NCD EG, ADPY TG, IMHAP TG, OSH TG
Summary / Note	This Action Statement aims to bring added value to each country individually, and the Northern Dimension Area as a whole, by enhancing regional and sub-regional collaboration and providing a platform for the development of cooperation and collaboration also at the national level among the relevant ministries and institutions. The actions proposed provide concrete and pragmatic activities with the objective to achieve tangible results.
Requested action	For approval



NDPHS Action Statement for implementation of the European Strategy¹ for the Prevention and Control of Noncommunicable Diseases in Northern Dimension Partnership area in 2012-2016

**submitted for approval by the Partnership Annual Ministerial Conference
25 November 2011, Saint Petersburg, Russian Federation**

Public health is an important factor in economic and demographic stability and an indispensable part of the efforts to achieve sustainable development.

One of the biggest challenges on our way to healthy and prosperous societies is the threat posed by noncommunicable diseases as they lead to high levels of mortality, morbidity and loss of work ability, productivity and wellbeing. No less than 86% of deaths and 77% of the disease burden in Europe are caused by this broad group of disorders.

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) provides a platform for advancing the work in this sector through a range of activities. These include, but are not limited to supporting regional initiatives and policy development as well as stimulating and initiating project-based activities. Based on this platform the NDPHS Strategy focuses on achieving specific, measurable and time-targeted objectives reflecting regional priorities².

Governments and partners in the NDPHS have noted with great satisfaction the strong global support for joint efforts to address the NCD challenges to public well-being and health.

The first global ministerial conference on healthy lifestyles and noncommunicable disease, Moscow 28/29 April 2011 played a key role in prioritizing the need for action on noncommunicable diseases. It lifted this issue higher on the agenda of governments around the world and with international organizations, including WHO, enhancing the preparation for the United Nations high-level meeting on noncommunicable disease prevention and control, New York 19/20 September 2011, and lifted this issue higher on the international agenda. The UN General Assembly Political Declaration on Noncommunicable Diseases³ highlights the need for integrated action to address common risk factors for NCDs including tobacco use, diet, physical activity and harmful patterns of alcohol consumption

¹ EUR/RC56/R2 on Prevention and control of noncommunicable diseases in the WHO European Region, 2006 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/past-sessions/fifty-sixth-session/resolutions2/eurc56r2>), adopted by the WHO Regional Committee in 2006.

² Cf. Goals, operational targets and indicators at www.ndphs.org/?about_ndphs#New_NDPHS_Strategy.

³ UN 66 PL1

NDPHS underlines that WHO has the leading role in coordinating the implementation of the global and regional strategies related to the noncommunicable diseases.

NDPHS emphasizes that NDPHS, through its goals and operational targets, has strongly committed itself to address the increasing burden of noncommunicable diseases (NCD) within the partnership.

NDPHS envisages concrete proposals for joint strategies and action plans within the partnership, giving priority to issues that are of particular importance for the Northern Dimension region and to avoiding duplication of the work of other intergovernmental organizations and fostering complementarity with already existing international and European strategies, action plans and policies in the field of NCDs.

NDPHS is following the call for action made by WHO Regional Office for Europe and its Member States at the 61st Regional Committee in September 2011 through the adoption of the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016, and the European action plan to reduce the harmful use of alcohol 2012-2020. NDPHS seeks to be a strong pro-active partner in the Northern Dimension region to facilitate and strengthen the management of change towards healthier populations.

NDPHS will prioritize activities and cooperation that add value to the work of the WHO Regional Office for Europe and other intergovernmental organizations in the field of NCDs and that advance the implementation of the Action Plans adopted by the Member States of the WHO European Region at the 61st Regional Committee.

