Project Database **Project Steering Group**
First Meeting
Warsaw, Poland
27 March 2007

Reference	DPSG 1/4.1/Info 1
Title	A Database on Public Health Projects in North Eastern Europe and its neighboring countries (brief project description)
Submitted by	Secretariat
Summary / Note	This document contains the description of the Project Database as contained in an annex to the grant agreement currently under signature with the PHEA.
Requested action	Information and reference

1. OVERVIEW

1.1. Title

A Database on Public Health Projects in North Eastern Europe and its neighbouring countries.

1.2. Priority area and action

Priority area:

Health Determinants (HD 2006).

Action:

Integrative approaches on lifestyles and sexual and reproductive health: HIV/AIDS.

1.3. Summary (objectives, methods, expected results)

The overall aim of this project is to contribute to the reduction of the serious health and social problems in the Northern Dimension area, which risk to have a negative impact on health development in the European Union (EU). This is to be achieved by the preparation of thematic reports, network creation and new project proposals for the purpose of more coordinated project and policy efforts in this area. This coordination work will be based on an innovative info/database tool to be created within the framework of this project. It will for the first time combine newly collected information on projects and processes on HIV/AIDS, lifestyle related diseases, prison health, etc. with existing relevant data, policies, research, best practice, etc. (from other databases). The NDPHS unit hosted by the CBSS secretariat will act as the project management office with a full-time project expert, who can draw on the active involvement of all project partners and the ND expert groups. The tool/reports/networks will be open/accessible to all interested stakeholders. The project will result in a series of policy recommendations, proposals for future project actions to be carried out and newly created or strengthened networks.

2. OBJECTIVES

2.1. General objectives

The overall aim of the project is to contribute to reduce the serious health and social problems in the Northern Dimension area, which risk to have a negative impact on health development in the EU in general. This is to be achieved by supporting the international community and the countries concerned in taking a coordinated approach in tackling the problems related to HIV/Aids, lifestyle related diseases, use of narcotic drugs as well as promotion of healthy lifestyles in Northern Europe.

Whereas a number of financial donors - including the EU with its various programmes - carry out numerous projects to support the development of health in the Northern

Dimension area, these funds/projects are by far not sufficient to tackle the issues at stake. Moreover the information on the existing and planned projects is scattered into different databases (normally those of donors) and information on local initiatives is even more difficult to access. While the situation calls for a concerted action with strategic focus, there is currently a lack of coordination among projects with the risk of duplication and gaps of projects where they are really needed. Furthermore, the development of projects needs to be matched to the general development and needs in the field of health and social well-being in order to be really effective.

The strategic objective of this project is to achieve a coordinated policy and project approach in actions against HIV/Aids and lifestyle related diseases and for healthy and socially rewarding lifestyles. For this purpose it will develop a tool, whereby it is possible for donors, countries and institutions concerned as well as project people in the field to get "ready at hand" information on the situation in these areas and an overall picture of finished, running and future projects. The project will result in a series of policy recommendations, proposals for future project actions to be carried out and newly created or strengthened networks.

The database tool, analytical mechanisms, project pipeline to be created will be maintained during the project and continued on a permanent basis via the Partnership secretariat after the conclusion of the project and will be open and accessible to all stakeholders concerned beyond the direct partnership structure.

2.2. Specific objectives

The first specific objective of the project is to develop an innovative, easy-to-use database tool that gives the combined information on projects and processes in place by various donors, organisations, NGOs, etc. combined with existing data. The specific health fields to be covered are communicable diseases, notably HIV/AIDS, lifestyle related diseases, the use of drugs as well as health promotion in the North European countries.

The database will (among others) cover: project descriptions, health area, funding, period of implementation, donor, funding source, organizations involved, beneficiaries, geographical area, intervention type (training, prevention, treatment, investment, information, institution building, etc.). Users shall be able to sort info according to these various criteria.

This project data will be linked with relevant information concerning the health or geographical area such as: epidemiological data, social and economic data, relevant research, best practice reports, project experts, organisations active in the field, funding mechanisms, etc. It is thus a highly innovative tool with which it is possible for donors, countries, institutions and experts concerned to get "ready at hand" information on the situation in these areas and an overall picture of the projects developed.

The second specific objective of the project is to use this tool to prepare a series of thematic reports on integrated analyses in specific health and geographical areas and creating efficient organisational and expert networks in these areas.

The third specific objective of the project is to create a project pipeline on the basis of the database, analyses and networks created. The project pipeline is the process and platform of developing new joint projects within the Partnership.

The analyses, recommendation and project proposals will attract more funding for important projects.

2.3. Indicators chosen

The following verifiable and quantifiable indicators will be used for the database tool itself:

- Number of Donors and Institutions contributing information to the database;
- Number of Projects included and Number of Related Data Fields filled in;
- Number of Sorting Options;
- Number of Data Fields with information;
- Number of Linkages created to other databases;
- Number of Linkages made to the database from other sources;
- Number of Health Themes covered;
- Number of Geographical Areas covered;
- Number of Project Experts;
- Number of Daily/Weekly New Information Entries;
- Number of Daily Hits.

