



Northern Dimension  
Partnership in Public Health  
and Social Well-being  
[www.ndphs.org](http://www.ndphs.org)

**EG on Non-Communicable Diseases related to Lifestyles  
and Social and Work Environments  
4<sup>th</sup> Meeting (jointly with the OSH TG)  
Helsinki, Finland  
23-25 May 2012**

<b>Reference</b>	Joint NCD and OSH 4/6/Info 2a
<b>Title</b>	Filled-out questionnaire submitted by the NDPHS to the Reference Group for the Baltic Sea Region Programme 2014-2020
<b>Submitted by</b>	NDPHS Secretariat
<b>Summary / Note</b>	The filled out questionnaire was submitted to the Baltic Sea Region Programme 2007-2013 Joint Technical Secretariat on 15 May 2012. It has been developed based on inputs from various stakeholders, among them the NCD Expert Group.
<b>Requested action</b>	For information

**Questionnaire to the Reference Group  
for the Baltic Sea Region Programme 2014-2020  
17 April 2012**

In March 2012 the programming of the transnational EU Baltic Sea Region Programme for the funding period 2014-2020 has been launched with a first meeting of the Joint Programming Committee. At this meeting it was decided to establish a Reference Group composed of stakeholders of the EU Strategy for the Baltic Sea Region, as well as relevant transnational organisations in the region. The Reference Group shall contribute to the programming with experience and know-how. Furthermore it shall help to identify specific demands and expectations towards the new programme among potential target groups.

The following questionnaire is a first step in the process of involving the Reference Group in the programming. You are kindly invited to give your input to the development of the future programme at an early stage before the start of drafting the programme documents.

The aim of this questionnaire is to gather your expectations related to the scope and content as well as other important aspects of the transnational Baltic Sea Region Programme 2014-2020.

When the first complete draft of the programme document is approved by the Joint Programming Committee (expected in the first half of 2013) a consultation process with the Reference Group will be launched.

INSTITUTIONAL DETAILS	
Name of the institution	Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)
Name and position of the responding person	Mr. Marek Maciejowski, Head of the NDPHS Secretariat
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Contact details of the person appointed to further contacts with the Joint Programming Committee (if different)	

1. The draft regulations for the European Territorial Cooperation goal define that four of the following thematic objectives shall be selected for each transnational cooperation programme. Please evaluate the relevance of the thematic objectives for the work of your authority/organisation.

(0 = not relevant, 1= rather not relevant, 2 = relevant, 3 = very important)

(1) strengthening research, technological development and innovation;	1
(2) enhancing access to, and use and quality of, information and communication technologies;	1
(3) enhancing the competitiveness of small and medium-sized enterprises, the agricultural sector (for the EAFRD) and the fisheries and aquaculture sector (for the EMFF);	0
(4) supporting the shift towards a low-carbon economy in all sectors;	0
(5) promoting climate change adaptation, risk prevention and management;	0
(6) protecting the environment and promoting resource efficiency;	1
(7) promoting sustainable transport and removing bottlenecks in key network infrastructures;	0
(8) promoting employment and supporting labour mobility;	1
(9) promoting social inclusion and combating poverty;	3
(10) investing in education, skills and lifelong learning;	1
(11) enhancing institutional capacity and an efficient public administration.	2
<b>Please provide an explanation for the thematic priorities of your institution</b>	

The NDPHS' mission is to promote sustainable development of the Northern Dimension area by improving peoples' health and social well-being. Thus, the 11 thematic objectives were evaluated against their relevance to improving health and social well-being.

The above listed thematic objectives have a strong emphasis on environmental and economy-related issues. The value of health as an economic resource and capital, especially in the long-term, has not been sufficiently recognized. Regrettably, health has not been listed as a separate thematic priority, even though the achievement of the 11 thematic objectives depends on a healthy and productive labour force.

Out of 11 thematic objectives, the "(9) promoting social inclusion and combating poverty" is most related to improving health (assuming that the thematic objective includes promotion of health and access to affordable, sustainable and high-quality health services). Therefore, it is the NDPHS' priority.

