

**Committee of Senior Representatives (CSR)  
Twentieth Meeting  
Helsinki-Vantaa, Finland  
19-20 April 2012**

<b>Reference</b>	CSR 20/6.1/Info 1
<b>Title</b>	Concrete NDPHS results and their impact
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	<p>Following CSR decision taken during its 19<sup>th</sup> meeting in October 2011, the Secretariat produced a proposed template document for the presentation of concrete NDPHS results and their impact and submitted it to the CSR for approval through a silent procedure. The procedure was broken by Norway, which expressed an opinion that it would be beneficial to see the template in relation to other reporting mechanisms of the NDPHS. The CSR Chair consented to this and agreed that the leaderships of the HIV/AIDS&amp;AI EG and the OSH TG would develop a new proposal that would take into account the Logical Framework Approach and would be presented to the 13<sup>th</sup> EG Chairs and ITAs meeting held on 28 February 2012.</p> <p>The new proposal was discussed during this meeting. The Meeting decided as follows:</p> <p>“(i) Mr. Wiking Husberg will convene an <i>ad hoc</i> working group, composed of representatives of the Expert Groups and the Secretariat, for further development of a template document for the presentation of concrete NDPHS results and their impact, which would be used by the EGs for reporting on their activities. A change of reporting time could also be considered;</p> <p>(ii) By 30 March 2012 the Expert and Task Groups will fill out, on a voluntary basis, the template document originally proposed by the Secretariat and send the form to the latter. The Secretariat will compile these inputs into one document and submit to the 20th CSR meeting.”</p> <p>Consistent with the above, the contributions received from the Expert Groups and the original one prepared by the Secretariat (with a minor update) have all been consolidated into this present document.</p>
<b>Requested action</b>	For reference

## Evaluation of the NDPHS Strategy mid-term progress

### I. POLICIES

#### 1. NDPHS Secretariat

<b>1. Title of policy</b>	<b>Raising the profile of health and social well-being</b>
<b>2. Deliverables</b>	<b>NDPHS position paper</b> "Post-2013 European Programmes: Raising the profile of health and social well-being."
<b>3. Current status: ongoing/completed</b>	The position paper was adopted on <b>25.11.2011</b> during the 8 <sup>th</sup> ministerial-level Partnership Annual Conference. Further actions to achieve the objectives laid down in the paper will be taken (cf. section "8. Sustainability" below).
<b>4. Actors directly engaged</b>	<b>Development of the paper:</b> the NDPHS Secretariat, the NDPHS Expert Groups, the NDPHS CSR, the NDPHS PAC. <b>Follow-up activities:</b> The above actors. It is also foreseen that the CSR members and EG/TG members will individually undertake activities in their own countries (cf. section "8. Sustainability" below).
<b>5. Area covered</b>	<b>All countries in the Northern Dimension area.</b>
<b>6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region</b>	<b>This policy is supposed to support the implementation of national and regional health and social well-being actions including, but not limited to those listed in the NDPHS Strategy and the EUSBSR Action Plan.</b>  When it comes to the NDPHS Strategy, the paper will help achieve the activities listed/to be listed under specific thematic areas, as well as what is foreseen in Operational Target 1.6 (however in the next financial programming period).
<b>7. Value added, impact and beneficiaries of the NDPHS involvement</b>	<b>(i) Added value</b>  The NDPHS activities will increase the awareness among the stakeholders (those who are designing the transnational cooperation programmes to be operating in the ND region in the next programming period) of the need to recognize health also as an economic issue as well as the need for a more visible inclusion of health among the funding priorities.  There have been views and concerns voiced in the ND area about insufficient financial resources allocated for regional health/social well-being projects. A solution proposed by the NDPHS has, therefore, been to raise the profile of health and social well-being in the next financial period's respective programmes. The NDPHS is in a good position to push for and achieve this change (among others, due to its role as the priority area coordinator of the health sub-priority of the EUSBSR Action Plan).  <b>(ii) Impact</b>  It is expected that active promotion of ideas contained in the NDPHS position paper will contribute to the achievement of the following: 1) more visible exposure of health and social well-being among the priorities of the European programmes that will operate in the Northern Dimension area during the coming multiannual financial framework 2014-2020 and 2)

	<p>alignment of the European programmes with the EUSBSR priorities. As a final result, <b>more funding for health and social well-being related activities, as compared to current situation, is expected to become available during the period starting from 2014.</b></p> <p>The paper has also been used (and will continue to be used) to encourage changes in the design of the EUSBSR Action Plan and to include health (and social matters, if possible) as a separate priority area in the EUSBSR Action Plan.</p> <p><b>(iii) Beneficiaries</b></p> <p>The <u>direct</u> beneficiaries of the NDPHS activities will be the stakeholders applying for funding for their health and social well-being related projects in the ND area (including, but not limited to those cooperating with/within the NDPHS EGs and TGs).</p>
<b>8. Sustainability</b>	<p>The NDPHS Work Plan for 2012 stipulates that, following the adoption of the position paper, <b>the Partnership will take actions to publicize and promote the ideas and messages contained in the position paper among relevant stakeholders</b>, consistent with Action Line 3 in the Work Plan.</p> <p>Programming committees that will discuss future funding programmes will be an important target group. <b>The CSR has agreed to propose to the programming committee for the successor programme of the BSR Programme 2007-2013 that these two bodies would hold a joint session in 2012.</b> The position paper has been submitted to the members of the BSR Programme 2007-2013 Monitoring Committee and the members of the Joint Programming Committee of the successor programme of the BSR Programme 2007-2013.</p> <p>Furthermore, the position paper has been submitted to the Commissioners responsible for Health and Regional Policy (a response has been received on behalf of Commissioner Dalli). The position paper has been presented at several regional meetings, and will continue to be presented (e.g. the forthcoming Baltic Sea Parliamentary Conference could provide an opportunity in this regard).</p>
<b>9. Financing</b>	<p>The position paper was prepared by the NDPHS Secretariat, as part of its regular activities.</p>