The following indicators will be used for the use of the database tool:

- Number of Thematic Reports produced;
- Number of Stakeholders reached via Dissemination of Database/Reports;
- Number of eNewsletters sent during the project;
- Number of Seminars/Workshops organised;
- Number of Project proposals in project pipeline;
- Number of Joint/Transnational Projects created;
- Number of Requests made to Secretariat;
- Number of new Project areas covered.

The database is functional and linked to the relevant databases and it includes the main projects in the region.

Countries covered are: Estonia, Lithuania, Latvia, Sweden, Finland, Northern Poland, North East Germany, Norway, Denmark and North West Russia.

2.4. Rationale and relative merits of the project

A number of databases exist, which also cover the area of the Northern Dimension and/or the related health areas. But there is NOT one single database available which combines this data into "ready at hand" information on the situation in these areas and an overall picture of the projects developed.

Currently the information on donor projects to support the development of health in the Northern Dimension area is scattered into different databases, normally the database of the donor. That makes the task of coordination very difficult for the Partnership and there is a risk of duplication of projects, or lack of projects where they are really needed. No transparency is provided for financial donors and other stakeholders.

The previous database of the Task Force on Communicable Disease Control in the Baltic Sea Region (www.baltichealth.org) has been taken offline, but will be integrated into the new NDPHS database. The existing database of the Norwegian Barents Secretariat (www.barentshealth.org) will form part of the database being developed under this project. The Barents Database will thus be one integrated part of the NDPHS project database, but it can by now means be seen to serve the same objectives due to its geographical limitation and its project limited information.
The development of projects needs to be matched to the general development and needs in the field of health and social well-being in order really to contribute to a better

effectiveness of the cooperation of all interested parties in Northern Europe. Whereas many databases exist on epidemiological data in this field (e.g. UNAIDS, WHO Health for All Database, WHO Country Health Profiles, EpiNorth, EU Centre for Disease Prevention and Control which will combine info of EuroHIV and EuroTB), there is currently no tool available with which to map the projects and processes in place by various donors, organisations, NGOs, etc., combined with existing data, in order to address the problems in these fields. Also some databases exist on national levels about the various public organisations and NGOs working in this field, but they are not integrated into an international, widely promoted network/database.

In conclusion there is no such tool currently available which combines the information on projects, epidemoligical data, organisations in place, project experts, investments, policy in place, research, best practice, target groups, etc. into one database and webportal.

Whereas the tool to be developed by the project will as such already be accessible to all interested bodies, the project will go beyond this and USE the data in order to create relevant networks, prepare recommendations for project areas to be covered, develop policy recommendations, etc.

Thus the project will not only provide a "passive" tool, but also create an "active" mechanism to fill the gaps in the areas of HIV/AIDS, life style related diseases, prisoner health and other health areas in the countries of the Northern Dimension.

3. EXPECTED RESULTS

3.1. Outcome

The first result of the project will be the innovative database tool itself, which will be accessible for free by all relevant stakeholders in the field also outside the Northern Dimension itself. With this tool it will be possible for all stakeholders to get "ready at hand" information on the situation in these areas and an overall projects developed.

Secondly, the project will result in a series of thematic reports: policy papers/recommendations, project gaps identified, transfer of "best practice", fact sheets to be distributed to international, national and regional bodies, etc.

Thirdly, the project will result in the creation and stimulation of existing networks of stakeholders for the targeted health and geographical areas.

Finally the project will result in new, joint projects via the project pipeline.

Other results include the following:

- Possible overlaps in funding and actions will be avoided;
- Synergies between existing and future projects developed;
- Efforts of various donors effectively combined;
- Project efforts aligned with national policy and social and economic development of the countries where they are in place;
- Technical assistance projects linked to investment projects in the field;
- Areas and topics identified where project are needed and institutional gaps;
- Best practice of projects shared and used for new projects;
- Tapping on existing expertise in the form of research, training and information material;
- Tapping on relevant local/regional/international institutions and project experts.

3.2. Deliverables

Deliverable No	Deliverable title	Delivery date	Nature	Confidentiality level	Dissemination
D 1	NDPHS Project Database online	M 14	Database	Public	Project Partners, eNewsletters, linkages to other websites
D 2	Project Database linked to other information	M 15	Website	Public	Project Partners, eNewsletters, linkages to other websites
D 3	Network Meetings organised	M 16	Conference	Public	Targetted invitations, results via open dissemination
D 4	Project Pipeline operational	M 4	Website	Public	Project Partners, eNewsletters, linkages to other websites
D 5	Technical and Financial information concerning first 12 months of the project (interim report)	M 12	Report	Confidential	Targeted information
D 6	Thematic Reports (Analyses and Recommendations)	M 20	Guidelines	Public	Project Partners, eNewsletters, linkages to other websites
D 7	Final Report to EU/Steering Committee	M 26	Report	Confidential	Targetted information

4. METHODOLOGY

4.1. Methods used, references, significances

The project will be coordinated by the NDPHS secretariat with a dedicated, full-time project expert, who will draw on the secretariat management and support staff, the annual conference, the project steering group, the NDPHS expert groups and IT database/promotion experts. After the finalisation of the project it is expected that the project expert can continue his work on a part time basis financed by the Partnerships own resources.

