

**Committee of Senior Representatives (CSR)
Nineteenth Meeting
Brussels, Belgium
27-28 October 2011**

Title	Minutes from the 19 th Meeting of the NDPHS Committee of Senior Representatives
Submitted by	Secretariat
Summary / Note	This document outlines the main discussion points and decisions made during the 19 th meeting of the CSR
List of Annexes	Annex 1 – List of documents submitted to the meeting Annex 2 – List of participants

1. Opening of the meeting and welcome

The Meeting was opened by Dr. Evgeny Slastnykh, Chief of Division, Ministry of Health and Social Development of Russian Federation, who chaired it. In his opening remarks, he welcomed the participants and the invited guests, as well as thanked the Host, the European Commission, for hosting the meeting and all the support it rendered to the Partnership.

Ms. Isabel de la Mata representing the Host welcomed the participants and wished them a fruitful meeting.

2. Adoption of the agenda

The Meeting **adopted** the Revised provisional agenda (as submitted in document CSR 19/2/1/Rev 1).

3. Presentations by the European Commission

Commenting on its approach to healthcare, the European Commission specifically mentioned innovation and sustainability as important requirements. Consequently, it noted that it places special emphasis on health technology assessment and e-health. It further stated that it also pays attention to the prevention of both communicable and non-communicable diseases. It noted that non-communicable diseases are to a large extent preventable through action on common, personal risk-factors as well as by addressing underlying socio-economic and environmental determinants. It remarked that the European Union has had some success in the work on these factors, through strategies on alcohol, tobacco and nutrition and physical activity, and through working actively with other EU policies. In addition, the European Union has ratified the Framework Convention on Tobacco Control and is committed to its implementation in the EU and globally. All the Member States have also developed policies on alcohol and are collaborating on the EU Strategy, which focuses on protecting children and young people.

In the field of communicable diseases, the Commission remarked, the EU will soon make a proposal for a new health security package, updating the existing one, hopefully by the end of the year. In terms of HIV/AIDS, the Commission informed that it has in place two complementary policy frameworks. The first addresses the situation in the EU and the neighboring countries, including the Russian Federation, and the second one focuses on the global response.

In closing, the European Commission emphasized the importance of learning from each other and sharing good practices at the local, regional, national and European level, and expressed its hope for a fruitful meeting.

The Meeting **took note** of the presented information.

4. Statements by the invited guests

With reference to the ongoing working contacts between the ESF Baltic Sea Network and the NDPHS, the ESF Baltic Sea Network (ESF BSN) spoke on possible cooperation between the two networks. It explained that the background to this initiative was the desire to strengthen transnational cooperation within the European Social Fund. One means of doing this would be to enhance cooperation among the countries around the Baltic Sea. Furthermore, there was a strong desire to align the work of the ESF post-2013 with the EU 2020 Strategy.

It remarked that the NDPHS' emphasis on linking health and social well-being to issues relating to employment, innovation, poverty and social exclusion is very much in line with the goals of the ESF. In addition, it mentioned the fact that next year is the European year of active ageing, and that this provides an opportunity for cooperation between the NDPHS and the ESF on demography and health. Furthermore, it noted that the considerable common ground between the two is indicated by the relatively large number of projects in ESF Sweden's database that concern issues of direct interest to the NDPHS, such as transnational health cooperation, drugs and alcohol, and prison health.

In conclusion, it stated that, considering the new programming period (post 2013), it is very interested in developing a knowledge base for ESF interventions linked to the EUSBSR with the aim of strengthening the social dimension in the Strategy, which includes raising awareness of EUSBSR project promoters and stakeholders. Although the ESF is essentially for the EU Member States, it pointed out that, thanks to funding from SIDA, there may be a possibility to also involve Russian projects and project stakeholders from Russia.

The Secretariat explained that the ESF BSN presentation was a follow-up of the ongoing working contacts between the network and the NDPHS Secretariat, which were established in the spring. It noted that cooperation between the two could be particularly fruitful given that the ESF BSN has a strong interest in enhancing the social dimension of the EUSBSR, in which the NDPHS is interested too. Consequently, the Secretariat proposed that the CSR would support the idea that the NDPHS would pursue further cooperation with the ESF. As one example of such cooperation, it mentioned that the NDPHS and the ESF BSN could jointly approach the European Commission and discuss strengthening the social dimension in the forthcoming review of the EUSBSR Action Plan. It also remarked that the NDPHS Strategy calls for reinforcing the social pillar within the work of the Partnership and that cooperation with the ESF BSN could contribute to this. More specifically, it noted that cooperation with the ESF could, *inter alia*, involve collaboration in the design of

calls for ESF-funded project proposals. Subsequently, if there is an interest, NDPHS Expert Groups would also be able to benefit from funding towards the development and implementation of, for instance, five regional projects. Finally, the Secretariat mentioned that another area for the potential cooperation lies in jointly promoting health and social well-being in the EU funding programmes for the next programming period.

The Meeting **took note** of the presented information and proposals and **expressed** its support for the continued cooperation with the ESF.

With reference to the ongoing working contacts between the Union of the Baltic Cities (UBC) Commission on Health and Social Affairs and the NDPHS Secretariat, the Union of the Baltic Cities spoke on possible cooperation between the two networks. In terms of health, the UBC stated that some of its main priorities include efficiency and accessibility to health and social care, issues related to the ageing of the population, social exclusion and public health. Furthermore, the UBC stated its support for the views contained in the draft NDPHS position paper on raising the profile of health and social well-being in the post 2013 European Territorial Cooperation Programmes.

In terms of cooperation with the NDPHS, the UBC noted that it could play a role in increasing awareness of health related issues among its member cities, and thus contribute to Priority Area 12 of the EUSBSR Action Plan. In addition, it can acquaint its member cities with projects being developed by NDPHS Expert Groups and Task Groups and encourage them to participate in them as implementing partners. In conclusion, the UBC remarked that it was looking forward to closely working with the NDPHS.

The Chair thanked the UBC for its presentation and expressed his hopes that this could lead to fruitful cooperation.

Sweden remarked that, since it can sometimes be difficult to find appropriate project partners, it wanted to encourage the Expert Groups and other relevant bodies to consider this opportunity for cooperation.

The Meeting **took note** of the presented information and proposals, **decided** to further develop cooperation with the Union of the Baltic Cities, and **encouraged** the Expert Groups and Task Groups to pursue collaboration in the areas outlined by the representative of the UBC.

The South-eastern European Health Network (SEEHN) introduced the network and informed about the Banja Luka Health Ministerial Forum, held on 13-14 October 2011 and its outcome, the Ministerial Banja Luka Pledge, in which the Ministers agreed to continue cooperation beyond 2011 on the initiative: "Health Development Action for South-eastern Europe: the SEEHN" and to further consolidate the SEEHN alliance in public health. Furthermore, it reiterated its invitation for the NDPHS to attend the follow-up meeting to the Banja Luka Forum, which will be held in the next 2-4 months.

The Meeting **took note** of the presented information and **expressed** its support for continued cooperation with the SEEHN.

5. Information by the NDPHS Chairmanship and the NDPHS Secretariat

The Chair Country informed about the UN General Assembly High Level Meeting on Control and Prevention of Non-communicable diseases, held in New York in October 2011, as well as its outcome document, a Political Declaration of the UN General Assembly (submitted as document CSR 19/5/Info 4).

With reference to document CSR 19/5/Info 1/Rev 1, the Secretariat informed about the meetings attended by the Chairmanship and the Secretariat. It noted with gratitude that several of the Expert Group and Task Group meetings, as well as the 12th Meeting of the EG Chairs and ITAs, were co-financed through the EU grants provided either through the EU Delegation to Russia and by the DG REGIO, through the Technical Assistance Grant for the implementation of the EUSBSR. Further, it informed about the NDPHS participation in the Second Annual Forum of the EUSBSR held in Gdańsk, Poland, on 24-26 October 2011, where the Secretariat delivered a speech, together with the e-Health for Regions network, in the session "Digital Agenda for the Baltic Sea Region." In addition, the new NDPHS roll-ups were displayed along with the ImPrim and ICT for Health ones at the latter two projects' stands at the Forum's Networking and Project village.

Further, with reference to documents CSR 19/5/Info 2 and CSR 19/5/Info 3, the Secretariat also informed about the NDPHS participation in and contribution to the 20th Baltic Sea Parliamentary Conference (BSPC). The NDPHS produced two background papers for the conference and delivered two speeches, meaning it was highly visible. The decision to grant observer status to the NDPHS was affirmed in the Resolution of the 20th BSPC, which also specifically mentioned a number of health-related issues. The Secretariat expressed its regret that there was no major discussion on health issues at the conference, and explained that this may partly be accounted on the fact that the BSPC has no established working group on health. Nevertheless, the issues mentioned in the Resolution provide an opportunity to follow up on health issues with parliamentarians aiming at raising their understanding of the need to devote more attention and resources to health-related issues. In particular, the Secretariat suggested the Expert Groups could have a role to play in this context. It also informed that the BSPC would hold a Standing Committee meeting in November where the issue of further cooperation with the NDPHS will be discussed, thus some input from the NDPHS regarding its views on further cooperation would be welcome.

The ASA EG Chair agreed that it was important to continue this collaboration and suggested that, if health issues continue to be marginal to the agenda of the BSPC, it might be wise to strategically link the issue of concern to the NDPHS with issues that are prominent in the current BSPC discussions, such as human trafficking during their last meeting.

Finally, the Secretariat informed that the NDPHS has been approached for collaboration by the ENPI CBC Karelia Programme, which is a joint endeavor between the EU and Russia for co-financing projects in the Karelia region. A representative from the ENPI CBC Karelia Programme attended the 12th EG Chairs and ITAs meeting and extended an invitation to the NDPHS to participate in designing their upcoming call for proposals for projects in social well-being. The EG Chairs and ITAs meeting supported this idea. The Secretariat stated that this was a good example of the role that the Partnership can play in advising other actors on key areas in health and social well-being.

The Meeting **took note** of the presented information, **expressed** its support for continued cooperation with the BSPC through the NDPHS Secretariat and Expert Groups and **supported** the idea to further develop cooperation with the ENPI CBC Karelia Programme.