## 2. HIV/AIDS & AI Expert Group

<b>1. Title of policy</b>	<p><b>Policy recommendations on integration of social and health care services for HIV-infected individuals</b></p> <p><i>(Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan: Activity 2)</i></p>
<b>2. Deliverables</b>	<p>Review on evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals, including policy recommendations</p>
<b>3. Current status: ongoing/completed</b>	<ul style="list-style-type: none"> <li>▪ Terms of Reference (ToR) for external consultant have been drafted in March, 2012. Finalisation of the ToR – April, 2012</li> <li>▪ Identification and contracting the consultant – April, 2012</li> <li>▪ Work of the consultant to be completed – August, 2012</li> <li>▪ EG to finalise the report – September, 2012</li> </ul>
<b>4. Actors directly engaged</b>	<p>Members of the HIV/AIDS&amp;AI Expert Group Relevant organisations in the member countries</p>
<b>5. Area covered</b>	<p>Countries in the Northern Dimension area</p>
<b>6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region</b>	<p><b>Goal 3: Social and health care for HIV infected individuals in the ND area is integrated</b></p> <p>EUSBSR priority area Health; <b>Containing the spread of HIV/AIDS and tuberculosis</b></p>
<b>7. Value added, impact and beneficiaries of the NDPHS involvement</b>	<p><b>(i) Added value</b> The Review will give a comprehensive overview of the current situation to be shared among NDPHS Partner Countries. Special emphasis will be put on the coverage of the most vulnerable population groups. It is expected that the policy recommendations can and will contribute to the development of national policies.</p> <p><b>(ii) Impact</b> In several countries of the Northern Dimension area the health and social services for people living with HIV/AIDS are organised separately. A big amount of HIV-infected people belong to vulnerable groups as drug users, sex workers, men having sex with men etc. These groups are very difficult to reach by traditional services. It would be important to organise basic health and social services for them under one roof or through mobile activities - on basis of "one-stop-shopping".</p> <p>This approach can contribute to prevention of HIV and associated infections, as well as to earlier case finding of tuberculosis. Thus it can contribute to the health of whole population in longer perspective.</p> <p><b>(iii) Beneficiaries</b></p> <ul style="list-style-type: none"> <li>▪ Vulnerable populations (HIV-infected individuals, drug users, sex workers, MSM etc.)</li> <li>▪ Policy makers of the member countries</li> </ul>

<b>8. Sustainability</b>	<p>The Review will be delivered to and freely available in all partner countries. How widely it will be used, will depend on political commitment to the development of integrated and effective services for vulnerable and marginalised population groups in partner countries.</p> <p>The EG members are expected to use their position as the representatives of the NDPHS to advocate for the use of the Review and, hence, producing wider impacts and sustainable development of services.</p> <p>The result of this work is proposed to contribute to the development of indicators of the EUSBSR until 2020.  <i>(Target value [proposal]: Several countries in the region will have in place programmes on integration of health and social services for people living with HIV/AIDS by 2020</i>  <i>Indicator [proposal] : Policy recommendations aimed at integration of health and social services have been developed and implemented through international programmes.)</i></p> <p>If it will be accepted as an indicator, the progress will be followed until 2020. In another case the HIV/AIDS&amp;AI Expert Group will follow the progress within its own mandate.</p>
<b>9. Financing</b>	<p>The financing of developing the Review is ensured through a grant by DG REGIO. The grant to "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan" is coordinated by NDPHS Secretariat.</p> <p>9000 EUR - consulting fee  3210 EUR - travel costs of interview visits to Russia, Poland and Latvia</p>

### 3. NCD Expert Group

<p><b>1. Title of policy</b></p>	<p><b>EUROPEAN UNION STRATEGY FOR THE BALTIC SEA REGION</b>  underlines the importance to maintain and reinforce attractiveness of the Baltic Sea Region in particular through <u>health</u>.</p> <p><b>EUROPEAN UNION ACTION PLAN FOR THE BALTIC SEA REGION</b>  underlines the importance to maintain and reinforce attractiveness of the Baltic Sea Region in particular through three health-related actions, and the third of them being:</p> <ul style="list-style-type: none"> <li>• <i>“Prevent lifestyle-related non-communicable diseases and ensure good social and work environments” ...</i></li> </ul> <p><b>Goal 12:</b> The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt-intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p>
<p><b>2. Deliverables</b></p>	<ol style="list-style-type: none"> <li>1) <b>GOAL 12</b> to put more specific emphasis on the NCD prevention.</li> <li>2) <b>NDPHS Action Statement on NCDs</b> with full commitment to the global and European NCD Action Plan of WHO and UN.</li> <li>3) <b>Thematic paper on NCDs</b> has been prepared and is in the process to be finalized. It will provide a working tool for NCD EG members (working in national ministries and public health organizations) to make their efforts more goal oriented.</li> <li>4) <b>“NON-PAPER” NDPHS EGs’ &amp; TGs’ action for</b> implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases in Northern Dimension Partnership area 2012-2016</li> </ol>
<p><b>3. Current status: ongoing/completed</b></p>	<ol style="list-style-type: none"> <li>1) GOAL 12: PAC-8 25 November 2011</li> <li>2) NDPHS Action Statement on NCDs: PAC-8 25 November 2011</li> <li>3) Thematic paper on NCDs: draft for : PAC-8-SE 24 November 2011. completion tentative CSR 20 19-20 April 2012</li> <li>4) “NON-PAPER” NDPHS EGs’ &amp; TGs’ action for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases in Northern Dimension Partnership area 2012-2016 draft for: CSR 20 19-20 April 2012</li> </ol>
<p><b>4. Actors directly engaged</b></p>	<p>NCD EG, ASA EG, PPHS EG, ADPY TG, IMHAP TG and OSH TG  WHO-EURO, NDI, Cancer society of Finland</p> <p><b>Follow-up activities:</b> The above actors. It is also foreseen that the CSR members and EG/TG members will individually undertake activities in their own countries (cf. section “8. Sustainability” below</p>
<p><b>5. Area covered</b></p>	<p>All countries in the Northern Dimension area</p>