The means to carry out Project Coordination will entail personnel costs for permanent Project Secretariat/project expert/steering group (from project partners) and related travel costs.

The project will be structured around the following project phases:

Start up Phase:

- Project Launch among all relevant bodies (esp. Ministries of Health, Expert Groups, Donors, etc.);
- Setting up of a database steering committee with experts from the supporting Member States;
- Identification/mapping all existing databases in this field and finding ways, to integrate their data into the new tool;
- Screening of existing projects in public health sector;
- Choice of technological solution (GTZ SHARED).

Database Development:

- Definition of database sections;
- Work with provider of technology;
- Technical Development of Database;
- Pilot test of database on potential users.

The means to carry out the Database Development phase will entail personnel costs for project expert/expert group (and related travel costs) plus external expertise (sub-contract) for technical database development

Data Input:

- Identification of information providers (donors, national ministries, local/regional bodies, NGOs, hospitals, etc.);
- Integration of data into database tool;
- Creating linkages to other databases and/or some parts of them;
- Preparation of fact sheets;
- Promotion of database among those information providers, development of "easy to use" leaflets in English, Russian) on how to include data by them – organisation of series of promotional seminars in all participating countries and among disease related expert groups;
- Develop easy to use tool for submitting articles, policy papers, etc. to NDPHS database;
- Constant update of data and control on data input;
- Possibly own data input and/or adaptation (translation) of data for project purpose.

The means to carry out the Data Input phase/ linkages (integration of data from other databases) will entail personnel costs for project expert/Production of Easy to Use guidelines/Costs for Seminars/Dissemination efforts plus some external expertise (subcontract) for technical support. Of highest (non-financial) relevance is the political support on highest level given to this effort by all partners, which will ensure open access to project information and other relevant data. Furthermore the process will be highly supported by the relevant NDPHS expert groups on HIV/AIDS, lifestyle related diseases and tuberculosis.

Thematic Report (Analysis/Recommendations):

- Use of first data input in order to prepare series of thematic reports, i.e. gap analysis on HIV/AIDS projects in ND, best practice on preventing drug misuse by young people in Western countries and its use in ND, overview on NGOs involved in PH in Baltic states and their projects.

The means to carry out the preparation of Analyses/Recommendations will entail personnel costs for project expert/expert (WP) group members (plus related travel costs)/external expertise (sub-contract) for preparation of the analyses/recommendations/printing and dissemination costs for reports.

Network Creation:

- Series of network meetings and online forums.

Project Pipeline:

- Recommendations on the need for projects/policy on certain issues to donors/partner countries/local bodies;
- Development of joint project networks.

The means to carry out the Project Pipeline will entail personnel costs for project expert/expert (WP) group members (plus related travel costs).

- Disseminate and promote the use (input and output) of the database to as many international, national, regional stakeholders as possible;
- Constantly seek new participants (as input) to the database (new countries, other donors, NGOs);
- Link database and/or reports developed as a result of database to other web portals (EU Public Health Portal), donors, etc.;

The means to carry out the Dissemination phase will entail personnel Costs for project expert (plus possible travel costs)/ Production of dissemination material/Organisation of dissemination events. Furthermore the project will constantly be promoted in conferences, seminars, journals, etc. attended or produced by all project partners outside the scope of the project (input thus financially not accounted for).

The project funding is thus to be used for financing a dedicated full-time project expert, input from partner experts, organisation of network meetings, external expertise for preparation of analyses and recommendation, promotional material, technical set up of database.

4.2. Analysis of the risks and contingency planning

There is the risk that much of the data actually has to be manually included into the database due to technical incompatibility and/or unwillingness of information providers to spend time on data input themselves. The latter also corresponds to the risk that some of the more detailed data on projects (involved organisations, best practice, experts, project reports) is most probably not readily available even within donor databases and has to be provided on a voluntary basis.

This risk can be alleviated by highlighting this problem among the highest level project group (national health ministries/possibly international donors) and to seek their support in addressing this and also by putting in more (junior) resources by the project itself.

There is also the risk at the beginning that the value of the database tool is not understood by all information providers and therefore resistance in providing relevant data/information - as the resulting analytical sections can only be developed as a result of them.

Again, this risk can be alleviated by enforced and more directly focused information activities - furthermore it might be possible to go ahead with one particular health/geographical area and thus to highlight in the following the possible use of the database tool for other health/geographical areas.

As to other risks, the database might start off with overly ambitious aims as to what kind of data can all be included and combined and thus either leading to non-functionality or very incomplete sections.

This risk can be alleviated by a constant monitoring/control of which sections are used and to drop some sections - possibly to be included at a later stage.

There is also the risk that some of the local stakeholders (NGOs, etc.) might either not know about the database or have difficulties in developing English language input/material.

This risk can be addressed by more local information campaigns to be conducted by the respective national partners and also by opening the possibility for local language input with English summaries.

Finally, there is the risk that information especially by donors might only cover projects already approved, but not projects in the "pipeline" - thus not providing a picture of possible future activities

This risk might be alleviated through a "closed" section only open to other donor organisations.