ANNEX 1 to NDPHS Action Statement for implementation of the European Strategy for the prevention and control of noncommunicable diseases in Northern Dimension Partnership area 2012-2016

1. Most premature deaths are preventable

Human life is invaluable and an indivisible human right. Yet, from an economic point of view, one still can estimate the cost of human years lost prematurely. Wasting human capital lowers GDP and slows down its growth. A 5-year increase in life-expectancy leads to up to 0.5 % higher annual GDP growth rate whereas the impact of chronic diseases on countries' GDP can be as high as 7 %.

In our region the biggest premature killers, cardiac and other vascular diseases, cancer, chronic respiratory diseases, diabetes, alcohol related diseases etc, are to a great extent preventable or at least their occurrence can be shifted towards an older age by the way we behave and live.

The leading risk factors causing the vast burden of disease in Europe are known. Those include tobacco and alcohol use as well as nutrition-related risks - including obesity, high blood pressure, high cholesterol and high blood glucose, low fruit and vegetable intake, use of *trans* fats in processed foods and physical inactivity (sedentary lifestyle). Differences in the distribution of the risks and of the burden of ill health show significant gradients between different socioeconomic groups, between males and females, between different age groups and between countries of Europe.

The causality of non-communicable diseases and conditions is complex and multi-factorial. Effective measures that can prevent noncommunicable diseases in the first place, shift their occurrence, where possible, to older age, or reduce disability and death, include both interventions at the population level and at the individual level. Primary prevention consists of community based health promotion programmes addressing knowledge about risks and promoting healthy behaviour, but also interventions within and outside of the health sector that create a physical and social environment conducive to healthy behaviour.

2. Rationale for Action

NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are the leading causes of preventable morbidity and disability, and currently cause over 60% of all deaths. By 2030, NCDs are estimated to contribute to 75% of all deaths. In addition, other NCDs such as mental disorders also significantly contribute to the disease burden. NCDs now impact significantly on all levels of health services, health care costs, and the health workforce, as well as national productivity. NCDs can affect women and men differently, hence prevention and control of NCDs should take gender into account.

In the Northern Dimension area NCDs are important causes of premature disability and death, striking hard among the most vulnerable and poorest population groups, including migrants and minorities. They impact on the lives of millions of people in our region and can have devastating financial impacts that impoverish individuals and their families, and already now are a considerable obstacle for national economic growth.

The major NCD risk factors are linked to social determinants of health of which migration is one. A social determinants approach should be promoted to prevent and manage NCDs, rather than having a sole focus on health and individual risk factors. Multi-sectoral dialogue is necessary among health, housing, social, education, food and agriculture policy sectors, to address the root causes for populations' vulnerabilities to NCDs among especially vulnerable groups, e.g. migrants and ethnic minorities.

In today's increasingly mobile and culturally diverse societies, any national and regional NCD policy and programme should include migrants and ethnic minorities, which in all NDPHS countries are sizeable as a specific vulnerable population group. Strategies addressing NCDs should take into account the epidemiological, social, cultural and other aspects of migration including inmates in prison and detention settings. E.g. their genetic predisposition and exposure to risk factors may differ from the general population.

Migrants may face disproportionately high burden of common NCD risk due to factors such as unhealthy living and working conditions, acculturative stress, risky behaviours and practices, lack of or limited access to prevention and healthcare, social isolation and lack of health literacy and language skills, or may not be aware of risks incurred by what they perceive as the "mainstream" culture.

Adapting health systems and health policies is required, including a shift from disease-centred to people-centred approaches and population health measures. Vertical initiatives are insufficient to meet complex population needs, so integrated solutions that engage a range of disciplines and sectors are needed. Strengthening health systems in this way results in improved capacity to respond to a range of diseases and conditions.

Evidence-based and cost-effective interventions exist to prevent and control NCDs at regional, national and local levels. These interventions could have profound health, social, and economic benefits. Examples of cost-effective interventions to reduce the risk of NCDs, which are affordable and could prevent millions of premature deaths every year, include measures to control tobacco use, reduce salt intake and reduce the harmful use of alcohol. Particular attention should be paid to the promotion of healthy diets (low consumption of saturated fats, trans fats, salt and sugar, and high consumption of fruits and vegetables), and physical activity in all aspects of daily living. Local communities, schools, and workplaces are the important settings to reach out the populations for NCD prevention and health promotion.