Relatively less important, but relevant (to some extent) are the following thematic objectives:

- (1) strengthening research, technological development and innovation (e.g., the development of new effective drugs, introduction of ICT-based solutions in health care);
- (2) enhancing access to, and use and quality of, information and communication technologies (relevant, inter alia, in terms of enhanced deployment of ICT-based solutions in health care);
- (10) investing in education, skills and lifelong learning (relevant, inter alia, in terms of investing in education, skills and lifelong learning of health professionals);
- (11) enhancing institutional capacity and an efficient public administration (the scale of the problems and the limited financial resources available for health sector requires an efficient and skillful administration).

The following thematic objective is indirectly relevant to some extent:

- (7) promoting employment and supporting labour mobility (the potential of a workplace as an effective arena for health promotion needs to be fully exploited).

2. Are there additional topics not covered by the list of thematic objectives above that your institution considers relevant for future transnational cooperation in the Baltic Sea Region? Please explain and justify the relevance of any additional topic.

Even though the organization and delivery of health and social care is a national competence, there are areas and challenges where investment in transnational cooperation in social well-being and health is advantageous and essential. The main social well-being and health related challenges that the European countries are currently facing are the same: an ageing society, health inequalities, the increasing burden of non-communicable diseases and new health threats. Consequently, it is only logical to coordinate the responses to common challenges, to (i) pool the resources and expertise, and (ii) exchange ideas and knowledge on effective and less effective solutions – all this to bridge gaps and speed up innovation processes, to avoid duplication of efforts and limited resources, and, finally, to allow for well-informed policy and decision making.

Furthermore, in the EU neighbouring countries, HIV is spreading faster than anywhere

else in the world, its co-infection with tuberculosis is rapidly increasing and the proportion of drug-resistant forms is much higher than within the EU. As communicable diseases do not respect national borders, this is a regional problem and, therefore, needs to be addressed through close collaboration between the EU and neighbouring countries.

In light of the above, future transnational cooperation should include the following health and social well-being related topics:

- Reducing health inequalities through the improvement of primary healthcare and enhancing its accessibility to vulnerable groups, training of health professionals and counteracting brain drain, integration of health and social care systems and through promoting e-health technology as a means for closing gaps in healthcare access and quality;
- Prevention of lifestyle-related non-communicable diseases 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), as well as using the workplace as an effective arena for promoting a healthy lifestyle.
- Development of transnational collaboration to enhance and promote the prevention of the spread of infections.

Regarding the thematic objective "(7) promoting sustainable transport and removing bottlenecks in key network infrastructures" focusing also on traffic accident prevention is important. Huge differences in traffic accident mortality and trauma between Baltic Sea Region countries indicate that there is a good opportunity for improvement. At present, traffic safety is not explicitly focused at.

3. Is there any particular thought on the following questions your institution would like to share with the Joint Programming Committee at this stage of the programme preparation?

What type of contribution to the implementation of the EU Strategy for the Baltic Sea Region do you expect from the future programme?

In general, increased cooperation and efficient partnerships between the programme and the EUSBSR Priority Area Coordinators (those with proper international frameworks) in the programme implementation are necessary to ensure complementarity between the activities as well as more effective utilization of the outcomes of these actions. Regional stakeholders, such as the NDPHS, have cooperation platforms that can provide assistance in developing such strategic cooperation.

More specifically, the NDPHS expects that by prioritizing health and social well-being among the priorities, the programme will contribute to reduction of avoidable waste of human capital.

What types of projects should the programme finance (e.g. policy development, development of strategies, policy implementation, implementation of strategies, investments, exchange of experience)? What types of projects should be prioritised?

Projects that contribute to the EUSBSR and build on former projects and/or are developed by already established networks and project consortia should be prioritised, to ensure a strategic vision and sustainability of results.

Should 'transnational pilot investments' be financed by the programme? If yes, what kind of investments should be supported?

Transnational pilot investments should be supported, but they should not be judged by their direct short-time outcome alone.

In general, the overall public health impact of the investments should be assessed and used as a criterion for financing decision. Investments that lead to smoking, increased alcohol consumption, excessive eating and sedentary lifestyle should not be supported. On the other hand, investments that support setting of common policy priorities, piloting new technologies (in particular, eHealth technologies), promote health and help to tackle major disease burden should be supported.