4.3. Work package overview

Work-package (WP) No	Work package title	Lead partner	Number of person days	Global cost (€)	Starting date	Ending date	Deliverable No
WP 1	Coordination of the project	Secretariat of the Council of the Baltic Sea States (NDPHS Unit)	95	36,151.25	M 1	M 24	D 5, D 7
WP 2	Dissemination of the results	Ministry of Health/Office for Foreign Aid Programmes of Poland	100	35,000.00	M 4	M 24	D 2, D 3, D 6
WP 3	Evaluation of the project	Ministere de la sante et de la protection sociale of France	20	5,000.00	M 4	M 24	D 7
WP 4	Database Development	Federal Ministry of Health of Germany	80	75,000.00	M 1	M 12	D 1
WP 5	Information Provision on Specific Health Areas	Ministry of Social Affairs and Health/Finland	200	30,000.00	M 1	M 24	D 2
WP 6	Thematic Reports and Network Creation	Ministry of Health of the Republic of Lithuania	155	50,000.00	M 12	M 24	D 6, D 3
WP 7	Project Pipeline	Ministry of Health and Care Services of Norway	78	30,000.00	M 1	M 24	D 4

4.4. Time schedule

Work package	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24
WP 1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
WP 2				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
WP 3				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
WP 4	■	■	■	■	■	■	■	■	■	■	■	■												
WP 5	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
WP 6												■	■	■	■	■	■	■	■	■	■	■	■	■
WP 7	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

5. WORK PACKAGES DESCRIPTION

5.1. Work package n° 1: Coordination of the project

5.1.1. List of partners involved

The Lead Partner for this Work Package is the Secretariat of the Council of the Baltic Sea States/NDPHS Unit (as the Project Secretariat). The other partners involved include the following:

- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministere de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health of Lithuania;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

5.1.2. Objectives

The main objectives of this Work Package are the over all management of the project, agreements with partners, the organisation and moderation of steering committee meetings, the coordination and contracting of project experts, tenders and the coordination of sub-contracts, the coordination of partners input, financial management and reporting to EU and project steering meetings.

5.1.3. Description of the work

The project will be managed by the NDPHS unit within the CBSS secretariat. The overall responsible project manager will be Mr. Marek Maciejowski, Head of the NDPHS Unit. The financial management will be taken care of by the CBSS Accountancy Team. For the specific purposes of the project Mr. Redas Laukys from Lithuania will work on a full-time basis for the project. Dr. Pavel Semenov seconded by the Nordic Council of Ministers to the NDPHS for its website development will also assist the Project Secretariat.

Furthermore a number of advisory groups - set up of representatives from all project partners - will be formed for the specific purposes of the project:

- The project steering committee - also responsible for the project pipeline;
- Work Package Expert Group on database development;
- Work Package Expert Groups on specific health areas.

These advisory groups will need to be coordinated, online discussions be initiated and facilitated, a number of meetings arranged and advisory group decisions being communicated and implemented.

Furthermore the project will include a number of sub-contracts:

- Technical development of the database;
- Preparation of reports (analyses/recommendations) on projects/policy areas to be covered in specific health and geographical areas;
- Promotion and information material.

These various inputs, as described here, need to be contracted, budgets allocated for, TORs developed and results be monitored and integrated into the overall project work.

The project coordination will ensure that all these various inputs are coordinated in such a way as to be in line with the overall project timetable and project.

There will be four Steering Groups meetings during the implementation of the project, in which the Chairs of Expert Groups will take part. The envisaged time frame and agenda items for each of the Steering Group meetings are as follows:

- Steering Group Meeting 1 (Spring 2007: M4)
  Preliminary agenda items
  o Database (M14)
  o Project Pipeline (M4)
  o NDPHS website (M6) (i.a. the development of a new website that will accommodate the Database and Pipeline)
  o Other actors to be involved in Database implementation
  o Half-yearly Interim Report (M4)

- Steering Group Meeting 2 (Autumn 2007: M10)
  Preliminary agenda items
  o Database (M14)
  o Project Pipeline (M4)
  o Interim Report to EC (M14)
  o Thematic reports (M20)
  o Other actors to be involved in Database implementation
  o Donors/resources mobilization (M22)
  o Target groups
  o Half-yearly report (M10)

- Steering Group Meeting 3 (Spring 2008: M16)
  Preliminary agenda items
  o Database (M14)
  o Project Pipeline (M4)
  o Thematic reports (M20)
  o Donors/resources mobilization (M22)
  o Target groups
  o Half-yearly report (M16)

- Steering Group Meeting 4 (Autumn 2008: M22)
  Preliminary agenda items
  o Database (M14)
  o Project Pipeline (M4)
  o Donors/resources mobilization (M22)
  o Half-yearly report (M22)
  o Final report to EC (M26)

5.1.4. Milestones

Date	Milestone
January 2007	Formation of project advisory groups (i.e. Steering Group and Work Package Expert groups
January 2007	Project launch among all relevant bodies with first steering group meeting
January 2007	Terms of Reference, tender assessments and contracts for external expertise
February 2008	Interim Report to the European Commission
September 2008	Decision on continuation of the work without EU funding
February 2009	Final Report to the European Commission

5.1.5. Deliverables

The following include the deliverables of this Work Package:

- Project Overview with Detailed Action Plan;
- Interim and Final Report to EU;
- Formation and organisation of meetings among various project advisory groups (steering group, WP expert groups, etc.);
- Minutes on meetings;
- Terms of Reference, Tender Assessments, Contracts for external expertise (sub-contracts).