<p><b>6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region</b></p>	<p><b>Primary goal for NCD policies under NCD EG mandate:</b>          Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt-intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p> <p><b>Secondary goals for NCD-policies under NCD EG mandate (to support ASA EG and OSH TG primary goals)</b>          Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced          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          Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.          Goal 10: The NDPHS Strategy on Health at Work is implemented in the ND area          [? Goal 11]: Public health and social well-being among indigenous peoples in the ND area is improved]</p> <p><b>Over-arching goal for NCD-policies:</b>          Goal 1: The role and working methods of the NDPHS are strengthened</p>
<p><b>7. Value added, impact and beneficiaries of the NDPHS involvement</b></p>	<p><b>(i) Added value</b>          The NCD EG activities will increase the awareness among the stakeholders (those who are designing the transnational cooperation programmes to be operating in the ND region in the next programming period) of the need to recognize health and NCD prevention and reduction also as an economic issue as well as the need for a more visible inclusion of NCD prevention among the funding priorities as they cause circa 80% of the total disease burden and preventable premature mortality, morbidity and disability.</p> <p><b>(ii) Impact</b>          It is expected that active promotion of ideas contained in 1) the NDPHS NCD Action Statement, 2) the thematic paper, and 3) the “non-paper” on NDPHS EGs’ &amp; TGs’ action for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases in Northern Dimension Partnership area 2012-2016 will contribute to the achievement of the following:          1) more visible exposure of NCD prevention and control among the priorities of the European programmes that will operate in the Northern Dimension area during the coming multiannual financial framework 2014-2020. As a final result, more funding for NCD prevention activities, as compared to current situation, is expected to become available during the period starting 2014. Furthermore, there will be better priority setting in NCD policies and strategies, more effective and efficient implementation of intervention programmes and projects, and better monitoring of their outcome.</p> <p><b>(iii) Beneficiaries</b>          The <u>direct</u> beneficiaries of the NDPHS NCD prevention and control activities will be the Partner States and Regions participating in the NCD policy and project activities within the NDPHS framework of action. Close link with WHO-EURO and ILO will multiply the effect and create a win-win situation.</p>
<p><b>8. Sustainability</b></p>	<p>The preparation of NDPHS/ NCD-policies for NCD prevention and control takes place through relevant EGs with direct links with Member States’ and organizations’ work. Therefore, they already in the preparation phase take into consideration practical and political issues that might prevent their implementation and sustainability.</p> <p>The work following the approval of policies formulated for NCD prevention and control also benefits of the existing direct links with important agencies</p>

	<p>for implementation and sustainability.</p> <p>NCD Flagship-projects on-going and in planning strengthen the sustainability through practical piloting and testing the theories.</p>
<p><b>9. Financing</b></p>	<p>The above mentioned policy document and thematic paper were prepared (and furthermore are being developed and implementation followed-up) by the NCD Secretariat, as part of its regular activities.</p> <p>Additional financial support was provided by</p> <ul style="list-style-type: none"> <li>• the German Government for PAC-8 Side-Event ca (EUR) 20 000</li> <li>• the EU Delegation to Russia for Goal 12 ca (EUR) 30 000</li> </ul> <p>[Operational target 12.1 implementation in preparing for NCD Flagship-A project: Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area and NCD Flagship-B project: <i>Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.</i> Work still ongoing (March 2012)]</p>

#### 4. PPHS EG Expert Group

1. Title of policy	Increasing of accessibility and quality of primary health care
2. Deliverables	Project proposal <i>Development of Transnational Policy Conclusions on Best Model Solutions for Local Hospitals to support High Quality Primary Care in the Baltic Sea Region</i> developed involving at least 5 countries from ND region.
3. Current status: ongoing/completed	<p>The PPHS Expert Group in 2011 and 2012 contributes to the “Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan” project funded by the DG REGIO, with activity on <i>Development of Transnational Policy Conclusions on Best Model Solutions for Local Hospitals to support High Quality Primary Care in the Baltic Sea Region</i>. Activities of this subproject started in December 2011.</p> <p>The EG collects and prepares background material for a future project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care. Site visits for fact finding to Latvia, Lithuania, Belarus and Russia (Kaliningrad oblast) have been implemented in year 2012. Project activities will be finalized until the end of 2012.</p>
4. Actors directly engaged	<p>PPHS EG members</p> <p>Turku university of Applied Sciences</p> <p>Federal Research Institute for Health Care Organization and Information of MoH&amp;SD of Russia</p> <p>Blekinge Competence Centrum, Blekinge County, Sweden</p> <p>National Health Service to Latvian MoH</p> <p>Klaipeda university</p>
5. Area covered	Belarus, Finland, Latvia, Lithuania, Russian Federation (Kaliningrad oblast)
6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region	<p>Contributing to Goal 5 of the NDPHS Strategy: <i>Inequality in access to qualified primary health care in the ND area is reduced</i>, in particular Operational Targets 5.1 and 5.2</p> <p>Contributing to EUSBSR priority action <u>12.12. Health</u>: <i>“Improvement of public health by promotion of equitably distributed high quality primary health care systems</i></p>
7. Value added, impact and beneficiaries of the NDPHS involvement	<p>(i) <b>Added value</b> Better balanced care from hospital based towards more community based, improved role of patients in self-management, more equity in health and in accessibility to health care; more appropriate and rational use of health care resources,</p> <p>(ii) <b>Impact</b> Policy conclusions and recommendations for health care policy makers, health care planners and for educational institutions</p> <p>(iii) <b>Beneficiaries</b> Indirect: patients, particularly these with chronic diseases and vulnerable population groups; direct: different stakeholders involved in health care planning, financing of health care, education of health care professionals.</p>

<b>8. Sustainability</b>	Disseminated results through NDPHS network to national ministries, involvement of respective ministries in development of policy conclusions and recommendations, integrated changes in national strategic health policy documents, new legal requirements which facilitate sustainable changes.
<b>9. Financing</b>	The project is funded by the DG REGIO, 16 800 Euro.