Effective NCD prevention and control requires leadership and concerted "whole of government" action at all levels (national, sub-national and local) and across most sectors of society. Effective NCD prevention and control requires the active and informed participation and leadership of individuals, families and communities, civil society organizations, private sector where appropriate, employers, health care providers and the international community.

3. References

The key landmarks in the healthy lifestyle promotion and noncommunicable disease prevention and control are the following documents of the World Health Organization and UN, which all Northern Dimension Partnership countries have endorsed:

- The *WHO Framework Convention on Tobacco Control* (FCTC) by the World Health Assembly in 2003 (http://www.who.int/tobacco/framework/final_text/en/) ;
- 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 *Global Plan of Action on Workers' Health 2008-2017* endorsed by the World Health Assembly in 2007 (http://www.who.int/occupational_health/WHO_health_assembly_en_web.pdf)
- The Resolution 61.17 on the Health of Migrants by the World Health Assembly in 2008 (http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R17-en.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 *Global Strategy to Reduce the Harmful Use of Alcohol* adopted by the World Health Assembly in 2010 (http://www.who.int/substance_abuse/msbalcstragegy.pdf) ;
- 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 - 19 September 2011](http://www.un.org/ga/search/view/doc.asp?symbol=A%2F66%2FL.1&Lang=E) 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>)

ANNEX 2 to NDPHS Action Statement for implementation of the European Strategy for the prevention and control of noncommunicable diseases in Northern Dimension Partnership area 2012-2016

ACTIONS for implementation of the European strategy for the prevention and control of noncommunicable diseases 2012-2016 in Northern Dimension Partnership area

These proposed activities are based on the *Political Declaration on the Northern Dimension Policy* and the *Northern Dimension Policy Framework Document*, both endorsed at the Northern Dimension Summit in November 2006, and on the priorities of the Northern Dimension Partnership in Public Health and Social Well-being. They aim to bring added value to each country individually and the Northern Dimension area as a whole enhancing regional and sub-regional collaboration and providing a platform for the development of cooperation and collaboration also at the national level among the relevant ministries and institutions. The actions proposed provide concrete and pragmatic activities with the objective to achieve tangible results.

NDPHS recommends taking the following actions in 2012–2016:

ACTION 1.

To raise the priority of noncommunicable diseases in development work in the Northern Dimension area

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

- Actions to implement the commitments made in the UN General Assembly Political Declaration on Non-Communicable diseases, the WHO EURO action plan on noncommunicable diseases and specific strategies on key risk factors including tobacco, alcohol, nutrition and physical activity.
- Taking initiatives to and support external initiatives for, at Partnership level and when feasible through Partnership Countries and Organisations, an increased focus on noncommunicable diseases in the ND area
- Specifically requesting NDPHS Expert Groups and Task groups, when appropriate with regard to their respective ToRs, to take action targeting important noncommunicable diseases or their root causes
- As appropriate, working with UN bodies and regional international organisations such as WHO, ILO, IOM, EU, Nordic Council of Ministers, Barents Euroarctic Council, the Arctic Council etc. to involve all stakeholders in advocacy in order to raise awareness of the increasing magnitude of the public health problems posed by noncommunicable diseases

NDPHS ASA EG⁴ shall on ACTION 1 specifically:

Support activities in the NDPHS member countries related to raising awareness of the magnitude and nature of the health, social and economic burdens of the harmful use of alcohol, and tobacco. Disseminate the knowledge base on the size and determinants of alcohol and tobacco related harm and on effective interventions to reduce and prevent that harm. Support NDPHS and WHO and actively participate in creating forums where key stakeholders – including nongovernmental organizations, professional associations, academia, research institutions and the private sector – can contribute and take concerted

⁴ Expert Group on Alcohol and Substance Abuse (ASA EG)

action for reducing the harm done by alcohol and tobacco and managing the treatment of alcohol use disorders and associated health conditions. Advocating to the need and the ability of national governments to regulate alcohol distribution, sales and marketing, and thus to manage alcohol-related health and social costs.