5.2. Work package n° 2: Dissemination of the results

5.2.1. Overall strategy and methods

The dissemination of these results will occur via a combined set of channels/methods:

The project can draw on the structures already established within the Northern Partnership: thus it has the highest level of support through all Ministries of Health and international organisations within the Partnership via the Annual Conference, the

Committee of Senior Representatives as well as the thematic Expert Groups. Together with the Steering Group the representatives of all these bodies shall support the access to all relevant information available to them to be included into the database and brig in their combined know-how on information sources, initiatives, organisations, etc.

Furthermore a dedicated project launch campaign will ensure that all relevant stakeholders in the field will be directly approached via the Project Secretariat. With an (e) mailing campaign they will be informed about the database areas, possible uses and input areas ("easy to use" guidelines). This initiative will be supported by a number of dedicated seminars.

In addition to a quarterly (e) newsletter to be developed by the NDPHS itself, the project will make use of existing webportals, eNewsletters, journals and other dedicated publications.

The database itself will link itself into other databases and webportals and will also constantly seek that these linkages are created on mutual basis.

Leaflets and presentations on the database will constantly distributed during international, national and regional conferences.

Most importantly perhaps the reports/recommendations developed on the basis of this tool will be disseminated and used for discussions in all available international bodies (most of which are members of the Partnership).

The project itself will actively initiate at least one dedicated workshop in each of the health areas targeted among the most important stakeholders identified through the database tool.

All publications to be produced and disseminated via the Northern Partnership will contain a highlighted section on the web-based database tool.

All dissemination efforts together will result in a new dimension of coordinated approaches/projects.

Overall, the strategy for the dissemination of the results covers many different components such as the Database, the NDPHS Website, workshops, conferences and thematic reports.

5.2.2. Objectives

The objectives of this Work Package are to gain the widest support of information providers to database as possible, and the widest use and uptake of database tool and analytical reports/network creation as possible.

5.2.3. Description of the dissemination work

The Lead Partner will coordinate the dissemination work for the project supported in all its efforts by the Secretariat of the NDPHS and various project advisory bodies involving all project partners.

It will prepare:

- Appropriate project information material;
- Easy to use guideline on the database;

- Press releases articles for eNewsletters;
- Project proposals.

It will disseminate this material via:

- Its own partner network structures;
- Own eNewsletter;
- eNewsletters from all its partner networks and related structures;
- Creation of linkages to and from other web portals;
- Presentations at conferences, seminars;
- Organisations of own network meetings, seminars, workshops.

The dissemination will be facilitated by the database tool itself which will lead to an extensive address database of organisations, institutions, experts involved in this field. Concerning the above mentioned workshops, conferences, and meetings, one of these will be the NDPHS Partnership Annual Conference (PAC) to be held in 2008, tentatively in M24, in Vilnius, Lithuania. The dissemination of results will also be channelled through additional conferences planned to be organized, one of which may be a Pledging (resource mobilization) Conference also in 2008. In terms of planned meetings, these will include three NDPHS Committee of Senior Representatives (CSR) meetings, in autumn 2007, spring 2008 and autumn 2008, respectively. There are also eight foreseen meetings of the NDPHS Expert Groups, through which results will be disseminated. Concerning planned workshops, the scheduling and frequency of these is still under consideration.

5.2.4. Milestones

Date	Milestone
January 2007	Project launch among all relevant bodies with first steering group meeting
January 2007	Promotional material and easy to use leaflets ready
October 2007	Public launch of Database
March 2008	First series of policy papers distributed

5.2.5. Deliverables

The dissemination is linked to all other work packages. The deliverables have been described above as:

- Promotion material
- Easy to use guidelines on database;
- Thematic reports (analyses/recommendations);
- Project papers;
- Articles in eNewsletters, journals, etc. around Northern Dimension;
- Extensive links to and from database webportal.

5.2.6. List of stakeholders

The stakeholders involved include donors, national ministries, local and regional (sub-regional) authorities in focal areas, those who are targeting focal areas, as well as relevant international organizations and NGOs.

These stakeholders will be reached via NDPHS events (i.a. the abovementioned PAC, CSR meetings and NDPHS Expert Group meetings), as well as other events such as workshops to be planned. Additionally, stakeholders will be reached through direct contact with selected other stakeholders, through the new NDPHS website and NDPHS e-News (as a part of the new website), direct mailing via post (i.a. flyers produced and distributed to a select group of recipients).

5.3. Work package n° 3: Evaluation of the project

5.3.1. List of parties involved

The Lead Partner of this Work Package is the Ministere de la sante et de la protection sociale. The other parties involved will include the Secretariat of the Council of the Baltic Sea States/NDPHS Unit (as the Project Secretariat), the Project Steering Committee, and the EC as the recipient of the progress reports.