6. Information by the NDPHS Partners and Participant

Poland informed about the main health-related events during the Polish Presidency of the Council of the European Union, such as: (i) the Informal Meeting of the Health Ministers in Sopot in July; (ii) an Expert conference on prevention of asthma and allergies among children, held in Warsaw in September; (iii) an Expert conference on alcohol policy "Alcohol Policy in Poland and around Europe: Medical and Economic Disadvantages of Using Alcohol (MEDUSA)", held in Poznan in October; (iv) a Conference on solidarity in health in Poznan in November, with the aim of highlighting the problem of health disparities within the EU, as well as (v) an Expert conference on e-health to be held in Warsaw in November.

Sweden stated that it remained firmly committed to health cooperation in the Northern Dimension area. It informed about the progress regarding the Agreement on the Establishment of the NDPHS Secretariat and the Terms of Reference and expressed its gratitude to Norway for its continued commitment to the matter, and to the Chair Country, the Russian Federation, for its support and willingness to assume the role of depositary of the Agreement. Further, Sweden noted that it would continue to be the Lead Partner of the PPHS EG, and that the group had recently elected a new Chair, Dr. Helena Silfverhielm from the National Board of Health and Social Welfare. In addition, it stated that the AMR Task Group had held two successful meetings and was planning further activities, and that Sweden strongly supported its work. Sweden is also the Lead Partner in the ADPY Task Group, and the issues of alcohol and drug prevention remain among Swedish priorities. Sweden also stated that it continued to emphasize collaboration between the Partnership and other regional bodies, which it believed would both contribute to and benefit from the Partnership's role as Priority area coordinator for health in the EUSBSR Action Plan.

The WHO summarized the outcomes of the 61st session of the WHO Regional Committee for Europe, which took place in Baku, Azerbaijan, in September 2011. The Committee endorsed five Action Plans: on non-communicable diseases, alcohol, HIV/AIDS, drug resistant TB, and antibiotic resistance. It remarked that all these Action Plans, which are within the range of work of the NDPHS, were developed in close consultation with Member States and partners. It also emphasized that joint efforts and coordination in the implementation are important to avoid conflicting messages and double work, therefore it is highly appreciated that the Action Plans have already been discussed in the respective Expert Groups, for example in the context of the work on alcohol, occupational health and NCDs. Finally, the Regional Committee also supported the further development of the Health 2020 Strategy, which is an overarching health policy that focuses on health as the main driver of a prosperous and harmonious society.

Canada stated that the NDPHS addresses several issues of interest to Canada, including anti-microbial resistance, indigenous mental health and non-communicable diseases. It also expressed its support for strategic engagement with international and national partners, to promote a consistent and coordinated approach to limiting the emergence and spread of anti-microbial resistance. Further, it stated that it was committed to supporting initiatives aimed at promoting the health and well-being of indigenous populations, including, in particular, community-based mental health and

addiction programmes aimed at prevention as well as treatment in Inuit and First Nation communities. Canada also noted that it was co-chairing the IMHAP Task Group together with the Nordic Council of Ministers, and that the collaboration is providing good opportunities for improving work in this area through exchanging ideas and best practices. In conclusion, Canada emphasized that the work of the NCD EG remains highly relevant, especially following the recent UN High level meeting on NCDs and the attention now directed to the global burden imposed by non-communicable diseases.

Finland informed that it was co-chairing the BEAC Joint Working Group on Health and Related Social Issues together with the Komi Republic until the end of the year, at which point Norway and Karelia will take over for the next two-year period. In the last meeting, on 12 October 2011, the group adopted a new cooperation program for the next four year period, with three main priorities: children at risk, HIV/AIDS, and Tuberculosis, which correspond to the NDPHS priorities, although the focus is narrower. The group will also produce a number of recommendations and lessons learned, which may be relevant for the NDPHS Expert Groups and these will be published online on the Working Group's website.

Finland also stated that it was holding the Presidency of the Nordic Council of Ministers in 2011. It noted that several health-related meetings and conferences took place in this context, and mentioned in particular the conference on globalization and welfare societies, which was held in April. The outcomes of this conference have been published in a book-form and translated into English. Finland stated that it would be happy to provide copies of this publication if there was an interest. In conclusion, it also pointed out that it had continued to chair two of the NDPHS Expert Groups, the HIV/AIDS&AI EG and the NCD EG.

Estonia informed that, in May 2011, it organized a European AIDS Conference in Tallinn, in which the NDPHS HIV/AIDS&AI EG actively participated. In addition, Estonia organized a training course on health financing after the financial crisis, together with the WHO, involving stakeholders from Estonia, Latvia, Lithuania and Poland. A second training course, in health system performance assessment was planned in November. Also in collaboration with the WHO, Estonia initiated a project aimed at improving multi-resistant tuberculosis treatment performance by treating alcoholism. Furthermore, Estonia informed that it was currently chairing the Task Force for Health, established by the Baltic Council of Ministers. The Task Force has had two meetings, and the several sub-groups have had individual meetings. Two sub-groups in particular have achieved good progress; the group working on a common system for state-funded procurement of medicines, which has prepared a draft partnership agreement between Latvia, Lithuania and Estonia, and the group working on establishment of an efficiently functioning common organ transplant system in the Baltic States.

Norway noted that its experts participated in all the NDPHS Expert Groups and Task Groups, and expressed its willingness to continue in its role as the Lead Partner in the ASA EG in 2012, for which Dr. Zaza Tsereteli has agreed to continue to function as an ITA, in addition to his other roles with the PPHS EG and with the Barents Tuberculosis Programme. Norway also expressed its appreciation for the work done by Finland and the Komi Republic in the BEAC Joint Working Group on Health and Related Social Issues. It stated that it hoped to continue this good work when it takes over the chairmanship in 2012, together with Karelia, and that it will emphasize the collaboration with the NDPHS. It further noted that the Norwegian chairmanship of the Working Group coincided with its chairmanship of BEAC, in which one important upcoming event is the 20th anniversary of the Barents collaboration.

IOM stated that it was committed to further contributing to the work of the NDPHS, drawing upon its activities and presence in the Northern Dimension region. It noted that it had recently supported the Partnership through participation in the HIV/AIDS&AI EG and the PPHS EG, the latter of which it has assisted specifically in formulating operational targets related to ethnic minorities and migrant groups. IOM also informed that it had contributed to the Draft NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases, drawing on its longstanding work on the social determinants of health (SDH) and migration as a SDH. It also stated that it had submitted a project proposal through the NDPHS Pipeline, for HIV prevention among mobile populations in the border regions of Russia, Norway and possibly Finland.

Lithuania expressed its gratitude to the European Commission for organizing the meeting, to the Chair Country for emphasizing the focus on producing tangible results, and to the Secretariat for promoting the visibility of the Partnership. Further, it informed that the 8th Baltic Policy Dialogue will take place on 2-3 November 2011 in Vilnius, organized in collaboration with the WHO. The main focus will be on the implementation of integrated public health strategies to improve health and reduce health inequities, while keeping in mind international developments in this area, such as the EU's and WHO's 2020 strategies.

With reference to the document CSR 19/6/Info 2, on behalf of the BSSSC, which was not able to attend the meeting, the Secretariat introduced the BSSSC statement emphasizing the importance of health for economic growth in the region and stressing in this regard the NDHPS' role as an important partner. The BSSSC also supports continued cooperation and is willing to undertake joint action, in particular in project development and information dissemination of NDPHS activities.

The Meeting **took note** of the presented information with appreciation.

7. Legal capacity of the NDPHS Secretariat

7.1 Finalization and signing of the Agreement on the establishment of the NDPHS Secretariat

The Chair Country reminded the Meeting that the conclusion of the Agreement on the Establishment of the NDPHS Secretariat was requested as a matter of urgency by the Second Ministerial Meeting of the renewed Northern Dimension. In addition, it noted that the CBSS, which currently hosts the Secretariat, had expressed its strong belief that the processes involved in establishing the Secretariat should be finalized within the period of the approved extension, which ends in early April 2012. The Chair Country also thanked Norway, and Ambassador Carola Bjørklund in particular, for the commitment and efforts in leading and facilitating the process of finalising the Agreement. It further informed that on 30 September, the CSR Chair invited the respective Partner Countries to commence the necessary national procedures for the signing of the Agreement at the PAC in Saint Petersburg on 25 November 2011. The last amendment made to the document concerned the depositary role, which the Russian Federation has agreed to assume.

Norway thanked the Russian Federation for agreeing to assume the role of depositary, as well as Germany, Latvia, and other Partner Countries who have contributed with questions, comments and support to the process. Finally, it

expressed its hope that the Agreement could be signed at the PAC 8 in Saint Petersburg.

Sweden thanked the Partners who have contributed to the process and, in particular, the *ad hoc* SLC Working Group led by Ambassador Carola Bjørklund. It stated that the Swedish Minister would sign the Agreement at the PAC 8. Further, it informed that the legal procedure towards finalizing the Host Country Agreement had begun, and that negotiations with the Secretariat would follow soon.

The Chair Country asked the Partners to briefly describe the progress towards signing the Agreement in their respective countries. It informed that Canada had sent it a letter stating that Canada would not be able to sign the Agreement, but that it nevertheless wished to continue as a Partner. Furthermore, given the absence of Iceland in the meeting, the Chair Country stated that it would approach Iceland on the sidelines of the Northern Dimension Steering Group Meeting, to be held on 7 November 2011 in Reykjavík.

Estonia stated that the Agreement was with the Ministry of Foreign Affairs, but that there was no feedback yet.

Finland informed that, in principle, it was ready to sign the Agreement at the PAC 8.

Germany declared that it should be able to sign the Agreement at the PAC 8. It also raised a question about potential problems in securing the Canadian funding if it did not sign the Agreement.

Latvia informed that it should be able to sign the Agreement at the PAC 8.

Lithuania stated that it had started formal procedures and that it hoped to be able to sign the Agreement in Saint Petersburg. It also informed that the Minister would probably be attending the PAC 8.