NDPHS NCD EG⁵ shall on ACTION 1 specifically:

As part of its regular meetings and action in-between the meetings shall as knowledge-based team believing in “group-intelligence” innovate, identify and carry forward initiatives, policies and joint project ideas that address prevention and control of noncommunicable diseases in NDP area. In addition, NCD EG members shall work with all relevant partners (non-governmental organizations, government departments, academia, international organizations and others) within their respective jurisdictions to elevate the visibility and priority of promotion of healthy lifestyles related to noncommunicable disease prevention and control. The concrete outcome of this action will be a consolidated thematic report on healthy lifestyle promotion and noncommunicable disease prevention and control in NDPHS area by the end of 2012.

NDPHS PPHS EG⁶ shall on ACTION 1 specifically:

Take initiative to and support other initiatives for strengthening community oriented primary health care, which is now more than ever important for addressing challenges with regards of spread of NCDs. Health systems can better contribute to reduction of premature death, by earlier identification of NCDs and by better identification and modification of risk factors in the community. PPHS EG members shall promote awareness of national and regional policy makers on core characteristics of primary health care practice (first contact, continuity, comprehensiveness and person-centered, rather than episodic curative care) which shall be strengthened in the countries of Northern Dimension region in order to better address NCD related community health needs. Health systems’ actions to address NCDs prevention and control shall also include investments in migrant-sensitive health approaches and promotion of health literacy and risk awareness and ensure continuity of care in all settings. Not only is it cost-effective, but respectful of a rights-based and equity approach.

Develop by 2013 a concrete policy document as PPHS EG position paper on “*Tomorrow’s role of primary health care professionals in the context of changing society needs*”, which will emphasis the role of primary health care in addressing new challenges, including lifestyle issues and spread of NCDs.

NDPHS IMHAP TG⁷ shall on ACTION 1 specifically:

Identify and carry forward a joint project that addresses prevention and control of indigenous mental health, addictions and parenting issues. In addition, IMHAP TG members shall work with all relevant partners (indigenous groups, non-governmental organizations, government departments and others) within their respective jurisdictions to elevate the visibility and priority of indigenous mental health, addictions and parenting issues.

NDPHS OSH TG⁸ shall on ACTION 1 specifically:

Develop by 2013 a policy document as OSH TG position paper on “*Healthy lifestyles in healthy workplaces*” through a joint project. This document will provide policy-makers with the key principles, policy options and governance tools for prevention and control of NCDs through workplace health promotion programmes. This guidance document will address

⁵ Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments (NCD EG)

⁶ Expert Group on Primary Health and Prison Health Systems (PPHS EG)

⁷ Task Group on Indigenous Mental Health, Addictions and Parenting (IMHAP TG)

⁸ Task Group on Occupational Safety and Health (OSH TG)

cardiovascular disorders relating to diet and physical activities, psychosocial risks relating to work demand and control, and occupational cancers through controlling cancer-causing agents (e.g., asbestos, benzene, ionizing radiation, shift work). The importance of multi-sectoral coordination with the occupational health and safety systems will be elaborated.

ACTION 2.

To assess and strengthen the implementation of existing national policies and plans for the prevention and control of noncommunicable diseases

Countries need to assess and strengthen existing policies and plans for the prevention and control of noncommunicable diseases. Special attention should be given to dealing with gender, ethnic, migration/mobility, and socioeconomic inequalities together with the needs of persons with disabilities.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

- Assessment and strengthening of national multisectoral framework for the prevention and control of noncommunicable diseases in line with WHO-EURO action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016, and WHO-EURO European action plan to reduce the harmful use of alcohol 2012-2020, as feasible.
- Assessment and strengthening of reorientation of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with chronic conditions.