5.3.2. Objectives

The mail objectives of this Work Package are to ensure that project fulfills its objectives in actually providing relevant information to target groups. Additional objectives are to possibly transfer of general project idea also to other health / geographical areas and to identify the level and way of continuing the project after the end of EU financing by NDPHS sources.

5.3.3. Description of the work and methodologies

In the framework of the project a regular half yearly evaluation of project progress will be undertaken. For this purpose the Project Secretariat will need to prepare half-yearly interim evaluation project progress reports, which will be presented to the Project Steering Committee as well as the EU Secretariat. The evaluation will not only consider the general progress of the project, but also the appropriateness of activities, expenses and partner involvement. Upon these reports the project steering committee might consider adaptations of the general action plan of the project.

Three months before the end of the project a draft final report will be prepared, which will form the basis for the continuation of the project staffing (project expert for database) and the network, analytical mechanisms and project pipeline structures created in the framework of the project. A review will also be undertaken to what extend the health areas chosen are appropriate and/or whether some more areas should be included. The report will try to make a first assessment of the impacts created by the projects. This draft final report will be presented, discussed and adopted by the project steering committee.

As a result a final project report will be prepared and will be presented to the EU.

In the production of the reports, and process of evaluation, the Work Package Leaders will be responsible for the ongoing monitoring of the project. The Secretariat will remain in contact with the Work Package Leaders concerning evaluation and will also require that the Work Package Leaders regularly produce progress reports. Steering Group meetings will also serve to evaluate progress made in the project's implementation.

5.3.4. Milestones

Date	Milestone

November 2007	Interim report to the European Commission
October 2008	Draft final report to the European Commission
November 2008	Final report to the European Commission

5.3.5. Deliverables

Deliverables for this Work Package include the following:

- Half yearly interim reports;
- Draft Final Report;
- Final Report.

The deliverables are linked to all other Work Packages.

5.4. Work package n° 4: Database Development

5.4.1. List of partners involved

The Lead Partner of this Work Package is the Federal Ministry of Health of Germany. The other partners involved include the following:

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministere de la sante et des solidarites of France;
- Ministry of Health of Lithuania;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

5.4.2. Objectives

The objective this Work Package is to prepare an analysis of existing databases, to take a decision on the technology of choice, define the database fields, carry out the technical development of the database, as well as the creation of linkages with other databases, and a pilot test phase for database users.

5.4.3. Description of the work

For the purpose of the project an advisory group will be created by representatives from the project partners (based on former database development expert group), who will bring in their combined knowledge on existing databases, the information included in them and the SHARED database technology and needed adaptations.

With the assistance of the Project Secretariat (and the main project expert) and possibly invited database experts the database advisory group will create the appropriate links to

existing databases, chose the appropriate database technology and most importantly take the decision on the database structure: information field to be included into database, selection/sorting criteria, additional information to be provided as a linkage (epidemiological data, social and economic data, best practice reports, relevant research, articles, policy papers, etc.

The advisory group will be assisted in this work by the project expert who will continuously assess the relevant existing comparable databases (also for other areas) and the databases, which shall form the basis for the new database - as to look into the "fit" between the various data formats. Based on this decision, appropriate Terms of Reference will be developed for the technical development of the database and the most cost-efficient offer chosen. The further technical development will be monitored by the project expert and - if needed - possible changes/problem areas discussed within the advisory group.

Before the actual launch of the database a pilot phase will be included for users as to test its appropriateness.

On the basis of the database "easy to use" guidelines for the introduction of data will be developed.

Furthermore the work package will result in a list of appropriate linkages to other, related databases, to which all project partners shall facilitate access to.

The project expert will follow up on the advice of the various partner networks and arrange for these linkages.

5.4.4. Milestones

Date	Milestone
April 2007	Database technology and section-frame decided upon
July 2007	Database operational for input and easy to use leaflets ready
October 2007	Data sources included and linked into database
October 2007	Public launch of Database

5.4.5. Deliverables and links with other work packages

The database tool is essential for all other work packages as it defines what will be included into the dissemination material, will lead the path towards collecting and sorting information in an innovative way, and therefore create the conditions for the resulting analyses, networks and projects to be created.

This work packages provides therefore the general sorting structure (drawers) for the other project work packages.

Other deliverables include the following:

- List of existing databases and decision on whether/how to integrate/link them with new database;
- Terms of Reference for technological development of database;

- Database structures - Database information input areas;
- Easy to use guidelines for users (input/outputs);
- Functioning database (tested in pilot phase).

5.5. Work package n° 5: Information Provision on Specific Health Areas

5.5.1. List of partners involved

The Lead Partner of this Work Package is the Ministry of Social Affairs and Health of Finland. The other partners involved include the following:

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministere de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health of Lithuania;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

5.5.2. Objectives

The objectives of this Work Package are the identification of information providers/data sources, necessary data groups, gaps and possible analyses derived from data, network meetings in the specific four health areas covered: 1) communicable diseases 2) lifestyle related diseases 3) prison health and 4) primary health care => continuous facilitation and the control of data input.