Norway informed that it had also started the formal procedures required and that it did not foresee any difficulty in signing the Agreement at the PAC 8.

Poland explained that, although the procedure had been started some time ago, the Department of Foreign Relations had stated that it needed more time to finalize the process and, consequently, Poland would not be ready to sign the Agreement at the PAC 8.

Russia expressed its expectation that it would be ready to sign the Agreement at the PAC 8.

The Chair Country thanked the Partner Countries for the updates and requested of those Partner Countries which were unable to provide definitive answers, that they would approach the relevant institutions and ask for estimations, and inform the Secretariat accordingly.

Sweden observed that it appeared as if at least six Partner Countries would be ready by the PAC, which would be enough for the Agreement to enter into force when ratified by the respective Partner Countries.

Norway stated that Canada's position raises questions regarding financial issues, and pointed out that some questions are yet to be determined, such as the exact

location of the Secretariat. It emphasized that such practical issues needed to be sorted out according to how many countries would sign the Agreement.

The Secretariat thanked the Partners for the good progress made on the matter. It also pled to those who would not be ready to sign the Agreement during the PAC 8 to keep up their efforts to finalize the respective national procedures within short.

Germany clarified that, for its part, after signing the Agreement it would take some time to complete the national legal procedure of ratification. Furthermore, it asked whether the Partnership could rely on Canada's contribution in the future, or whether a separate written agreement should be drawn up.

The Secretariat cited the recent communication from Canada, which stated that "Canada will continue to consider contributing to the NDPHS on a voluntary basis to be determined annually."

Norway commented that even under the Agreement, it would still be up to the CSR to determine the level of annual contributions. It also stated that Germany's point was important, but argued that Canada should not be pushed to make any further commitments, and that the Partnership should appreciate its voluntary contribution. Finally, it encouraged Sweden to provide any information on the status of the Host Country Agreement as it becomes available.

Germany requested that the NDPHS logo should be deleted from the Agreement. Further, it pointed out that, with the current text, the list of all the signatories is included in the title of the Agreement, and therefore proposed excluding these, as they are mentioned later in the text.

Norway responded that it had never considered the signatories as part of the title.

Latvia requested that the text be left as it was, since the Agreement was already going through national procedures.

Germany acquiesced with Latvia's request.

Finland informed that it had had very informal talks with Denmark, which had indicated that it might like to rejoin the Partnership.

The Meeting **considered** the presented information and **requested** the respective Partner Countries to do their utmost to be able to sign the Agreement on the Establishment of the NDPHS Secretariat during the PAC 8 or, if not possible, shortly afterwards.

7.2 Adoption of the NDPHS Secretariat Terms of Reference

The Chair Country stated that the NDPHS Secretariat Terms of Reference (submitted as document CSR 19/7.2/1/Corr 1) have been finalized during an *ad hoc* meeting on the Secretariat's legal capacity, held in Stockholm on 21 June 2011. Subsequently, the CSR Chair, in his letter of 30 June 2011, requested the Partner Countries intending to sign the Agreement on the Establishment of the NDPHS Secretariat to confirm by 8 July 2011 that they had no further comments regarding the final proposed Terms of Reference. No comments have been received thus far.

Germany pointed out that, since the period of employment for Secretariat employees could potentially be up to ten years, the issue of pensions should be regulated to the effect that there will be no additional pensions paid by the Partners and that the current system will be retained.

The Meeting **adopted** the presented NDPHS Secretariat Terms of Reference.

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

8.1 Progress and future steps toward implementing the NDPHS goals and mid-term operational targets

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

The Secretariat informed about the progress in the implementation of Goal 1 and stated that, by and large, a good progress had been achieved during 2011. The NDPHS had been successful in: (i) increasing the visibility and wide recognition of the Partnership in the region; (ii) involving other regional stakeholders, i.e., the BSPC, the e-Health for Regions network, the ESF BSN, the UBC, etc., in the NDPHS-coordinated activities; (iii) development/facilitation of the regional flagship projects, and (iv) mobilisation of new sources of funding. On the other hand however, further efforts by Expert Groups and Task Groups were needed to strengthen the two-fold approach towards health and social well-being within the Partnership and to include relevant international projects in the NDPHS Database for improved coordination.

Russia suggested adding “deliverables” in the project summaries in the NDPHS Database, such as methodological recommendations and guidelines.

The Secretariat responded that the NDPHS Database already offers such a function, in the form of the “Publications” section of the Database. It remarked that results and guidelines of projects can be presented by linking summaries to the respective publications to the projects included in the database.

In relation to facilitation of regional projects, the Secretariat referred to the document CSR 19/8.1/Info 1/Rev 1, providing a summary of the eight NDPHS projects under development and noted that there are high expectations of the Partnership to develop projects. Although the EU Delegation to Russia has been instrumental in providing financial support for the work of the EGs and TGs in developing project concepts, funding is an issue, especially due to the fact that in 2012-13 there will be a funding gap in the European territorial cooperation programmes, which may hamper the development of projects, including some of the ones currently in development. However, there is 1 million EUR available for activities in 2012 in the ND area from the Regional East Indicative Programme 2007-2013 and both the Secretariat and Chairmanship have been pushing for more equitable distribution of this funding among the three ND Partnerships. As a result, as informed by the EU Delegation to Russia, the NDPHS could expect up to 300,000 EUR for activities during next year; funds that need to go primarily towards implementation of projects. However, the Secretariat remarked, this would be beneficial if this money could be supplemented by other funding, such, as for example, Norwegian funding for collaboration projects with Russia.

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

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

The HIV/AIDS&AI EG Chair informed on the progress in relation to Goals 2 and 3. In relation to Operational Target 2.1, on policy recommendations, he specifically mentioned the European AIDS Congress, held in Tallinn, Estonia, in May 2011. At the Congress, there was a TB/HIV session organized by the TB expert of the Expert Group. In addition, several Expert Group members gave presentations, the poster "Use of Extended Logical Framework Approach in the planning of a multi-national HIV programme strategy within the NDPHS" was displayed, and the concluding speech at the conference was delivered by the former EG Chair, Professor Pauli Leinikki.

In relation to Operational Target 2.2, he mentioned the European MSM Internet survey on knowledge, attitudes and behavior as to HIV and STI, as well as the TUBIDU project (Prevention of IDU- and HIV-related TB epidemic in the partner countries), which started in October and will run from 2011 to 2013. Further, he briefly presented the projects which have received the NDPHS label.

The HIV/AIDS&AI EG Chair also mentioned other activities falling under Operational Target 2.2, such as the epidemiological review which is under preparation, as well as the Barents region collaboration, including the evaluation of the Barents HIV/AIDS Programme, which was carried out by the former EG Chair (May-September 2011), and the collaboration with the Steering Committee of the Barents Tuberculosis Programme.

Finally, he described a project proposal developed by the EG for improving services to contain the spread of HIV and TB among injecting drug users in the Kaliningrad Region. This proposal was submitted to EU Delegation in Russia and subsequently approved for financing. Contract negotiations are to be started soon.

In terms of Goal 3, HIV/AIDS&AI EG Chair informed that an application to finance the preparation of a review on best practices on integration of social and health care services for HIV-infected individuals was submitted as part of a common proposal compiled by the NDPHS Secretariat for financing by the European Commission and that the financing was approved for 2012.

Further, he stated that there were 17 on-going projects in 2011. For the purposes of planning the future work of the Expert Group, it applies a Logical Framework Approach involving a series of workshops to be concluded in December 2011. In addition, he explained, the EG is considering organizing an NGO Forum on various topics concerning the HIV/AIDS&AI situation within the ND Region.

The UNAIDS expressed a wish to reinforce the cooperation with the NDPHS, in particular in relation to Russia. Despite the fact that it had no country office in Moscow anymore, but only a Regional Office for Eastern Europe and Central Asia, it noted that it was important to maintain contacts with national governments, and in this regard, cooperation with the NDPHS was very important.

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

On behalf of the AMR TG, the PPHS EG Chair informed about the progress in the implementation of the Goal 4. She informed that the AMR TG met twice in 2011 and

raised three main points: (i) the TG has welcomed a new Russian representative; (ii) the AMR TG aims to embark on a study on Extended Spectrum Beta-Lactamase (ESBL) resistance in surgical patients, which would cover all the NDPHS Partner Countries and (iii) finding financial resources for the TG's work has been problematic.

Thematic area 2: Accessibility and quality of primary health care

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

The PPHS EG Chair informed about the progress in the implementation of Goal 5. In relation to Operational Target 5.1, she reported that the results of the ImPrim project included a Transnational Synthesis report on the financing of health care system in Baltic Sea Region countries, as well as a proposal for an operational system of evidence-based and recognised indicators measuring accessibility of primary healthcare. Selected indicators will subsequently be used to monitor differences in the accessibility of qualified primary health care in Estonia, Latvia, Lithuania and Belarus in 2012.

In relation to Operational Target 5.2, the PPHS EG Chair reported that the Group had been collecting material for a policy document on Tomorrow's Role of Primary Health Care Professionals, and that this work would be continued if financial support can be found. Further, she stated that the Group had also produced an outline for a policy document presenting conclusions and recommendations for education and professional development of primary health care teams. This document will be completed by the end of 2012, in the frame of ImPrim project. In addition, the Group developed two projects proposals related to Operational Target 5.2: the ImPrim sub-project "Development of Transnational Policy Conclusions on Best Model Solutions for Local Hospitals to support High Quality Primary Care in the Baltic Sea Region ", and "4 B's for Health: Building Bridges, Breaking Borders".

She further stated that the Group had not engaged in any activities contributing towards Operational Target 5.3, whereas in relation to Operational Target 5.4 the project PrimCare IT had been approved for funding and project activities are planned to be started in the very end of 2011.