NDPHS NCD EG shall on ACTION 2 specifically:

Develop and disseminate a practical method to assess the impact of premature, preventable causes of loss of human capital due to lifestyle related noncommunicable diseases and causes (= PYLL): The potential years of life lost (PYLL) rate describes the number years lost due to preventable premature death in a population. From a social and national economic point of view, this is equal to loss of human capital/resources. The rate is calculated on the basis of the difference between the age at death and the expected length of life, and it is determined by the cause of death according to the ICD-10. The method reviews the time of death in relation to pre-defined life expectancy. The rate is age-standardized and expressed as a sum of all deaths per 100,000 person-years. The analyses of Potential Years of Life Lost (PYLL) in target populations have been systematically used in Finland and in Canada for the last 10 years at municipal and regional levels, through process that aims at facilitating the “management of change” and monitoring of progress. The PYLL rate provides comparable information about the wellbeing of a population concerning all preventable premature causes of death. It provides supplementary information for planning and decision-making for health policies. The potential years of life lost rate is one of the most used indicators for the wellbeing of the population. The differences in wellbeing between countries and regions are affected by various different factors: genes, living habits and environment, catastrophes, health policies in a country or region, various functions of different sectors of the society and practiced social and health policies. The potential years of life lost rate offers the possibility to compare, monitor and evaluate the wellbeing of population internationally between municipalities, sub-regions, regions and countries. It has proven to be a practical and effective tool to motivate local decision makers to better implement health in all their policies and monitor the progress.

NDPHS IMHAP TG shall on ACTION 2 specifically:

Identify a joint project that builds on and strengthens existing national policies, strategies and frameworks for the prevention and control of non-communicable diseases that are related to mental health, addictions and parenting in Indigenous populations.

ACTION 3.

To promote interventions in the Northern Dimension area to reduce risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation. As the underlying determinants of noncommunicable diseases often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors. Different settings may be considered for action, for example, schools, workplaces, households and local communities.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

On tobacco control support

- joint efforts to implement evidence-based and cost-effective interventions available to reduce and control tobacco consumption

On promotion of healthy diets support

- dietary guidelines promoting healthier composition of food by 1) reducing salt levels, 2) eliminating industrially produced trans-fatty acids, 3) decreasing saturated fats, 4) limiting free sugars;
- accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices;
- a framework and/or mechanisms for promoting the responsible marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt.

On promotion of physical activity support

- Implementation of actions to ensure that physical environments support safe active commuting, and create space for recreational activity, by the following: 1) ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all; 2) introducing transport policies that promote active and safe methods of travelling to and from schools and workplaces; 3) improving sports, recreation and leisure facilities; 4) increasing the number of safe spaces available for active play.

On reducing the harmful use of alcohol support

effective measures to prevent:

- under-age drinking (as defined in the respective countries);
- harmful use of alcohol by women of reproductive age;
- driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol);
- drinking to intoxication;
- alcohol-use disorders;
- consumption of alcoholic beverages that have been illegally produced and distributed;

NDPHS ASA EG shall on ACTION 3 specifically:

Use existing strategies such as the WHO Framework Convention on Tobacco Control, The Global Strategy to Reduce the Harmful Use of Alcohol, and other relevant strategies that have been the subject of resolutions adopted by the Health Assembly, in order to provide technical support to countries in implementing or strengthening nationwide action to reduce harmful use of Alcohol and Tobacco use. Facilitate developing and future implementation of 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. Develop a project proposal on particular issues related to the reduction of the public health impact of illicit alcohol and informally produced alcohol. This proposal will be developed based on the findings of the thematic report on Alcohol Policy prepared by ASA EG, and in order to formulate evidence based policy advice for the Ministers by end of 2013. The development of possible project will be coordinated with WHO Euro office in order to avoid duplication of activities and functions and to utilize most effectively the funds available for this project.