5.5.3. Description of the work

For the purpose of this work package, the main project expert will work together with the existing four expert groups of the Partership as described above. These groups will advise on the necessary data groups in these four areas, current gaps of existing databases, assist in the identification of the appropriate information providers and data sources, facilitate contacts to them and disseminate the purposes/uses of the databases to them. Furthermore they will continuously in the following monitor the development of the database (its completeness and degree of up to date information). They will also advise the Project Secretariat on the organisation of network meetings among relevant organisation/experts in certain health and geographical areas and discuss and select appropriate topics for further analyses to be prepared.

The advisory groups will also advise on possible experts from within or outside their sources to be contacted to make offers for the preparation of such reports.

The geographical areas being focus on include Russia, Estonia, Latvia, Lithuania and maybe Poland as well.

Working Steps:

- Creation and organisation of WP expert/advisory groups (online discussion forums and actual meetings);

- Identification of information providers (donors, national ministries, local/regional bodies, NGOs, hospitals, etc.);
- Integration of data into database tool;
- Creating linkages to other identified databases and/or some parts of the;
- Preparation of fact sheets;
- Promotion of database among those information providers, development of "easy to use" leaflets in English, Russian) on how to include data by them – organisation of series of promotional seminars in all participating countries and among disease related expert groups. The rationale behind producing these leaflets in English and Russian is based on the common working language of Northern Europe (and in the NDPHS) being English and the fact that Russia is one of the main (although not only) target areas, but the knowledge and understanding of English in the Russian population is very poor. If possible, efforts will be undertaken to translate the leaflets into the national languages of the three Baltic countries and perhaps Poland, as well;
- Develop easy to use tool for submitting articles, policy papers, etc. to NDPHS database;
- Constant update of data and control on data input;
- Possibly own data input and/or adaptation (translation) of data for project purpose;
- Decision on topics for further analyses/recommendation reports to be prepared.

5.5.4. Milestones

Date	Milestone
January 2007	Working Package Expert Groups are formed and activated
December 2007	Aims/data fields for each health area are defined
December 2007	Decisions on topics where further analyses and recommendations are needed
December 2007	Creation of networks for specific health and geographical areas

5.5.5. Deliverables and links with other work packages

The Deliverables of this Work Package include the following:

- WP Expert Groups formed and active (minutes of expert group meetings);
- Definition of aims/data fields for database for each health area;
- Overview of basic information providers and dissemination of information needs by database to those;
- Joint analysis of database information provided;
- Decisions on topics where further analyses/recommendations needed;
- Shortlist of appropriate organisations/experts to be involved in these analytical reports;
- Creation of networks for specific health areas and geographical areas;
- Constant monitoring of information input to database.

This Work Package is linked with Work Package 1 in the sense that it will base its activities on the work of the existing NDPHS Expert Groups, as they deal, inter alia, with the issues to be covered under this Work Package.

Concerning the links between WP 4 and WP 5, the WP 4 coordination group will include members of the NDPHS Expert Groups. The Expert Groups will have the role of providing information and guidance as to what type of issues should be addressed in the Database, concerning their respective fields of expertise. To this end, the Expert Groups involved in WPs 4 and 5 will take part in coordinating WP 5, not least through the provision of written information explaining why type of information they would like to collect from the Database from the project included.

5.6. Work package n° 6: Thematic Reports and Network Creation

5.6.1. List of partners involved

The Lead Partner of this Work Package is the Ministry of Health of the Republic of Lithuania. The other partners involved include:

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministere de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

5.6.2. Objectives

The objective of this Work Package to show the use of the database tool in terms of developing a concrete series of reports on analyses, project gaps, policy gaps, institutional gaps, etc. and resulting recommendations to national and international responsible authorities. The objective also includes the organization of "real" network meetings (workshops) resulting into further online discussions for certain health areas and geographical areas.

5.6.3. Description of the work

With the help of the expert groups described beforehand (in WP5), the Project Secretariat will initiate concrete uses of the database tool.

It will facilitate the preparation of a series of publications, where certain health and geographical areas will be further analysed resulting into a set of recommendations to national and international bodies. These analyses can take any kind of format (depending on what is seen as major requirements of the expert groups) such as collection of best practice handbooks, policy comparisons, analyses of NGOs active in the field, extension of successful project methodologies into other health or geographical areas, etc.

The basic idea is to turn the database into an ACTIVE tool for policy and project development and thereby enhancing the quality of initiatives to be undertaken in these areas by the large variety of actors in this field (including EU).

Furthermore the Project Secretariat with the help of the expert groups will also organise a series of actual network meetings for selected organizations/experts in selected health areas/geographical areas. These networks will be created on the basis of the information gained from the database and the meetings will/shall later on also result in further "online" discussions within the information tool. The experience has shown however that such kind of online discussions are greatly facilitated if triggered off by personal meetings.

The Leader of WP 6 will recommend issues to be included in the thematic reports. Further, the Leader will contact the NDPHS Expert Groups for the purposes of collecting reports from them, and based on these reports, prepare summaries. The Leader of WP6 will assist the Secretariat in obtaining translations, producing print copies of the reports, and ensuring that the reports are mutually coordinated and properly cover cross-cutting issues. The Leader will also work to ensure that the reports are concrete, offer recommendations that can be implemented, and discuss with the NDPHS Expert Groups what geographical areas should be focused on. Further, the Leader will also be in contact with the Expert Groups concerning best practice handbooks or policy comparisons.