Thematic area 3: Prison health care policy and services

e) Goal 6: Prison policy in the ND area provides for that the health and other needs of inmates are readily met and easily accessed, and that gender specific needs of women and the needs of children accompanying their mothers are addressed

The PPHS EG Chair informed about the progress in the implementation of Goal 6. She noted that the Group was represented in the WHO Expert Group working in the field of prison health, and that it was also involved in close collaboration with the ACCESS project, which is a European initiative aimed at bringing together organisations from different EU Member States to contribute to the knowledge base and practical implementation of harm reduction services. Further, she reported that the PPHS EG assisted the WHO HIPP and UNODC in piloting the "Gender in the criminal justice assessment tool" in some of the Partner Countries, and that it also facilitated the development of the project proposal "Delivering health and social services to inmates in prison and upon their release into the community" targeting the

Kaliningrad Region. In conclusion, she stated that the Expert Group is continuing its close collaboration with the WHO HIPP, EU HIV/AIDS Think Tank, UNODC and other major players in the field of prison health.

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

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

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

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

On behalf of the ADPY Task Group the ASA EG ITA reported on Goal 7 and the TG's work on the Alcohol and drug prevention among youth project. He stated that the TG held two meetings in 2011 and that, due to various issues relating to eligibility for funding, the application process had been lengthy. During spring 2011, the project was 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.

In terms of progress towards Goal 8, the ASA EG ITA reported that the ASA Expert Group continued its close collaboration with the Baltic Sea Parliamentary Conference (BSPC) Secretariat during the year. It prepared a background document, with input from the NCD EG, for the 20th BSPC, where the ASA EG Chair delivered a presentation. In relation to Goal 9, he informed that the ASA EG engaged in discussion with the WHO/Euro, during the ASA EG meeting in Poznan, in order to identify possible actions towards implementing the operational targets set under Goal 9.

Finally, he mentioned a number of other activities undertaken during the year, such as development of a Thematic Report on Alcohol Policy in eight countries in the Baltic Sea Region, and contacts established with the international expert group within the European Quality Standards (EQUS) in the Prevention, Treatment and Harm Reduction of Drugs, which is drafting minimum quality standards at the EU level. As an important new venture, the ASA EG ITA mentioned that the Group would conduct, in collaboration with the WHO, an EU Survey on Alcohol and Health.

The ASA EG Chair returned to the issue of the lack of financial support for the BADY project developed by the ADPY TG. He noted that the UBC and similar organisations may be of assistance in advancing the project since it was very much targeted to municipalities.

In relation to the Goal 9 on tobacco, the NCD EG Chair proposed that the snuff problem should be addressed. He noted that Sweden keeps producing this tobacco product, and that, in fact, production has increased greatly in a short amount of time.

The ASA EG Chair agreed that the issue should be addressed, although he could not promise that the ASA EG would be able to come to a consensus on the question. In

addition, he remarked that the issue of such tobacco products being used as an alternative to smoking also needs to be addressed.

Sweden stated that it would come back with an authorized Swedish view on the matter.

Poland requested more information on concrete, practical results relating to the NDPHS projects and policy documents, such as who implemented the projects, who delivered the financial resources, who the final beneficiaries were, what the results were, and how have the projects helped to address problems in the region.

The ASA EG Chair responded that the ASA EG aims to give concrete advice to political decision makers regarding political measures and that arriving at such policy advice takes time. He also emphasized that the ADPY TG aims to contribute to a comprehensive policy addressing problems at a local level which is very practical.

Latvia expressed its support for Poland's call for evidence on concrete results, and underlined the importance of clearly demonstrating concrete projects and the results thereof to funding agencies and decision makers. As an example, it pointed to the NDEP's success in doing this.

The ASA EG Chair noted that it is generally not feasible to achieve equally concrete results in NCD-related issues as in environmental issues, because the outcomes mainly involve different policies with no quick and easy solutions.

Germany stated that it would particularly like to hear more about the sustainability of the projects and the lessons learned.

Poland pointed out that there will be an evaluation of the NDPHS in 2013, and that it will be very useful if, by then, it is possible to present concrete results of the projects undertaken to achieve the goals set in the NDPHS Strategy.

The European Commission agreed with Poland on the importance of being able to demonstrate results. Furthermore, it emphasized that it was important to distinguish between the number of policy tools picked up by policy makers and the impact of those policies which are implemented.

The Secretariat offered to prepare a table covering achievements and results, based on the views expressed by Partners, if there was interest in this.

Lithuania, Poland and Latvia expressed their support for the Secretariat's suggestion.

Latvia stated that, although it may not be possible to present concrete results in the short term, it is still important to present the steps taken so far towards achieving such results.

Sweden agreed that demonstrating results is useful, but argued that there is a need for more discussion on precisely what and how to report these. Therefore, it suggested discussing further in written communication.

Finland emphasized that it did not wish to increase the burden of bureaucracy needlessly, given the scarce resources available. Consequently, it suggested including these issues in the context of the annual reporting.

Norway supported Finland and Sweden that there is a need for debate on what needs to be reported, and emphasized the need to consider this issue further, with the involvement of the CSR from the very beginning.

The ASA EG Chair agreed with the need to present tangible results and situate these in relation to the goals, but remarked that the EGs can do this without complicated reporting schemes.

The HIV/AIDS&AI EG Chair remarked that the issues raised by Poland must be seriously considered and taken into account if the Partnership is to produce an impact.

The Chair requested the Secretariat, based on the discussions during the meeting, to produce a template for demonstrating the results and impact of the Partnership's activities.

The Secretariat proposed that the template document for presentation of concrete results and their impact be produced in collaboration with the EGs and be submitted to the CSR members for comments, to be finalized shortly after the PAC 8. Subsequently, the Secretariat will, together with the EGs, fill out the document and submit it to the 20th CSR meeting.

The NCD EG Chair reported on the progress in the implementation of activities in Thematic area 4. He remarked that the NCD EG focuses on how to transform policies into practical tools, e.g., the Group intends to use the Potential Years of Life Lost (PYLL) analysis, for example due to alcohol and tobacco. This analysis allows for calculation on how much countries stand to gain by reducing the mortality rate from selected risk factors. Further, he mentioned that the NCD EG, together with the Northern Dimension Institute, has developed the project "Healthier People: Management of Change through Monitoring and Action", which will run from 2012-2014. This project, which focuses on improving policies in selected rayons of Saint Petersburg, was granted funding of 250,000 EUR through the EU Delegation to Russia and the project launch is expected to take place in January 2012. Furthermore, he stated that the project is also expected to serve as a useful pilot for the full NCD Flagship-B project, which is under development.

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

and

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

In relation to Goal 10, the NCD EG Chair, reported on behalf of the OSH TG and presented progress for the implementation of the individual components of the Strategy in the participating countries, and remarked that, overall, good progress has been made.

In relation to Goal 11, he reported on behalf of the IMHAP TG, that the Group has had a difficult year, complicated by changes to the composition of the Group, but that it was moving in the right direction. The Group has decided to especially focus on mental health, and in its work plan, it prioritises the following issues: best practices for indigenous people parenting and associated counseling skills; development of common indicators for indigenous mental health services; telemedicine and its potential to benefit and enhance indigenous people's mental health services; and

producing fact sheets and diagnostics on the mental health status of relevant indigenous populations (Sámi, Inuit, First Nations, others). Finally, the NCD EG Chair called for increased support for the work of the group from the countries with indigenous populations.

The Meeting **took note** of the information provided and **thanked** the NDPHS Expert Groups and Task Groups for their work towards the implementation of the NDPHS Goals and Operational Targets. Further, the Meeting:

- **invited** the Secretariat, in collaboration with the EGs, to produce a template document for the presentation of concrete NDPHS results and their impact and submit the document to the CSR members for comments, to be finalized shortly after the PAC 8 and approved by the CSR;
- **invited** the EGs and TGs to fill out the document and the Secretariat to compile these inputs into one document and submit it to the 20th CSR meeting.

8.2 Revision of the NDPHS goals and mid-term operational targets

With reference to the document CSR 19/8.2/1 presenting the consolidated proposals regarding the revision of the NDPHS goals and mid-term operational targets (OTs) and the indicators, the Secretariat briefly spoke on the background to this revision process, noted that the TGs have not requested for revision of the respective Goals and OTs, remarked that the revisions in Goals 1, 4, 8, 10 and 11 are of a technical nature.

Following the overall introduction by the Secretariat, the EGs provided further details regarding their own respective proposals.

The Meeting **considered**: (i) the proposed revisions to the Goals 2 and 3 and the corresponding OTs and indicators presented by the HIV/AIDS&AI EG Chair; (ii) the presented revisions to the Goal 5 and the corresponding OTs and indicators presented by a PPHS EG ITA (Dr. Arnoldas Jurgutis) and (iii) the presented revisions to the Goal 6 and the corresponding OTs and indicators presented by a PPHS EG ITA (Dr. Zaza Tsereteli), and **approved** them.

Further, the ASA EG ITA presented the proposed revisions to Goal 9 and the corresponding OTs and indicators. He noted that these proposed revisions were presented already at the last CSR in Oslo, and that they have been developed in close collaboration with the WHO/Euro.

The WHO remarked that it had some suggestions for changes to the wording of Indicators 9.1A and 9.1B.

Sweden commented on the presented Indicator 9.1B and questioned the fact that it appears to refer to work being undertaken by another organisation, namely, the WHO, and argued that, in general, the NDPHS should only include indicators that it has independent control over.

Latvia concurred with Sweden's point of view.

The ASA EG ITA explained that the Goal 9 was first formulated in the context of the former SIHLWA Expert Group, before the establishment of the ASA EG, and that the Group is now attempting to adapt the Goal to fit the new situation.

The Secretariat remarked that the revised Strategy needed to be submitted to the PAC 8, and that, given that the other proposals were approved, one option is to insert a placeholder for this particular issue and have the ASA EG and CSR finalize the text by spring 2012.

Latvia emphasized that it is important that all the Goals be approved by the PAC, and consequently asked whether it would be possible to amend and agree on the text before the PAC 8.

Following the consultations, on the side-lines of the meeting, between the ASA EG and the WHO/Euro, the ASA EG ITA presented an amended proposal for the revised Goal 9.

The Meeting **concluded** that further revisions were necessary and, to that end, agreed to the procedure as spelled out below.

Further, the Meeting **discussed** the proposed new Goal 12 and the corresponding OTs and indicators presented by the NCD EG Chair.