## II. PROJECTS

### 1. HIV/AIDS&AI EG

<b>1. Title of project</b>	<b>Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan</b> <b>Activity 1: Organisation of Logical Framework Approach workshop and subsequent planning meetings</b>
<b>2. Deliverables</b>	Comprehensive analysis of relevant needs and problems in the form of a “Problem Tree”. This serves as the basis for <ul style="list-style-type: none"> <li>▪ development of the Strategy and</li> <li>▪ long-term action plan for the HIV/AIDS&amp;AI Expert Group,</li> <li>▪ development of policy recommendations</li> <li>▪ several project proposals</li> </ul>
<b>3. Current status: ongoing/completed</b>	<ul style="list-style-type: none"> <li>▪ Logical Framework Approach workshop organised in Riga in December 2011</li> <li>▪ Project planning meeting in Finland – May/June 2012</li> <li>▪ Project planning meeting in Poland – September 2012</li> <li>▪ Project proposals submitted for funding - December 2012</li> </ul>
<b>4. Actors directly engaged</b>	Members of the HIV/AIDS&AI Expert Group Relevant organisations in the member countries
<b>5. Area covered</b>	Countries in the Northern Dimension area
<b>6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region</b>	<b>Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved</b>  <b>Goal 3: Social and health care for HIV infected individuals in the ND area is integrated</b>  EUSBSR priority area Health; <b>Containing the spread of HIV/AIDS and tuberculosis</b>
<b>7. Value added, impact and beneficiaries of the NDPHS involvement</b>	<p><b>(i) Added value</b>          The action plan will guide the future work of the Expert Group e.g. by the definitions of working areas in which concrete project ideas can be developed. Within the working areas, planning and preparing of project applications will be facilitated and implementation and monitoring supported by the EG. The projects may be national, international or regional.</p> <p>The planning process has involved experts and stakeholders with different views. These have been integrated into the development of the strategic analysis.</p> <p><b>(ii) Impact</b>          This approach will provide an analytical basis and information that can serve the planning of various projects which can assist partners to implement their plans to prevent the spread of HIV and associated infections.</p> <p>The process can contribute to the prevention of HIV and associated infections, particularly to earlier case finding of tuberculosis especially</p>

	<p>among vulnerable groups. Thus it can contribute to the health of whole population in longer perspective.</p> <p><b>(iii) Beneficiaries</b></p> <ul style="list-style-type: none"> <li>▪ Vulnerable populations (HIV-infected individuals, drug users, sex workers, MSM, migrants etc.)</li> <li>▪ Schoolchildren and youth</li> <li>▪ HIV and TB experts of the member countries</li> <li>▪ Primary health care personnel and social workers of the member countries</li> <li>▪ Policy makers of the member countries</li> </ul>
<b>8. Sustainability</b>	<p>The produced analysis and action plan will support the development of project ideas and information for further advocacy activities and development of policies. The sustainability will eventually much depend on the level of commitment of partners and their representatives, as well as both public institutions and NGOs within the countries.</p> <p>The EG members are expected to use their position as the representatives of the NDPHS to advocate for the use of the results of this analytical process and, hence, producing wider impacts and sustainable development of services.</p>
<b>9. Financing</b>	<p>The financing of organizing the LFA workshop and project planning meetings is ensured through a grant by DG REGIO. The grant to "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan" is coordinated by NDPHS Secretariat.</p> <p>16,408 EUR</p>

<b>1. Title of project</b>	<b>Support to Development of Low-Threshold Services in the Leningrad Region NDPHS label</b>
<b>2. Deliverables</b>	Report for 2011 submitted to the Ministry of Social Affairs and Health, Finland
<b>3. Current status: ongoing/completed</b>	Ongoing. Duration January 2010 - December 2012
<b>4. Actors directly engaged</b>	National Institute for Health and Welfare (THL), Finland - lead Leningrad Regional AIDS Centre, Russia Public Healthcare Committee of the Leningrad Region Healthcare Authority of the Kingisepp District/Leningrad Reion Healthcare Authority of the Vyborg District/Leningrad Region
<b>5. Area covered</b>	Leningrad Region. Pilot territories - Kingisepp District and Vyborg District
<b>6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region</b>	<p><b>Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved</b></p> <p><b>Goal 3: Social and health care for HIV infected individuals in the ND area is integrated</b></p> <p>EUSBSR priority area Health; <b>Containing the spread of HIV/AIDS and tuberculosis</b></p>
<b>7. Value added, impact and beneficiaries of the NDPHS involvement</b>	<p><b>(i) Added value</b> The project can give evidence about effectiveness of low-threshold services in the context of the Russian Federation, particularly in a half-rural area. Besides, the project can create more links to hardly accessible groups at-risk (drug users, commercial sex workers, their families).</p> <p><b>(ii) Expected impact</b> <b>The overall objectives</b> of the project are: Reduction of HIV and earlier case-finding of tuberculosis in the Kingisepp and Vyborg Districts of the Leningrad Region; reduction of HIV/TB co-infection</p> <p><b>Project's purpose:</b> Services are better available and respond to needs of risk groups.</p> <p><b>Expected outcomes:</b></p> <ol style="list-style-type: none"> <li>1) Low-threshold support services are established and functioning well</li> <li>2) Capacity of relevant professionals in HIV prevention, early detection and infection control of TB is improved</li> <li>3) Awareness of risk groups about HIV prevention, TB-related issues, and services available for at-risk groups has improved</li> <li>4) Collaboration between stakeholders has improved</li> </ol> <p><b>(iii) Beneficiaries</b></p> <ol style="list-style-type: none"> <li>a) Direct beneficiaries: professionals and volunteers working with the groups at risk of HIV and TB (AIDS Centre, infectious disease service, TB service, primary healthcare, gynaecological and obstetrician service, low-threshold service),</li> <li>b) End beneficiaries: groups at risk of HIV and TB in the Kingisepp and Vyborg Districts of the Leningrad Region (intravenous drug users, commercial sex workers, ex-prisoners, young people); their families</li> </ol>