Which topics and what type of actions are relevant for the cooperation with Russia and Belarus?

In Russia and Belarus, where life-expectancy of men is about 14 years and that of women about 10 years behind the EU average, public health topics are extremely important. Poor health of population is a major obstacle to sustainable economic development of these countries.

Based on the NDPHS' experience and current cooperation with Russia, activities relevant for cooperation include:

- Actions towards implementation of common global and regional commitments in the fields of non-communicable diseases, tobacco and harmful use of alcohol (such as the UN 2011 Declaration on Non-communicable Diseases, the Global and the Regional Action Plan on the Harmful Use of Alcohol, the Regional Strategy and the Action Plan for the Prevention and Control of Non-communicable Diseases and the WHO Framework Convention on Tobacco Control);
- Capacity building of relevant health institutions;
- Support to prevention of infectious diseases and development of mechanisms for exchanging actual and relevant information concerning infectious disease situations;
- Support to NGOs working with vulnerable populations.

Actions relevant for cooperation with both Belarus and Russia include:

- Introduction of evidence based tools to reduce premature mortality and health inequalities and to improve disease prevention and health promotion at the community level;
- Throughcare and continuity of care in prison health services, which is essential in treatment of some life-threatening conditions and in mental health, drugs and other addictions treatment.

Should there be a special support for the cooperation and exchange between projects supported by the future programme?

Such support (both technical and financial) is very important. Collaboration between similar types of projects and learning from the successes and failures is crucial. At the same time, it is necessary to avoid overloading projects by formal collaboration, which does not lead into any practical outcome.

Which measures do you propose to make the programme more attractive for the involvement of the private sector? For which topics and types of activities would the involvement of the private sector be most relevant?

Interest in entrepreneurial activity in public health is increasing in the whole region. It is however a difficult tool and requires good knowledge and skilful regulation. Financial gains alone should never be the only criteria for public health action. It is the health gain that matters in the longer time.

In EU Cohesion Policy there is a strategic shift from grant schemes to financial instruments. Do you see a demand for transnational financial instruments (giving loans to beneficiaries instead of grants)? If yes, for which topics and types of activities?

Financial instruments are better functional in areas where short term economic gains can be expected. In public health it suits, if well controlled and regulated, for curative and rehabilitative activities. However, when it comes to prevention of disease and disability, financial mechanisms through market (demand and purchase) often fail. Health tends to become a value only when a person has lost it. Therefore, public health improvements need public action and financing (= grants) in order to be implementable. For the same reason public health measures will always need public (tax or insurance) funding. Leaving it to markets becomes quickly very expensive to the society.

What kind of support measures for applicants and approved projects shall be organised by the programme?

- Mechanisms to receive seed and planning money to enable national institutions and NGOs to develop joint collaborative projects;
- Guidelines for outputs;
- Information events.

What kind of measures do you propose to reduce the administrative burden for beneficiaries?

- Standardised and simplified planning and reporting mechanisms, based on the Logical Framework Approach and Logical Framework tools;
- Appropriate and sufficient training to strengthen the planning capacity of relevant actors;
- Application procedures are often cumbersome, time consuming and hence expensive. There should be a step-wise process starting with a lighter way of presenting project concepts and ideas for scrutiny in order to avoid wasting of time and effort.

#### 4. Further comments

The NDPHS has developed and circulated to the JPC members its position paper "Post-2013 European Programmes: Raising the Profile of Health and Social Well-being" (available at [http://www.ndphs.org/?ndphs\\_docs](http://www.ndphs.org/?ndphs_docs)). The NDPHS encourages the JCP to take a closer look at the issues raised therein.

Please send the filled-in questionnaire by e-mail back to Ulrike Klose, Programme Assistant at the Joint Technical Secretariat of the Baltic Sea Region Programme 2007-2013 ([ulrike.klose@eu.baltic.net](mailto:ulrike.klose@eu.baltic.net)) **no later than 15 May 2012.**

Thank you for your co-operation!