Sweden proposed to substitute the word “donors” with “financing agencies.”

Latvia pointed out that indicator 12.2. was affected by the same problem that was discussed earlier, namely, it relied on activities to be undertaken by external organisations.

The Meeting **approved** the submitted proposals for the revision of Goals 1-8, 10-11, as well as Goal 12 (with minor revisions), for submission to the forthcoming PAC 8 for adoption. In relation to the proposed revisions to Goal 9, the Meeting **agreed** as follows: (i) the ASA EG will amend the revised text of Goal 9 and forward it to the Secretariat; (ii) the Secretariat will disseminate the amended version of the text to the CSR for comments; (iii) comments, if any, will be consolidated by the ASA EG and submitted to the Secretariat and subsequently (iii) the Secretariat will submit the amended proposal to the CSR for approval, through a written procedure, for submission to the forthcoming PAC.

8.3 Other matters

With reference to the document CSR 19/8.3/1, the Secretariat presented a request from South Ostrobothnia Healthcare District for the PrimCare IT project to be included as a flagship project in the EUSBSR Action Plan.

Russia expressed a desire to be involved in the project.

Sweden stated that this request was discussed at the PPHS EG Meeting and is supported by the Group.

The Meeting **considered** the presented information and **authorized** the Secretariat to approach the European Commission with a request to include the PrimCare IT as a flagship project in the health sub-area in Priority area 12.3 of the EUSBSR Action Plan.

Further, with reference to the document CSR 19/8.3/2, the Secretariat presented a proposed template for development of EG/TG Annual Work Plans.

The Meeting **adopted** the proposed elements for the development of EG/TG Annual Work Plans.

With reference to document CSR 19/8.3/Info 1, the European Commission informed on the general progress in the implementation of the EUSBSR, as well as the 2nd EUSBSR Annual Forum held on 25-26 October 2011 in Gdańsk, Poland. It noted, *inter alia*, that there was a need for alignment of funding for the implementation of the EUSBSR and, in this regard, agreed with the point raised by the NDPHS, that it is necessary to align the EU funding programmes with the EUSBSR, as suggested in the NDPHS Position paper. Further, it informed about the progress in the development of the EUSBSR targets and indicators (both at the strategy level and those for each Priority Area) and noted that one of the questions still being discussed is whether the indicators should be cooperation indicators (highlighting improvements in cooperation in the region) or policy impact indicators (although there is awareness that this impact of the Strategy is relatively limited). Further, the Commission stated that Priority Area level discussions on targets and indicators have started and that the goal is to compile the indicators from these with those from the Strategy level by the end of the year, which will provide a basis for revision and updates of the Action Plan, which should be ready by June 2012. Finally, the Commission noted that the targets developed will also be used to influence the contents of the funding programmes.

The Chair thanked the European Commission for its assistance and cooperation, and remarked that, since the WHO plays a crucial role in the field that the NDPHS also works in and that all the NDPHS Partner Countries are the WHO members, cooperation with the WHO is very important. He also noted that the NDPHS in its work should rely on the indicators developed by the WHO.

Latvia enquired about the process of development of Priority Area indicators.

The Secretariat thanked the European Commission for information and its support, in particular for the EU Technical Assistance Grant amounting to 120,000 EUR. Further, it explained that a meeting will be held in Stockholm on 9-10 November 2011 for all National Contact Points, Priority Area Coordinators and Horizontal Action Leaders, at which more specific instructions for the development of Priority Area indicators will be presented and discussed. The Secretariat will convey the outcome of this meeting to the NDPHS Expert Groups so that they would be able to start their work on elaborating indicators, to be finalized and presented to the CSR spring meeting.

In response to a question posed by the Secretariat whether the European Commission would be prepared to accept this timeline the latter stated that this would be feasible.

The NCD EG Chair remarked that the WHO is also developing indicators, specifically in relation to non-communicable diseases, and emphasized that care should be taken to ensure that the indicators proposed by the NDPHS are in line with those developed by the WHO.

Sweden emphasized that the EU programmes have to be linked to other instruments, such as the ENPI, given that some of the NDPHS members are not EU members. It also expressed its disappointment with the fact that the indicators and targets developed for the Strategy barely make any mention of health and social well-being.

The European Commission responded that it is holding discussion with Russia and is undertaking efforts to also include non-EU member states.

The Secretariat stated that, in relation to the forthcoming review of the EUSBSR, it had mentioned to Commissioner Hahn an idea of elevating health issues from their sub-area status to form a separate priority area within the EUSBSR Action Plan. The Commissioner had been quite positive to this scenario. Having this in mind, the Secretariat asked the CSR to express its view on this matter.

Finland expressed its opinion that health and social well-being require stronger representation within the EUSBSR.

The Meeting **took note** of the presented information and **approved** the proposal by the Secretariat to undertake efforts to elevate the importance of health and social well-being in the EUSBSR and to include health (and social matters, if possible) as a separate priority area in the EUSBSR Action Plan.

9. NDPHS contribution to the forthcoming ND Senior Officials Meeting

The Secretariat introduced a draft NDPHS report proposed to be submitted to the forthcoming Northern Dimension Senior Officials Meeting to be held on 8 November 2011 in Reykjavik, Iceland (submitted as document 19/9/1) and noted that the report would also provide a point of reference for the CSR Chair's speech during the meeting.

The Meeting **considered** the presented draft and **approved** it for submission to the ND Senior Officials Meeting.

10. Preparations for the ministerial-level PAC 8 and its side-event

10.1 Future NDPHS Chair and Co-Chair

Finland informed that it was prepared and willing to take the NDPHS chairmanship for the next term.

The Chair expressed his content regarding this offer and assured about Russia's support as well as expressed conviction that the Partnership would benefit from the Finnish Chairmanship. He also added that he understood that Finland had been in contact with a potential future Co-Chair Country.

Finland responded that it had discussed the issue with Germany and that it hoped that Germany would agree to be the Co-Chair.

Germany congratulated Finland on deciding to offer taking the next NDPHS chairmanship and confirmed its readiness to Co-Chair the Partnership.

The Meeting **took note** of the presented information with appreciation and **concluded** that the election of the next Chair and Co-Chair Countries would take place during the PAC 8.

10.2 NDPHS Position paper aimed to raise the profile of health and social well-being in the next EU financial period's EU funding programmes operating in the ND area

The Secretariat introduced the draft NDPHS Position paper aimed to raise the profile of health and social well-being in the next EU financial period's EU funding programmes operating in the ND area (submitted as document CSR 19/10.2/1). It remarked that the paper is just one step in the direction of raising the profile of health, but that, already in its drafting stage, the paper was very warmly welcomed, including by country representatives expected to participate in programming committee(s). It also noted that the main target for the position paper would be the successor of the EU BSR Programme 2007-2013.

Finally, the Secretariat proposed that the new Chair, together with the Secretariat, would explore a possibility of holding a CSR meeting in conjunction with a meeting of a programming committee of the successor to the EU BSR Programme 2007-2013, so that a 1-2 hour joint session of the CSR and the programming committee could be held to increase the latter's awareness and understanding of health-related issues. The Secretariat also remarked that the position paper could be used to approach and advise other programmes and financing agencies in the region.

The European Commission supported the views expressed in the Position paper and noted that it would like to see increased involvement of the EUSBSR Priority Area Coordinators in the work of the managing authorities of the funding programmes, in order to link the funding to the real needs. Therefore, it strongly supported the proposal made by the Secretariat to have a meeting back to back with the BSR Programme programming committee.

Sweden congratulated the Secretariat on the Position paper and supported the proposal put forward by the Secretariat. It also proposed adding the following sentence in Conclusion 6 in the Position paper: "This alignment will be further improved by including health and social well-being issues in the monitoring and reporting mechanisms."

The IOM welcomed the Position paper, which it noted was very much in line with IOM thinking and advocacy efforts. Furthermore, it suggested slightly amending, on page 4, the paragraph on social exclusion, so that its first sentence would read as follows: "Vulnerable and socially excluded groups have considerably lower health levels than other population groups due to factors such as poor housing, poor nutrition (i.e. factors normally referred to as social determinants of health) as well as barriers to access to health and social services etc."

The Norway remarked that this is not just a lobbying exercise to get funding, but actually very much in line with what the Partnership should do. In addition, he emphasized the importance of following wider developments in the field in the wake of the Rio Conference, in particular in relation to the question of social determinants of health.

Finland also expressed its approval of the paper and, on page 3, proposed an amendment in the last but one paragraph, so that it would read as follows: "Equally importantly, health is also an economic issue, which must be regarded from two interconnected perspectives: (i) health as investment and (ii) ill health as expenditure."

The Meeting **approved** the presented draft, with the revisions proposed by the IOM, Sweden and Finland for submission to the forthcoming PAC 8 for adoption and **supported** the Secretariat's proposal that the new Chair, together with the Secretariat, will explore the possibility of holding a CSR meeting in conjunction with a meeting of a programming committee of the successor to the EU BSR Programme.

10.3 NDPHS Action Plan on Prevention of Non-communicable Diseases

The NCD EG Chair presented the provisional agenda of the PAC side-event and introduced an Action Statement on the prevention of non-communicable diseases which had been finalized just before the meeting and therefore distributed in a hard copy only. He explained that the originally drafted Action Plan had been extensively discussed by the relevant EGs and TGs and he also recalled that, upon further discussion, it was decided to call the PAC side-event's outcome document an Action Statement rather than an Action Plan, to avoid overlap and confusion with other documents, such as the Action Plan developed by the WHO. The NCD EG Chair remarked that the Action Statement calls for Ministerial signatures, and thus has to be approved by the Partners.

Russia emphasized that it is important to carefully prepare the Statement, given its political nature, and expressed its willingness to assume responsibility for this.

Germany expressed its disapproval that the documents were submitted so late, and asked if there are regulations for submitting documents. Finally, in the headline of the document, it asked what the reference to "implementation of the European Strategy" refers to.