<b>8. Sustainability</b>	<p>The activity of the established low-threshold services are funded from municipal or regional budgets, thus the results are sustained by local resources, which contributes to the commitment to and ownership of the project by the local counterparts. The local ownership also presumes regular reporting to regional or municipal healthcare authorities.</p> <p>Sustainability also depends on the political will at the federal, regional and municipal level.</p>
<b>9. Financing</b>	<p>Ministry for Foreign Affairs, Finland</p> <p>84,300 EUR in 2010  70,500 EUR in 2011  60,000 EUR in 2012</p>

1. Title of project	<b>HIV Prevention among Reproductive-Aged Women, Republic of Karelia</b> <b>NDPHS label</b>
2. Deliverables	Report for 2011 submitted to the Ministry of Social Affairs and Health, Finland
3. Current status: ongoing/completed	Ongoing. Duration January 2010 - December 2012
4. Actors directly engaged	National Institute for Health and Welfare (THL), Finland - lead Leningrad Regional AIDS Centre, Russia Ministry of Healthcare and Social Development in the Republic of Karelia Karelian Republican AIDS Centre
5. Area covered	Republic of Karelia. Pilot territories - Petrozavodsk City
6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region	<b>Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved</b>  EUSBSR priority area Health; <b>Containing the spread of HIV/AIDS and tuberculosis</b>
7. Value added, impact and beneficiaries of the NDPHS involvement	<p><b>(i) Added value</b> The project can boost the preventive activity being carried out by the Karelian HIV services. Besides, the project draws attention of healthcare and social authorities and professionals to the problem of preventive work and the complexity of the HIV problem.</p> <p><b>(ii) Expected impact</b> The <b>overall goal</b> to which the project will contribute is reduction of spread of HIV among women of reproductive age. The <b>purpose</b> of the project is:</p> <ul style="list-style-type: none"> <li>• Capacity of healthcare workers from the midwifery and gynecological service (women's clinics and maternity houses) of Petrozavodsk City in terms of HIV prevention, diagnostics and case management, improved.</li> </ul> <p>The <b>planned outcomes</b> are as follows:</p> <ul style="list-style-type: none"> <li>• The competence of healthcare workers from Petrozavodsk City women's clinics and maternity houses is increased in terms of HIV diagnostics, case management and, especially, prevention</li> <li>• HIV-related awareness of clients of women's clinics and maternity houses of Petrozavodsk City has risen.</li> <li>• Innovative preventive methods tested and put into use by women's clinics and maternity houses</li> <li>• Networking among women's clinics, maternity houses and Karelian AIDS Centre has improved.</li> <li>• Best practices, models and products of the project are disseminated to other areas of The Republic of Karelia with support from regional healthcare authorities.</li> </ul> <p><b>(iii) Beneficiaries</b></p> <ol style="list-style-type: none"> <li>a) Direct beneficiaries: professionals from the AIDS service and adjacent sectors (STIs, gynaecology and maternity health), managers of healthcare facilities.</li> <li>b) End beneficiaries: women of fertile age.</li> </ol>

<b>8. Sustainability</b>	The project has trained a critical mass of professionals dealing with women of fertile age to ensure mid-term sustainability of the achieved results. To ensure the long-term perspective, local resources should be allocated both in continued training of healthcare professionals on HIV-related issues, and in primary preventive work.
<b>9. Financing</b>	Ministry for Foreign Affairs, Finland  84,600 EUR in 2010 74,600 EUR in 2011 50,000 EUR in 2012

<b>1. Title of project</b>	<b>Strengthening of municipal anti-drug networking in the Murmansk Region</b> <b>NDPHS label</b>
<b>2. Deliverables</b>	<p>Report for 2011 submitted to the Ministry of Social Affairs and Health, Finland</p> <p>Web resource <a href="http://www.narkopolitika.ru">www.narkopolitika.ru</a> for more independent municipal anti-drug management and co-operation between the towns in the Murmansk Region launched</p>
<b>3. Current status: ongoing/completed</b>	<p>Ongoing.</p> <p>Duration January 2010 - December 2012</p>
<b>4. Actors directly engaged</b>	<p>National Institute for Health and Welfare (THL), Finland - lead</p> <p>Youth Department of Monchegorsk</p> <p>Narcological Dispensary of Monchegorsk</p> <p>Monchegorsk City Administration</p> <p>Murmansk Regional AIDS Prevention Centre</p> <p>City administrations of 8 pilot regions</p>
<b>5. Area covered</b>	Murmansk Region
<b>6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region</b>	<p><b>Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved</b></p> <p>EUSBSR priority area Health; <b>Containing the spread of HIV/AIDS and tuberculosis</b></p>
<b>7. Value added, impact and beneficiaries of the NDPHS involvement</b>	<p><b>(i) Added value</b></p> <p>Exchange of experiences as well as targeting of resources between the pilot regions in Murmansk Region will enhance prevention of drug abuse among youth and thus contributes also to prevention of HIV.</p> <p>More effective model of management of anti-drug work implemented in the region.</p> <p><b>(ii) Expected impact</b></p> <p>Overall objectives of the project are:</p> <ul style="list-style-type: none"> <li>▪ Decrease of psychological and behavioural disorders caused by drug use in Murmansk Region</li> <li>▪ Decrease of psychoactive substance abuse of the population in general</li> <li>▪ Decrease of HIV incidence by reduction of the infection through injecting drug use (IDU)</li> <li>▪ Decrease of psychoactive substance availability in municipalities of Murmansk region</li> </ul> <p>The purpose of the project is: Improved administrative and political vertical frameworks in substance abuse prevention enabling implementation of new efficient practices of municipal anti-drug management</p> <p><b>Expected results</b></p> <ol style="list-style-type: none"> <li>1. Relevant stakeholders identified and working groups formed</li> <li>2. All preconditions required to move focus of substance abuse</li> </ol>