The partners involved also operate as the members as the Expert Groups, and will thereby be contributing to the above process vis-à-vis the Expert Groups. These partners will cooperate with the Leader of Work Package 5, and, Work Package 5 will to some degree provide input to the thematic reports.

5.6.4. Milestones

Date	Milestone
December 2007	First network meeting held on health and geographical areas
December 2007	Contracting of the first set of policy papers
March 2008	Series of policy papers prepared and distributed

5.6.5. Deliverables and links with other work packages

The deliverables of this Work Package include:

- A series of publications on analyses, policy recommendations, best practice, project methods, etc. in certain health areas/geographical areas;
- A Series of network meetings and further online networking in certain health and geographical areas.

The work package is based on the previous work package and is providing guidance to the project pipeline.

5.7. Work package n° 7: Project Pipeline

5.7.1. List of partners involved

The Lead Partner of this Work Package is the Ministry of Health and Care Services of Norway.

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministere de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health of Lithuania;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

5.7.2. Objectives

In parallel to the general analyses, recommendations and networks a specific "Project pipeline" facility will be created which shall enable project review, development of topics and project networks. Included in the process are the implementing organisations, partners and donors.

The pipeline will enable the Partnership to initiate project activities in line with policy objectives.

5.7.3. Description of the work

Together with the project steering group and the expert groups, the Project Secretariat will initiate the NDPHS project pipeline. The "Project pipeline" is mainly standing for the process of project development (out of the database information and analyses, recommendations and networks). As such it will always be driven by the meetings of these groups.

At the same time it will also stand for and be supported by an Internet-based project pipeline as part of the NDPHS database. The international initiative Task Force on Communicable Disease Control (2000-2004) successfully elaborated a model for handling and development of project proposals, and this experiences can applied to develop a modified and improve NDPHS pipeline. The model will be developed in a way, which makes it applicable to the partners and to the relevant regional donor organisations. The Partnership's Expert Groups will be instrumental in the pipeline processes.

Through the project pipeline the Project Secretariat will at earliest stages possible constantly draw attention to funding possibilities/opportunities, problem areas, partner search - and also actively facilitate network and project creation.

The Leader of the Work Package, Norway, has great experience with the nature of this type of work. Norway encompasses the Norwegian Barents Secretariat, which was previously involved in the Task Force on Communicable Disease Control and will also be assisting the in developing this. The Barents Secretariat is involved in the NDPHS framework as an observer and is also implementing activities for the Norwegian Ministry of Health. On the part of Norway, the Barents Secretariat will be contributing to carrying

out this Work Package. It has previously managed and financed many projects and therefore has a great amount of experience in this area and are aware of the types of mechanisms are necessary to facilitate connections between project proponents and donors.

NDPHS membership includes, *inter alia*, donor countries and, thereby, its role in this Work Package is that donor agencies in the Partner countries will specify what type of information should be included in the Pipeline. This is for the purpose of communicating what criteria the Project Pipeline should meet, in order for it to be considered acceptable to them. To this end, the NDPHS will utilize its donor agencies to spell out their preferences and requirements concerning the Pipeline. Additionally, the NDPHS Partners will publicize the Database, including among the donors and project proponents. For clarification, "other partners" in the project are also NDPHS Partners.

5.7.4. Milestones

Date	Milestone
April 2007	Online Project Pipeline initiated
May 2008	First joint project created as a result of the Project Pipeline
November 2008	Decision on continuation of work without EU funding

5.7.5. Deliverables and links with other work packages

The deliverables of this Work Package include:

- On-line project pipeline with project proposals and targeted project meetings;
- Information and highlighting of funding mechanisms;
- Facilitation of project network creation;
- Linking to existing project structures/best practice cases/appropriate local organisations;
- Joint, transnational project proposals/projects.

The work package is based on WP 5 information provision and WP 6 which provides guidance to strategic project gaps.

6. MEASURES TO ENSURE VISIBILITY OF COMMUNITY CO-FUNDING

The webportal itself will clearly show in its frame that this initiative was co-funded by Community sources. Additionally, all reports/publication material will also clearly carry the logo and notice of the Community co-financing. All project related correspondence by the Secretariat as well as the National Partners will carry the logo and notice to Community co-financing. And, all press releases and other communication tools will as a standard phrase on the project description make note of the Community co-financing.

7. LIST OF COLLABORATING PARTNERS

Collaborating organisation			Contact person			
Organisation	*Town/City*	*Country*	*Title/Function*	*Family name and First name*	*Telephone No*	*E-mail*
Ministry of Social Affairs	1216 Copenhagen K	Denmark	Senior Advisor	Lis Witso-Lund	+45 3392 9310	lwl@sm.dk
Sida (International Development cooperation agency)	Stockholm	Sweden	Coordinator	Chroona, Cecilia	+46 86985433	Cecilia.chroona@sida.se
East Europe Committee of the Stockholm Swedish Health Care Community	Stockholm	Sweden	Desk Officer	Janzon, Eva	+46 8 44 1 33 56	Eva.janzon@oek.se