In response, the NCD EG Chair explained that this refers to the WHO Strategy for Europe, and specifically, to its implementation in the Northern Dimension region. He also noted that the draft NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012-2016 had been submitted for review by the Expert Groups, Task Groups and the Senior Representatives about two weeks before the CSR 19 meeting, and that it was also posted on the NDPHS website on 21 October, about one week before the CSR meeting. He remarked that the problem had been that feed-back to the NCD EG from other EGs, TGs and Senior Representatives (countries and organizations) had been very slow. Thus, the print version presented at the CSR meeting on 28 October was based on the alterations and revisions provided by the Senior Representative of Norway on the previous day (i.e. the 27 October, after the first meeting day). Consequently, the NCD Chair explained, he chose to write and print out the new version for the meeting representatives on the morning of the meeting on 28 October, as this was the only option, and made it much easier for the meeting to decide on the content, having both versions (21/10 and 28/10) in written form in front of them. However, he emphasized that this was not the result of slow action on behalf of the NCD Expert Group. Finally, he stated that the NCD EG welcomes precise deadlines for submission of documents, provided that all involved will respect the rules and deadlines.

The Secretariat responded to Germany that there was no regulation regarding deadlines for submission of documents, but stated that this might be a good idea. In this context, the Secretariat remarked that late submissions of documents by EGs and TGs caused culmination of work shortly before the CSR meeting and serious inconveniences in the work of the Secretariat. To that end, the Secretariat strongly encouraged the Expert Groups to ensure their documents be submitted in due time before meetings.

Norway noted that previous documents, such as the Prison Health Declaration, were not signed, but endorsed by the PAC, including the Oslo Declaration. Consequently, Norway proposed a similar procedure for the Action Statement.

The ASA EG Chair noted that the Action Statement essentially does not commit Partner countries to anything they have not already adopted in the WHO or the UN. The only exception, he noted, was the last sentence, which states that “the Ministers envisage concrete proposal for joint strategies and action plans within the Partnership, giving priority to issues that are of particular importance for our region and to avoid duplication of the work of other international organisations.”

The IOM expressed some concerns over the edited version of the document presented at the meeting. Firstly, it noted that the shortening of the previous Action Plan to a one-page document meant a general loss of content, which has now been placed at best within the Annexes. Secondly, it doubted whether it could be assumed that readers or signatories of the Statement would be familiar with all the agreements it refers to without mentioning their content. Thirdly, it remarked that the Statement essentially refers to actions undertaken and texts adopted by other organisations.

The Chair thanked the NCD EG Chair for preparing the Action Statement.

Finland and Latvia requested that the document, with any revisions, be sent as soon as possible, given that there are internal national procedures to take into account.

The Meeting **considered** the presented Action Statement and information and **requested** the NCD EG to disseminate a final version of the Action Statement for comments from the Partners, to be submitted within five working days.

10.4 NDPHS Annual progress report for 2011

The Secretariat thanked the Expert Groups and Task Groups for their contributions and introduced the main part of the NDPHS Progress Report for 2011 (document CSR 19/10.4/1), as well as asked for permission to include later into it any activities, which may still be carried out before the end of the year 2011. Overall, the NDPHS had been able to implement almost all actions envisaged in its ambitious Work Plan for 2011. Of particular importance for the Partnership’s success was continuation of the work to implement the agreed goals and operational targets included in the NDPHS Strategy. To that end, 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, were commended for their efforts.

However, the Secretariat’s one conclusion from the second year of the implementation of the NDPHS Strategy was that, in their activities, some Expert Groups and Task Groups needed to attach more attention to and focus on the implementation of the adopted operational targets, in particular in the light of the evaluation of the NDPHS in 2013. It was also emphasized 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 was recommended. Furthermore, it was noted that some Partners did not allocate sufficient resources to the Partnership and it was recommended that several of Partners, who have not yet nominated their representatives to the Expert Groups and Task Groups, would do so promptly. Finally, the Secretariat stressed that especially acute was the problem of missing contributions to the NDPHS Secretariat budget.

The Meeting:

- **endorsed** the NDPHS Progress Report for 2011 for submission to the forthcoming PAC 8 for approval and, considering that the presented Progress Report only covers the period from January until October 2011, it –
- **authorized** the Secretariat to update the report with new relevant information that would become available before the PAC.

10.5 NDPHS Annual work plan for 2012

The Secretariat presented the proposed NDPHS Work Plan for 2012 (submitted as document CSR 19/10.5/1/Rev 1). While thanking the Expert Groups and Task Groups for their contributions to the Work Plan for 2012, it emphasized that the latter was fully in line with the NDPHS Strategy and took into account the NDPHS' Lead Partner role for the Health priority sub-area in the EUSBSR Action Plan. The proposed Work Plan featured 7 main action lines which defined the NDPHS future work on: (1) working toward the NDPHS goals and taking actions to implement mid-term operational targets, (2) leading and coordinating the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan, (3) taking efforts to increase the profile of health and social well-being among the priorities of the funding programmes operating in the Northern Dimension region, (4) providing adequate funding for the NDPHS and Partnership-relevant activities and projects, (5) increasing the Partnership's visibility, (6) establishing the NDPHS Secretariat with its own legal capacity and (7) monitoring the Partnership's progress and reporting on it.

The Secretariat also invited the Meeting to agree on the following additional bullet point in Action line 2, to reflect the outcome of the discussions in agenda item 8.3:

- (2.2) Develop targets and indicators (1-2 per each priority action in the EUSBSR Action Plan and 1-2 for the Strategy general level). These targets and indicators shall be developed by the Expert Groups in coordination and cooperation with the NDPHS Secretariat and be submitted to the spring CSR meeting for approval for subsequent presentation to the European Commission. They shall be in full coherence with and complement the NDPHS Operational Targets and Indicators.”

Further, the Secretariat noted that the Action line 3 was a new activity compared to the Work Plan for 2011 and that its purpose was to provide for a tool, following the adoption of the NDPHS position paper by the PAC 8, to pursue the Partnership's work towards raising the profile of health and social well-being in the Northern Dimension area. It also emphasized, with reference to the Specific action 4.2., that the Secretariat, in coordination with interested Expert Groups and Task Groups, would finalize, in late 2011 or very beginning of January 2012, the request for financial support in the amount of 300 000 EUR from the ENPI Regional East Indicative Programme 2010-2013 and submit it to the Delegation of the European Union to Russia. It recalled that the funding would be used for the implementation of the NDPHS projects and that it could also be used as a co-funding for other programmes operating in the Northern Dimension area. With reference to the Action line 5 the Secretariat invited the NDPHS Partner Countries and Organizations, which have not done so yet, to include the links to the NDPHS website, database and project pipeline on their own websites. Finally, with reference to the Action line 7, the Secretariat asked the Expert Groups and Task Groups to develop their own Annual Progress Reports closely following the reporting elements stipulated by the NDPHS Annual Reporting Mechanism and submit them to the NDPHS Secretariat within the deadlines imposed by this mechanism.

The Meeting **approved** the NDPHS Work Plan for 2012 for submission to the forthcoming PAC 8 for adoption with the amendment proposed by the Secretariat.

10.6 Draft provisional agenda for the PAC 8

The Secretariat introduced a draft provisional agenda for the PAC 8 (submitted as document CSR 19/10.6/1). It also proposed that, in the light of the discussions in agenda items 7 and 10.3: (i) the square brackets in agenda item “[5. Establishment of the NDPHS Secretariat with its own legal capacity]” would be removed and (ii) in agenda item “3. Healthy lifestyles – the cornerstone of public health: Roundtable discussion and adoption of the NDPHS Action Plan” the “NDPHS Action Plan” would be replaced with the “NDPHS Action Statement”. Furthermore, it informed that the draft Conclusions by the Chair would be disseminated for comments to the Partner Countries and Organisations before the PAC 8.

Norway suggested to: (i) include agenda item “5. Establishment of the NDPHS Secretariat with its own legal capacity” as one of the first agenda items before the press conference, since that, assumingly, was an issue of great interest for the press and (ii) shorten the time allocated for the agenda item “4. Progress and future of the NDPHS”, so that there would be more time left for other agenda items.

The Meeting **approved** the draft provisional agenda for the PAC 8 for submission to the forthcoming PAC 8 for adoption with the amendments proposed by Norway.

10.7 Organizational matters

The Secretariat recalled that the formal invitations to the respective Ministers and Heads of delegations of the Partner Organizations had been sent by the Chair Country well in advance and informed that the invitations to the CSR members and EG Chairs and ITAs, the provisional annotated PAC 8 agenda and the practical information would be disseminated shortly.

Germany announced that it would support the organization of the PAC 8 side-event financially.

The Meeting **thanked** Germany for its support and **took note** of the presented information.

11. Financial matters

Information presented during this agenda item as well as the decisions taken followed the in camera meeting of the Partner Countries contributing to the NDPHS budget, which was held in the evening of the first day of the CSR 19 Meeting.

11.1 Appropriations Account

With reference to the document CSR 19/11.1/Info 1 the Secretariat presented information about the funds transferred to and spent from the NDPHS Appropriations Account in FY 2011 and the funds currently available in the account. It reiterated its words of appreciation to Germany and Sweden for their voluntary contributions. It informed that, after the submission of the document CSR 19/11.1/Info 1 to the

meeting, 2525 EUR had been transferred to an expert who was developing a thematic report on alcohol policy in the ND area, as requested by the ASA Expert Group, thus, as of 28 October 2011, the disposable amount of funds in the Appropriations Account was EUR 165,192.

The Meeting **took note** of the information provided by the Secretariat.

11.2 Current financial situation of the NDPHS Secretariat and contributions to the NDPHS budget for FY 2011

With reference to the document CSR 19/11.2/Info 1 presenting actual and projected contributions and expenditures during 2010-2012, the Secretariat informed the Meeting about the current financial situation of the NDPHS Secretariat. As regards the contributions to the NDPHS budget for FY 2011, the CBSS Secretariat Administration has confirmed that as of 29 September 2011 annual contributions have been received by the NDPHS Secretariat from the following countries: Estonia, Finland, Germany, Iceland (first installment amounting to EUR 1,465), Latvia, Lithuania, Norway, Poland, Russia and Sweden. The Secretariat further referred to the NDPHS Strategy, which foresees that the issue of non-payment should be discussed during the autumn CSR/PAC meeting to decide whether a non-paying country may remain a Partner. It informed that the issue was discussed during the *in camera* meeting where it was concluded that Canada and Iceland would be approached and reminded of their obligation to pay, however, taking into account that both countries have been paying their contributions in the past, it was proposed that no immediate decision would be taken at the CSR 19.