NDPHS NCD EG shall on ACTION 3 specifically:

Plan and support implementation of NDPHS/NCD Flagship Project: **"Prevention of overweight of schoolchildren (ages 7-15) in Northern Dimension geographical area**

NDPHS PPHS EG shall on ACTION 3 specifically:

Move forward initiatives, joint project ideas to strengthen primary health care role for addressing behavioural risk factors in the community. Scientific evidence exist that well-organized primary health care team can apply very effective interventions in modifying such NCD risk factors as smoking, hazardous and harmful use of alcohol, unhealthy diet and low physical activity. Still, such interventions are not sufficiently used in primary health care. Family doctors and nurses in Northern Dimension countries often lack special attitudes and skills on how to apply health promotion models and motivational counseling techniques. PPHS EG has initiated and implements flagship project **"Improvement of Public Health by promotion of equitably distributed, high quality primary health care"** which partly addresses above mentioned gap in PHC quality through training professionals through motivational counselling and teamwork and development of transnational strategy for professional development. PPHS EG members shall identify models of good PHC practices, disseminate the results in effective interventions addressing NCD risk factors and contribute to jointly elaborated conclusions for education and professional development of primary health care teams, with particular attention to PHC nurses and patient empowerment. This action will be finalised by the end of 2012.

NDPHS ADPY TG⁹ shall on ACTION 3 specifically:

Alcohol and Drug Prevention among Youth Task Group (ADPY TG) aims to help reduce the impact on society and individuals of hazardous and harmful use of alcohol and illicit drugs in the Northern Dimension countries. To that end, the ADPY TG will develop a proposal of a project aimed at reducing the hazardous and harmful use of alcohol hence reducing the negative health, social and economic impact to the population, especially young people in the Northern Dimension area. The ADPY TG will developed a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan. The following partners will be involved in the flagship-project: Baltic Region Healthy Cities Association, Estonia, Kotka City/ Finland, Iceland Hafnarfjordur Municipality/ Iceland, Riga City/ Latvia, Klaipeda Municipality/Lithuania, Norway Drammen Kommune/ Norway, West Pomeranian Region/ Poland, Kaliningrad City/ Russian and Bagrationovsky Municipality/ Russian Federation, and Nynäshamn Municipality, and Gotland Region/ Sweden.

⁹ Task Group on Alcohol and Drug Prevention among Youth (ADPY TG)

NDPHS IMHAP TG shall on ACTION 3 specifically:

Work with all relevant partners to address Indigenous mental health, addictions and parenting from a health promotion and disease prevention perspective. Partners will expand their focus beyond health issues specific to mental health and addictions and, where possible, take a “determinants of health” perspective.

NDPHS OSH TG shall on ACTION 3 specifically:

Address the prevention and control of tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol at the workplace as major issues in the policy document, “*Healthy lifestyles in healthy workplaces*” to be developed by 2013.

ACTION 4.

To promote partnerships for the prevention and control of noncommunicable diseases

Providing effective public health responses to the global threat posed by noncommunicable diseases requires strong international partnerships. The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the global strategy. Partnerships are also vital because resources for the prevention and control of noncommunicable diseases are limited in most national and institutional budgets. Collaborative work should be fostered among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, and the business community. Since the major determinants of noncommunicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible in its area of interest.

- Participating actively in regional and subregional networks for the prevention and control of noncommunicable diseases.
- Contributing to the establishment of effective networks and partnerships for the prevention and control of noncommunicable diseases, and developing collaborative networks, involving key stakeholders, as appropriate.
- Focusing on noncommunicable diseases in international and regional initiatives to strengthen health systems based on primary health care.