	<p>prevention at the municipal level analyzed</p> <ol style="list-style-type: none"> <li>3. Capacity of municipal authorities and specialists in methods of efficient anti-drug management increased</li> <li>4. Efficient tools for municipal anti-drug management created and assessed</li> <li>5. The mechanisms applicable in municipal anti-drug management have been tested and taken into use</li> <li>6. The web resource for more independent anti-drug management and co-operation between towns of Murmansk Region launched and functioning.</li> </ol> <p><b>(iii) Beneficiaries</b>  <i>The final beneficiaries</i> are the population of municipalities of Murmansk Region where new municipal anti-drug policy will be implemented (about 800 thousand people).</p> <p><i>The main beneficiaries</i> in the target groups are administrations of the municipalities, specialists of the municipal prevention institutions and organizations involved in coordination of anti-drug policy of Murmansk Region</p> <p><i>The target groups</i> of the project are specialists of municipalities, who coordinate anti-drug policy or are responsible for its certain segments.</p>
<p><b>8. Sustainability</b></p>	<p>From the Russian side the project is secured by support from the administration of coordinating municipality (Monchegorsk) and from the leading regional facility dealing with the issues of treatment and rehabilitation of narcological patients (regional narcological dispensary). Also the project is supported by the regional Committee for Public Relations and Youth Affairs.</p> <p>The project is in line with the guidelines stipulated in the strategy of Russian drug policy and prevention concept.</p> <p>After completing of the project, the web resource will continue functioning and it will be regularly updated.</p>
<p><b>9. Financing</b></p>	<p>Ministry for Foreign Affairs, Finland  90,300 EUR in 2010  90,600 EUR in 2011  60,000 EUR in 2012</p>

1. Title of project	<b>Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast</b> <b>Applying for NDPHS label</b>
2. Deliverables	(1) Inventory "Services for IDUs, People with HIV and TB in Kaliningrad" (2) Action Plan to contain the spread of HIV and TB among IDUs
3. Current status: ongoing/completed	Ongoing. Duration: February 2012 - February 2014
4. Actors directly engaged	(1) NGO "YLA", Kaliningrad (Russia) - lead (2) The MONAR Association (Poland) (3) Deutsche AIDS-Hilfe e.V. (Germany) (4) Ministry of Health of the Kaliningrad Oblast (5) Nordic Council of Ministers, Information Office in Kaliningrad (6) Centre for Communicable Diseases and AIDS (ULAC) (Lithuania) (7) The National AIDS Center (Poland)
5. Area covered	Kaliningrad region of Russia, Poland, Lithuania, Germany
6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region	<b>Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved</b>  <b>Goal 3: Social and health care for HIV infected individuals in the ND area is integrated</b>  EUSBSR priority area Health; <b>Containing the spread of HIV/AIDS and tuberculosis</b>
7. Value added, impact and beneficiaries of the NDPHS involvement	<b>(i) Added value</b> Project complements treatment and rehabilitation services for IDUs provided by Kaliningrad government-run structures such as Drug Treatment Hospital and Rehabilitation Center with low-threshold HIV risk reduction services for IDUs provided by NGOs. This is to strengthen the nexus between the structures of local government and NGOs in providing services to IDUs in Kaliningrad with assistance from partners from Germany and Poland who accumulated valuable experience in integrating disease prevention services offered by non-state actors into regional programs in the field of public health.  <b>(ii) Expected impact</b> Overall objective of the project is: <ul style="list-style-type: none"><li>▪ To contribute to the prevention of the spread of HIV and TB in Kaliningrad Oblast.</li></ul> Specific objectives include: <ul style="list-style-type: none"><li>• To improve the provision of services to contain the spread of HIV and TB among IDUs; and</li><li>• To strengthen the partnership between stakeholders from Kaliningrad and their counterparts from Germany, Lithuania and Poland in responding to the HIV and TB epidemics.</li></ul> <b>(iii) Beneficiaries</b> (1) Injecting Drug Users (including those infected with HIV, TB and viral hepatitis);

	<p>(2) NGO Staff;</p> <p>(3) Public Health Officials, Medical professionals and providers of welfare services;</p> <p>(4) Law-enforcements officers working with IDUs and PLHIV.</p>
<b>8. Sustainability</b>	<p>Funding for the activities promoted by the low-threshold service point (LTSP) will be included in the Action Plan to be adopted by regional government in Kaliningrad by 2014. The Plan will include funding component so that it is our expectation that regional government will assume responsibility for the LTSP from 2014 on.</p>
<b>9. Financing</b>	<p>European Union, Contributions from Partners (the MONAR, Deutsche AIDS-Hilfe, Nordic Council of Ministers, Information Office in Kaliningrad)</p> <p>208 748,27 EUR in 2012 2079,92 EUR in 2013</p>