Norway stressed that it would be fair to mention that Iceland had paid its contribution for FY 2010 in 2011, thus it was lagging one year behind with its contributions, but it had a will to pay.

The Meeting **took note** of the presented information, **invited** the Partner Countries, which have not paid their contributions so far, to do so promptly to ensure the Secretariat's financial liquidity and **postponed** the decision regarding the Partner status of the respective two Partner Countries until the CSR 20 meeting.

11.3 NDPHS budget for FY 2012

The Secretariat introduced a proposed NDPHS budget for FY 2012 (submitted as document CSR 19/11.3/1), which foresaw that the NDPHS Secretariat would continue to operate as a CBSS project during the entire FY 2012. It also noted that the proposed budget foresaw an approx. 1.6% increase which was less than inflation in Sweden.

The Meeting **adopted** the presented budget.

12. Future CSR meetings

The Chair invited the Partners to consider offering to host the CSR 20 meeting in spring 2012 and to inform the Meeting accordingly.

Finland offered to host the CSR 20 meeting in Finland on 15-16 May 2012.

While appreciating Finland's kind offer, the Secretariat suggested to consider holding the next CSR meeting earlier in spring 2012 in the light of the discussions during other agenda items (e.g. a possible joint session with the programming committee of the successor to the Baltic Sea Region Programme 2007-2013 and a possible submission of the EUSBSR health-related targets and indicators to the European Commission), as well global health-related events.

The Meeting **thanked** Finland for its offer to host the CSR 20 meeting and **agreed** that Finland and the Secretariat should continue their efforts to set a final date of the meeting and inform the Partners accordingly.

13. Any other business

No issues were discussed during this agenda item.

14. Adoption of the CSR 19 meeting minutes

The Secretariat proposed that it would send out draft CSR 19 meeting minutes to the participants on 11 November 2011 and that comments on the draft would be due, at the latest, on 18 November 2011. The revised minutes would be distributed on 21 November 2011 to be adopted *per capsulam* provided that no further comments are submitted within one week.

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

15. Closing of the meeting

The Chair thanked the European Commission for hosting of the meeting and the participants for a fruitful work and interesting discussions.

The Meeting closed at 12:50 hours.

Reference	Annex 1
Title	List of documents submitted to the meeting
Summary / Note	This list includes all documents submitted to the meeting

Main documents

Code	Title	Submitted by	Date
• CSR 19/2/1	Provisional agenda with timetable	Secretariat	21/09/11
• CSR 19/2/1/Rev 1	Revised provisional agenda with timetable	Secretariat	30/09/11
• CSR 19/2/2	Provisional annotated agenda	Secretariat	30/09/11
• CSR19/2/2/ Rev 1	Revised provisional annotated agenda	Secretariat	21/10/11
• CSR 19/4/Info 1	Swedish ESF Council presentation	Swedish ESF Council	17/10/11
• CSR 19/4/Info 2	Presentation by the Chairman of the Union of the Baltic Cities (UBC) Commission on Health and Social Affairs	UBC Commission on Health and Social Affairs	21/10/11
• CSR 19/5/Info 1	Meetings of relevance to the NDPHS, which were recently attended or are planned to be attended by the CSR Chair Country and the Secretariat	Secretariat	30/09/11
• CSR 19/5/Info 1/Rev 1	Meetings of relevance to the NDPHS, which were recently attended or are planned to be attended by the CSR Chair Country and the Secretariat (revised)	Secretariat	21/10/11
• CSR 19/5/Info 2	NDPHS participation in and contribution to the 20 th Baltic Sea Parliamentary Conference	Secretariat	30/09/11
• CSR 19/5/Info 3	Resolution of the 20 th Baltic Sea Parliamentary Conference	Secretariat	30/09/11

• CSR 19/5/Info 4	Political Declaration adopted at the High-level meeting of the United Nations General Assembly on the Prevention and Control of NCDs	Secretariat	17/10/11
• CSR 19/6/Info 1	BSSSC newsletter featuring a NDPHS Secretariat article	BSSSC	30/09/11
• CSR 19/6/Info 2	BSSSC and NDPHS cooperation for the future BSR	BSSSC	21/10/11
• CSR 19/7.2/1	Proposed Terms of Reference of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being	Secretariat	30/09/11
• CSR 19/7.2/1/Corr 1	Proposed Terms of Reference of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being (corrigendum)	Secretariat	27/10/11
• CSR 19/8.1/Info 1	NDPHS projects under development as of 16/09/11	Secretariat	30/09/11
• CSR 19/8.1/Info 1/Rev 1	NDPHS projects under development as of 14/10/11	Secretariat	21/10/11
• CSR 19/8.2/1	Revision of the NDPHS Goals and Operational Targets	Secretariat	17/10/11
• CSR 19/8.3/Info 1	Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the Implementation of the EU Strategy for the Baltic Sea Region (EUSBSR)	European Commission	30/09/11
• CSR 19/8.3/1	PrimCare IT application for EUSBSR Flagship Project label	South Ostrobothnia Healthcare District	17/10/11
• CSR 19/8.3/2	Elements for the development of EG/TG Annual Work Plans	Secretariat	17/10/11
• CSR 19/9/1	Draft NDPHS report to the Northern Dimension Senior Officials Meeting	Secretariat	17/10/11

• CSR 19/10.2/1	Draft NDPHS position paper aimed to raise the profile of health and social well-being in the next EU financial period's EU funding programmes operating in the ND area	Secretariat	30/09/11
• CSR 19/10.3/1	Draft NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 in Northern Dimension Partnership area	NCD EG	21/10/11
• CSR 19/10.3/2	PAC 8 side-event Provisional agenda with timetable	NCD EG ASA EG	21/10/11
• CSR 19/10.4/1	NDPHS Progress Report for 2011	Secretariat	21/10/11
• CSR 19/10.5/1	Proposed NDPHS Work Plan for 2012	Secretariat	17/10/11
• CSR 19/10.5/1/Rev 1	Revised proposed NDPHS Work Plan for 2012	Secretariat	21/10/11
• CSR 19/10.6/1	Draft provisional PAC 8 Agenda	Secretariat	17/10/11
• CSR 19/11.1/Info 1	Transfers to/from the Appropriations Account and funds available in the account	Secretariat	30/09/11
• CSR 19/11.2/Info 1	Actual and projected contributions to and expenditures from the NDPHS main budget during 2010-2012	Secretariat	30/09/11
• CSR 19/11.3/1	Proposed NDPHS budget for FY 2012	Secretariat	30/09/11
• CSR 19/12/Info 1	Dates, locations and hosts of CSR meetings	Secretariat	30/09/11

Auxiliary documents

Code	Title	Submitted by	Date
• CSR 19/Info 1	Practical information for participants	Secretariat	21/09/11

- CSR 19/Info 2 Preliminary timetable Secretariat 30/09/11
- CSR 19/Info 3 List of documents Secretariat 30/09/11
- CSR 19/Info 4 Preliminary list of participants Secretariat 21/10/11
- CSR 19/Info 3/Rev 1 Revised list of documents Secretariat 17/10/11
- CSR 19/Info 3/Rev 2 2nd Revised list of documents Secretariat 21/10/11

Reference	Annex 2
Title	List of participants
Summary / Note	This list includes all persons who attended the meeting

CHAIR

Dr. Evgeny Slastnykh
 Chief of division
 Ministry of Health and Social
 Development
 Rakhmanovsky, 3
 RU-127994 Moscow
 Russian Federation
 Phone: +7 495 6924217
 Fax: +7 495 6924217
 E-mail: slastnykhEI@rosminzdrav.ru

Finland (Co-Chair Country)

Ms. Liisa Ollila
 Deputy Director-General
 Head of EU and International Affairs
 Ministry of Social Affairs and Health
 P.O.BOX 33
 FI-00023 Government, Helsinki
 Finland
 Phone: +358 916073925
 Fax: +358 916073296
 E-mail: liisa.ollila@stm.fi

PARTNERS

Canada

Mr. Alain Hausser
 Minister-Counsellor & Deputy Head of
 Mission
 Mission of Canada to the European
 Union
 Avenue de Tervuren 2
 BE-1040 Brussels
 Belgium
 Phone: +32 27410684
 E-mail: alain.hausser@international.gc.ca

Mr. Olli Kuukasjärvi (also in his
 capacity as the BEAC Working Group
 on Health
 and Related Social Issues Chairman)
 Ministerial Adviser
 Ministry of Social Affairs and Health
 P.O. BOX 33
 FI-00023 Government, Helsinki
 Finland
 Phone: +358 916073168
 Fax: +358 916073296
 E-mail: olli.kuukasjarvi@stm.fi

Estonia

Dr. Liis Rooväli
 Head of Health Information and
 Analysis Department
 Ministry of Social Affairs of Estonia
 Gonsiori 29
 EE-15027 Tallinn
 Estonia
 Phone: +372 6269158
 Fax: +372 6992209
 E-mail: liis.roovali@sm.ee

Ms. Eeva-Liisa Haapaniemi
 Consul
 Social Affairs and Health
 General Consulate of Finland in Saint
 Petersburg, PB 45-46
 FI-53501 Lappeenranta
 Finland
 Phone: + 7 812 3317600
 Fax: +7 812 3317612
 E-mail: eeva-liisa.haapaniemi@formin.fi

Ms. Minna Sinkkonen
 Project manager
 National Institute for Health and
 Welfare
 Lintulahdenkuja 4
 Fi- 00531 Helsinki
 Finland
 Phone: +358 206207032
 Fax: + 358 7732922
 E-mail: minna.sinkkonen@thl.fi

Germany

Mr. Thomas Ifland
Advisor
Ministry of Health
Rochusstrasse 1
DE-53123 Bonn
Germany
Phone: + 49 228 9413311
E-mail: thomas.ifland@bmg.bund.de