NDPHS ASA EG shall on ACTION 4 specifically:

Develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results in the field of Alcohol and Tobacco Control. Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions as appropriate. Engage non-health actors, civil society and key stakeholders, where appropriate, in collaborative partnerships, to reduce non-communicable disease risk factors. Promote and facilitate international coordination, collaboration, partnerships and information exchange to ensure the joint actions of all relevant parties. Coordinate its work in relation to implementation processes of Global Strategy to Reduce the Harmful Use of Alcohol and Framework Convention on Tobacco Control, with WHO, and particularly at regional level within WHO-EURO in order to avoid duplication of efforts and to be more efficient.

NDPHS NCD EG shall on ACTION 4 specifically:

Plan and support implementation of NDPHS/NCD Flagship Project: **“Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area”**

NDPHS PPHS EG shall on ACTION 4 specifically:

Identify and move forward initiatives to strengthen horizontal networking and teamwork in primary health care. Many countries in ND Region traditionally have very low responsibility and contribution of community and other sectors in the planning and implementing community health interventions, even though their role is very important in addressing NCD risk factors. PPHS EG shall initiate transnational project activities to disseminate experiences of good PHC practice based on teamwork where primary health care nurses demonstrate good leadership skills and empower community members and different sectors to promote healthier lifestyle.

NDPHS IMHAP TG shall on ACTION 4 specifically:

Continue to actively seek opportunities to collaborate with partners, both internationally and domestically. An important current area of collaboration involves partnerships with indigenous groups within several of the member countries. IMHAP TG members are also working to advance mental health and addictions issues through various international partners and initiatives. These partnerships will be reflected in the 2012 IMHAP joint project.

NDPHS OSH TG shall on ACTION 4 specifically:

Strengthen the collaboration between OSH TG and the Baltic Sea Network on Occupational Health and Safety through a joint project for the implementation of the NDPHS Strategy on Health at Work (2007) aiming at prevention and control of noncommunicable diseases through workplace health promotion and basic occupational health services for the vulnerable groups.

ACTION 5.

To monitor noncommunicable diseases and their determinants and evaluate progress in the Northern Dimension Partnership Area, at national and sub-regional levels

Monitoring noncommunicable diseases and their determinants provides the foundation for advocacy, policy development and global action. Monitoring is not limited to tracking data on the magnitude of and trends in noncommunicable diseases, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

- Strengthening surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, using and improving existing WHO tools to encompass the diversity of populations as to ethnicity and mobility.
- Contribution to data and information on trends in respect of noncommunicable diseases and their risk factors disaggregated by age, gender, ethnicity, migration, mobility background and socioeconomic groups; and provide information on progress made in implementation of national strategies and plans.
- Mobilization of resources to support the system for regional and national monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

ASA Expert Group, NCD Expert Group and PPHS Expert Group and the respective Task Groups (ADPY, IMHAP and OSH) in their defined areas of responsibility shall follow-up the implementation of NCD prevention and control in our geographical area together with national and international authorities. An overall review of the implementation of the Strategy shall be done by the end of 2016.

NDPHS NCD EG shall on ACTION 5 specifically:

Assess and monitor the public health burden imposed by noncommunicable diseases and their determinants, NCD EG aims to work actively for the establishment of a system on “Northern Dimension Partnership Health Monitor: Social Determinants of Health Behaviours in Northern Dimension Partnership Area”. This can be done by using the experience of the FINBALT Health Monitor¹⁰ project since 1994. The results have been reported and published at the 10th Nordic Public Health Conference in 2011. The work so far includes 4 Northern Dimension area countries, namely Estonia, Finland, Latvia and Lithuania. Although EU, WHO, OECD and other data-bases provide ample information on social determinants of health behaviours leading into noncommunicable diseases, we also need an easily digestible, practical tool to systematically follow up and disseminate such comparable information for all Northern Dimension Partnership Countries.

¹⁰ Report 25/2011 National Institute for Health and Welfare/ Finland: Social Determinants of Health Behaviours. FINBALT Health Monitor 1998 – 2008