## 2. PPHS EG Expert Group

<b>1. Title of project</b>	<b>ImPrim -Improvement of public health by promotion of equitably distributed high quality primary health care systems</b>
<b>2. Deliverables</b>	<p>Transnationally valid incentive payment scheme attracting health professionals to PHC and increasing performance of PHC particularly towards disease prevention and health promotion in the community (piloted in the framework of the project)</p> <p>Set of transnational conclusions for providing cost-effective financial incentives within the remuneration schemes (compulsory insurance systems) (piloted in the framework of the project)</p> <p>Operational and tested system of evidence-based and recognized quality indicators for PHC performance (piloted in the framework of the project)</p> <p>Tools for quality improvement from a bottom-up perspective developed</p> <p>Strategy of professional development of PHC in the BSR</p> <p>Guidelines on how to develop curricula on teamwork in PHC developed to strengthen cooperation between PHC professionals, social workers, community members and other public sectors and to get joint actions for better community health.</p> <p>Transnational conclusions for securing enough PHC resources in the BSR countries and for avoiding brain drain within and between countries</p> <p>Training instrument for restoring the medical qualifications and basic graduation of a physician developed</p> <p>Multi-lingual ToT Programme containing BSR best practice for leaders in professional development</p> <p>Transnational conclusions on Strategies for counteracting antibiotic resistance within PHC</p> <p>Transnational conclusions on Health Synergy (Public Health – Primary Health Care)</p> <p>Educational material and “health synergy” guidelines on how to improve health promotion through joint PHC and Public Health activities</p>
<b>3. Current status: ongoing/completed</b>	All deliverables should be finalised until the end of 2012
<b>4. Actors directly engaged</b>	Blekinge Centre of Competence, Blekinge County, Sweden Gomel Regional Health Administration, Belarus BelMAPO -Belarusian Medical Academy for Continuous Education, Belarus University of Tartu, Estonia Tallinn Health College, Estonia Ministry of Social Affairs of Estonia, Turku University of Applied Sciences, Finland National Health Service, Latvia Institute of Hygiene, Lithuania Klaipeda university, Lithuania

<b>5. Area covered</b>	Belarus, Estonia, Finland, Latvia, Lithuania, Sweden
<b>6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region</b>	<p>Contributing to Goal 5 of the NDPHS Strategy: Inequality in access to qualified primary health care in the ND area is reduced, in particular to Operational Targets 5.1 and 5.2.</p> <p>Contributing to EUSBSR priority action <u>12.12. Health</u>: "Improvement of public health by promotion of equitably distributed high quality primary health care systems.</p>
<b>7. Value added, impact and beneficiaries of the NDPHS involvement</b>	<p><b>i) added value</b> Tools for quality improvement in primary health care piloted and disseminated, increased awareness of different stakeholders on the role of primary health care for improved public health with more equity and on new competences needed for primary health care professionals, improved planning for more equal distribution of high quality primary care</p> <p><b>(ii) impact</b> Policy conclusions and recommendations for health care policy makers, health care planners and for educational institutions</p> <p><b>(iii) beneficiaries</b> Indirect: patients, particularly these with chronic diseases and vulnerable population groups; direct: different stakeholders involved in health care planning, financing of health care, education of health care professionals.</p>
<b>8. Sustainability</b>	Integrated changes in national strategic health policy documents, new legal requirements which facilitate sustainable changes.
<b>9. Financing</b>	<p>2nd call of the BSR Programme 2007 – 2013</p> <p>ERDF co-financing: € 1,961,000 ENPI co-financing: € 221,000 Partners' contribution € 462,000 TOTAL € 2,644,000</p>

### 3. NCD Expert Group

1. Title of project	<b>HEALTHIER PEOPLE: MANAGEMENT OF CHANGE THROUGH MONITORING AND ACTION</b>
2. Deliverables	<ol style="list-style-type: none"> <li>1) Internationally approved indicator Potential Years of Life Lost (PYLL) will be calculated and tested in the Kalininsky District in St. Petersburg.</li> <li>2) Strategic NCD intervention plan will be formulated with sector leaders and other branches of administration.</li> <li>3) Action according to the identified facts and feasible solution through interventions focusing on individual behaviour and also through action using the principle of “Health in All Policies” (city-planning, regulation, access, etc.)</li> </ol>
3. Current status: ongoing/completed	<p>Starting day: 1 February 2012 (Duration: 24 months)          Kick-off conference: 6 March 2012 St. Petersburg          WP-1 ongoing          Finalization day: 31 January 2014</p>
4. Actors directly engaged	<p>Lead Partner: Lappeenranta University of Technology          Partner1: Baltic Region Healthy Cities Association          Partner2: University of Eastern Finland          Partner 3: NGO Development Center          Partner 4: Tallinn University          Associated Partners:</p> <ul style="list-style-type: none"> <li>• Committee for Social Policy of Administration of St. Petersburg</li> <li>• St. Petersburg State University</li> <li>• The Federal Research Institute for Health Care Organization and Information</li> <li>• Medical Informatics and Analysis Centre of St. Petersburg Public Health Committee</li> </ul>
5. Area covered	<p>Russian Federation/Saint Petersburg/ Kalinsky district (rayon)          (ca. 500.000 inh.)</p>
6. Contribution to the NDPHS Strategy and the EU Strategy for the Baltic Sea Region	<p>Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt-intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p> <p>Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced</p> <p>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</p> <p>Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.</p> <p>Goal 10: The NDPHS Strategy on Health at Work is implemented in the ND area</p> <p>Operational target 12.1: By 2012 the Partnership will have developed multi-country flagship projects involving at least 3 partnership countries on NCD prevention in cooperation with relevant actors:</p> <ul style="list-style-type: none"> <li>• NCD Flagship-B project: <i>Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.</i></li> </ul> <p>[N.B.: SPb/Kalininskiy “Healthier People” project acts as pilot for NCD Flagship-B project]</p>