Iceland

No registered participants

Latvia

Ms. Agnese Raboviča
Head of European Affairs and
International Cooperation Division
Brivibas street 72
LV-1011 Riga
Latvia
Phone: +371 67876060
Fax: +371 67876021
E-mail: agnese.rabovica@vm.gov.lv

Lithuania

Mr. Viktoras Meižis
Head of EU Affairs and International
Relations Division
Ministry of Health
Vilniaus 33
LT 01506 Vilnius
Lithuania
Phone: +370 52661420
Fax: +370 52661402
E-mail: viktoras.meizis@sam.lt

Mr. Martynas Pukas
Health Attaché
Permanent Representation of
Lithuania to the European Union
Rue Belliard 65
BE-1040 Brussels
Belgium
Phone: +32 2 401 3518
Fax: +32 2 282 4256
E-mail: martynas.pukas@eurep.mfa.lt

Norway

Ambassador Carola Bjørklund
Ambassador
Norwegian Ministry of Foreign Affairs
7 Juni plassen 1/Viktoria Terrasse 7
NO-0251 Oslo
Norway
Phone: +47 90606355
Fax: +47 22243273
E-mail: cbb@mfa.no

Ms. Vibeke Gundersen
Senior Adviser
Norwegian Ministry of Health and Care
Services
Møllergata 24
NO-0030 Oslo
Norway
Phone: +47 22248773
Fax: +47 22249577
E-mail: vrg@hod.dep.no

Ms. Heidi Langaas
Counselor for Health and Food Safety
Mission of Norway to the EU
Rue Archimede 17
BE-1000 Brussels
Phone : +32 (0)2 238 74 80
E-mail : hela@mfa.no

Poland

Ms. Jadwiga Jaszczyk
Director
Office for Foreign Aid Programs in
Health Care
Aleje Jerozolimskie 155
PL-02-326 Warsaw
Poland
Phone: +48 226582261
Fax: +48 226582617
E-mail: j.jaszczyk@bpz.gov.pl

Russia (Chair)

Ms. Yulia Bakonina
Senior specialist
Ministry of Health and Social
Development
Rahmanovsky, 3
RU-127994 Moscow
Russian Federation
Phone: +7 495 6272952
Fax: +7 495 6924217
E-mail: bakoninaJA@rosminzdrav.ru

Dr. Anna Korotkova
Deputy Director
Federal Research Institute for Health
Care Organization and Information
Dobrolubov Str., 11
RU-127254 Moscow
Russian Federation
Phone: +7 495 6181109
E-mail: korotkova_anna@mednet.ru

Mr. Yuri Proskurnikov
Attache
Ministry of Foreign Affairs of Russia
Department of European Cooperation
Smolenskaya-Sennaya 32/34
RU-119120 Moscow
Russian Federation
Phone: +7 499 244 25 66
Fax: +7 499 244 43 38
E-mail: eu@mid.ru

Mr. Sergey Kudryavtsev
Senior counsellor
Permanent Mission of the Russian
Federation to the EU
Dreve de Lorraine, 45
BE-1180 Brussels
Belgium
Phone: +32 23744588
Fax: +32 23756650
E-mail: russie@coditel.net

Ms. Maria Churilova
Second Secretary
Permanent Mission of the Russian
Federation to the EU
Dreve de Lorraine, 45
BE-1180 Brussels
Belgium
Phone: +32 23744588
Fax: +32 23756650
E-mail: churilovamv@mail.ru

Sweden

Dr. Göran Carlsson
Senior Advisor
Ministry of Health and Social Affairs
Fredsgatan 8
SE-10333 Stockholm
Sweden
Phone: +46 8 4052302
Fax: +46 8 217876
E-mail:
goran.carlsson@social.ministry.se

Barents Euro-Arctic Council (BEAC) Working Group on Health and Related Social Issues

Mr. Olli Kuukasjärvi
Chairman of the BEAC Working Group
on Health and Related Social Issues
For contact details see under "Finland"

Baltic Sea States Subregional Co-operation

No registered participants

Council of the Baltic Sea States

No registered participants

European Union

Dr. Isabel De la Mata
Principal adviser with special interest
in Public Health
DG SANCO
Jean Monnet Building
LU-2920
Luxembourg
Phone: +352 4301 31454/33988
Fax: +352 4301 35411
E-mail:
Isabel.Delamata@ec.europa.eu

Dr. Canice Nolan
Senior Coordinator for Global health
European Commission
200 Wetstraat
BE-1040
Belgium
Phone: +32 22986590
Fax: +32 22986590
E-mail: canice.nolan@ec.europa.eu

Mr. Sylvain Giraud
Deputising for the Head of Unit
DG SANCO
Rue Belliard 232
BE-1049 Brussels
Belgium
Phone: +32 22961767
Fax: +32 22975715
E-mail: sylvain.giraud@ec.europa.eu

Mr. Erdem Erginel
Policy Officer
DG SANCO
Rue Breydel 4
BE-1040 Brussels
Belgium
Phone: +32 22988707
Fax: +32 2975715
E-mail: erdem.erginel@ec.europa.eu

Mr. Anders Lindholm
Programme Officer
European Commission
Avenue Des Nerviens 105
BE-1040 Brussels
Belgium
Phone: +32 22958205
Fax: +32 22958205
E-mail:
anders.lindholm@ec.europa.eu

International Labour Organization

No registered participants

International Organization for Migration (IOM)

Ms. Maria Jose Peiro
Project Coordinator, Migration Health
International Organization for
Migration
Rue Montoyer 40
BE-1000 Brussels
Belgium
Phone: +32 22877212
Fax: +32 22877006
E-mail: mpeiro@iom.int

Ms. Jelena Kundacina
Liaison Officer
SEEHN / IOM
Rue Cans 8
BE- 1050 Brussels
Belgium
Phone: +32 483438519
Fax: +32 483438519
E-mail: jelkundacina@gmail.com

Nordic Council of Ministers

No registered participants

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UNAIDS – Joint United Nations Programme on HIV/AIDS

Dr. Jean-Elie Malkin
Senior Adviser to the Executive
Director and Acting Director of the
Regional Support Team for Europe
and Central Asia
UNAIDS
Leontyevsky lane 9
RU-125009 Moscow
Russian Federation
Phone: +7 495 663 67 78
Fax: +7 663 67 99
E-mail: malkinj@unaids.org

World Health Organization (WHO)

Ms. Svenja Herrman
Partnerships Officer
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen
Denmark
Phone: +45 39171611
Fax: +45 3939171818
E-mail: she@euro.who.int

NDPHS PARTICIPANT

Denmark

No registered participants.

NDPHS EXPERT GROUPS

ASA Expert Group

Mr. Bernt Bull
ASA EG Chair
Senior Advisor
Ministry of Health and Care Services
Norway
Phone: +47 48116876
E-mail: bb@hod.dep.no

Dr. Zaza Tsereteli (also in his capacity
as a PPHS EG ITA)
ASA EG ITA
Tartu mnt 16-18
EE-10117 Tallinn
Estonia
Phone: + 372 6446604
Fax: + 372 6446604
E-mail: zazats64@yahoo.com

HIV/AIDS&AI Expert Group

Dr. Ali Arsallo
HIV/AIDS&AI EG Chair
Kuusijärventie 116
FI-99510 Raudanjoki
Finland
Phone: +358 505376265
Fax: +358 16633303
E-mail: ali.arsalo@kevicon.fi

Ms. Outi Karvonen
HIV/AIDS&AI EG ITA
National Institute for Health and
Welfare
Lintulahdenkuja 4
FI-00530 Helsinki
Finland
Phone: +358 206107046
Fax: +358 97732922
E-mail: outi.karvonen@thl.fi

NCD Expert Group

Dr. Mikko Vienonen
NCD EG Chair
Sysimiehenkuja 1
FI-00670 Helsinki
Finland
Phone: +358 504421877
E-mail: m.vienonen@kolumbus.fi

Ms. Marja Tuomi
NCD EG ITA
Topeliuksenkatu 41 a A
FI-00250 Helsinki
Finland
Phone: +358 304742929
Fax: +358 304742629
E-mail: marja.tuomi@ttl.fi

PPHS Expert Group

Dr. Helena Silfverhielm
PPHS EG Chair
National Board of Health and Welfare
Socialstyrelsen
SE-106 30 Stockholm
Sweden
Phone: +46 752473383
E-mail:
helena.silfverhielm@socialstyrelsen.se

Dr. Arnoldas Jurgutis
PPHS EG ITA
H. Manto 84
LT-92294 Klaipeda
Lithuania
Phone: +370 46398560
Fax: +370 46398560
E-mail: jurgutis@klaipeda.aiva.lt

Dr. Zaza Tsereteli
PPHS EG ITA
*For contact details see under "ASA
EG"*

INVITED GUESTS

SEEHN

Dr. Alexandre Berlin
Honorary Director
European Commission
121 Avenue d'Italie
F-75013
France
Phone: +32 22310152
Fax: +32 22310152
E-mail: berlinalexandre@gmail.com

Swedish ESF Council

Mr. Christian Råbergh
TNC Coordinator
Swedish ESF Council
PO 47141
SE-10074 Stockholm
Sweden
Phone: +46 702269229
Fax: +46 857917101
E-mail: christian.rabergh@esf.se

The Union of the Baltic Cities

Mr. Wojciech Drozd
Chairman
Union of the Baltic Cities
Commission on Health and Social
Affairs
Elblag City Hall
ul. Kosynierow Gdynskich 42
PL-82-300 Elblag
Poland
Phone: +48 502059147
E-mail: w.drozd@wp.pl

NDPHS SECRETARIAT

Mr. Marek Maciejowski
Head of Secretariat
Slussplan 9
SE-103 11 Stockholm
Sweden
Phone: +46 8 4401938
Fax: +46 8 4401944
E-mail:
marek.maciejowski@ndphs.org

Ms. Silvija Juscenko
Senior Adviser
Slussplan 9
SE-103 11 Stockholm
Sweden
Phone: +46 8 4401946
Fax: +46 8 4401944
E-mail: silvija.juscenko@ndphs.org