<b>7.Value added, impact and beneficiaries of the NDPHS involvement</b>	<p>(i) added value (or expected to be created) by the NDPHS activity</p> <ul style="list-style-type: none"> <li>• to measure the number of potential years of life lost (PYLL) in the pilot area;</li> <li>• to improve methods for the “management of change” locally and regionally;</li> <li>• to strengthen the understanding of the importance of “healthy choices” locally and regionally.</li> </ul> <p>(ii) the achieved or expected impact of the NDPHS activity,</p> <ul style="list-style-type: none"> <li>• more effective and efficient implementation and monitoring of NCD policies and strategies</li> </ul> <p>(iii) beneficiaries.</p> <ul style="list-style-type: none"> <li>• Kalininsky district population (ca. 500 000)</li> <li>• SPb administration</li> <li>• RF ministry of Health gaining experience in more goal oriented effective and efficient implementation and monitoring of NCD policies and strategies</li> <li>• NDPHS partner countries interested to make their NCD policies and strategies more goal oriented effective and efficient</li> </ul> <p>WHO-EURO gaining experience in the implementation of Action plan for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012-2016</p>
<b>8. Sustainability</b>	<p>As a result of the project, a system for measuring the internationally approved indicator Potential Years of Life Lost (PYLL) will be tested in the Kalininsky District in St. Petersburg. The PYLL results will be discussed and a strategic intervention plan will be formulated with sector leaders and other branches of administration, whose involvement will be paramount to tackle the problems and bring about a real change in the underlying problems causing premature avoidable deaths, diseases and injuries. After testing the feasibility of the regional and city-level PYLL analysis as a tool for management of change in order to prevent life-style related non-communicable diseases and to reduce premature mortality of preventable causes, a <b>realistic plan for regular cyclical repetition in Kalininsky and multiplication in other districts/rayons in SPb and other regions in the Russian Federation and in other Northern Dimension countries can be prepared.</b></p> <p><b>This project is considered as a pilot for NCD Flagship-B project(s): “Results! Effective and Efficient Implementation of National NCD Prevention Strategies” presently under elaboration through NCD-EG tentatively for Finland, Lithuania, Latvia, Norway, Poland and Russia.</b></p>
<b>9. Financing</b>	<p>Total Budget (EUR): 250 000  Budget EU (EUR): 200 000  Co-funding : (EUR) 50 000</p> <ul style="list-style-type: none"> <li>• NCM ca. (EUR) 23 000</li> <li>• Committee for Social Policy of Administration of St. Petersburg ca. (EUR) 10 000</li> <li>• Several Finnish cities, Regional associations, and Audiapro inc. ca. (EUR)17 000</li> </ul>



## **NDPHS goals, operational targets and indicators**

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

## Introduction

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

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

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

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

### 1. Overall goal, operational targets and indicators

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 2. Goals, operational targets and indicators for thematic areas

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

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

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

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

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

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

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will initiate and promote projects by 2012 that involve relevant stakeholders in the region and pay proper

attention to the penitentiary system. The projects will aim to achieve the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Indicator 5.2B:** A position paper on tomorrow's role of primary health care professionals in

the context of changing society needs is in place.

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

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

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

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

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

**Operational target 5.4:** By 2013 a review of policies and practices for primary health care services for migrants<sup>1</sup> will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.

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

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

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

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

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

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

As a follow-up on implementation of the approaches indicated in the NDPHS Declaration on Prison Health of NDPHS, the Partnership in close collaboration with national authorities and international organizations will contribute to policy formulation, and strengthening coordination of activities aimed to develop closer links or integration between prison health and public health services, and, as a consequence, developing a safer society.

**Operational target 6.1:** By 2012, through the series of actions organized by international organizations including the WHO Regional Office for Europe's Health in Prisons Programme, policy guidance on the provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary assessment of organizational structures of Prison Health services and their influence on

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

access to health care institutions in different Partner countries has been carried out and best practices and challenges are identified. International experiences on prison health and examples of evidence-based practice have been disseminated.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Operational target 12.1:** By 2012 the Partnership will have developed multi-country flagship projects involving at least 3 partnership countries on NCD prevention in cooperation with relevant actors:

- NCD Flagship-A project: Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area;
- NCD Flagship-B project: *Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.*

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

**Operational target 12.2:** By 2014 the above mentioned projects will have been launched and are well on their way being implemented in coordination with other international actors active in this thematic area, such as EU, WHO/EURO and ILO.

**Indicator(s) 12.2:** Relevant indicator(s) developed by WHO and accepted by financing and implementing agencies will be used.

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

## EUROPEAN UNION STRATEGY FOR THE BALTIC SEA REGION

### ACTION PLAN

#### 12. To maintain and reinforce attractiveness of the Baltic Sea Region in particular through education and youth, tourism, culture and health

##### Actions:

- **Health: “Contain the spread of HIV/AIDS and tuberculosis”** through partnerships and international collaboration in prompt and quality care for all, focusing on Tuberculosis / HIV co-infection and ensuring early diagnosis of HIV infections, providing access to treatment and strengthening interventions to reduce vulnerability especially for Injecting Drug Users (IDU), prisoners, etc.
- **Health: “Fight health inequalities through the improvement of primary healthcare”** by assessing differences in the accessibility and quality of primary health care in the region, by reviewing the situation of patients and health professionals including their deployment, mobility and training and by promoting e-health technology as a means for closing gaps in healthcare access and quality.
- **Health: “Prevent lifestyle-related non-communicable diseases and ensure good social and work environments”** by developing comprehensive policies and actions in the entire region to prevent and minimise harm from tobacco smoking, alcohol and drugs use to individuals, families and society (especially young people). Actions will contribute to the implementation of the Framework Convention on Tobacco Control and the “Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Strategy on Health at Work” ensuring good social and work environments and preventing lifestyle-related non-communicable diseases using the workplace as an effective arena for promoting a healthy lifestyle.