

EG on Non-Communicable Diseases related to Lifestyles and Social and Work Environments

NCD EG

Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS)



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

WORK PACKAGE DESCRIPTION NCD EG Flagship-B Project

RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES

Georg Sootla new title suggestion:

Effective implementation of NCD prevention strategies in Baltic Sea region through transfer of best practices regional partnership network

TEMPLATE: WORK PACKAGE DESCRIPTION *(as agreed at FLAGPRO-3 mtg in Kaliningrad Oct. 2011)*

WP n

Lead organisation (responsible for drafting WP description)

Title: Text

Description: Free text: max 5 lines

Objectives: Bullet list of max 10 objectives

***Required partners:** List of institutions (N.B: list will be done separately for each participating country)

Tasks: Bullet list of tasks required to achieve the objective

Deliverables: List: Number + title + month of delivery from start of WP

Milestones: List: Number + title + month of achievement from start of WP

Duration: In months

Workload: Number of person months (if possible per Partner)

***Budget:** Direct cost in Euro (€)

Note: The project is planned to take place in several (at least 3) NDPHS countries. The items marked with an asterix () would need to be made country specific. Other items are expected to be the same in all project countries.*

Flagship-B project Work Package descriptions (Kaliningrad Flag-pro-3 -> 16.05.2012)

The project actions are carried on in seven (7) work packages, which are:

B-WP-1 Management and coordination

B-WP-2 Information dissemination

B-WP-3 Monitoring and evaluation

B-WP-4 Situation analysis (mapping of the situation)

B-WP.5 Knowledge mobilization

B-WP-6: Peer review of management of change of NCD prevention control

B-WP-7 Pilot testing

NEW proposal for NCD-4 23.05.2012

Flagship-B project Work Package descriptions

The project actions are carried on in six (6)work packages, which are:

B-WP-I Management and coordination

B-WP-II): Situation analysis (baseline) and knowledge mobilization

B-WP-III Monitoring and evaluation

B-WP-IV: Peer review of management of change of NCD prevention control

B-WP-V Pilot testing

B-WP-VI Information dissemination

DRAFT

Flagship Project B: Budget for the Action		
RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES		
Georg Sootla new title suggestion 12.02.12:		
Effective implementation of NCD strategies in Baltic Sea region through transfer of best practices regional partnership network		
	WP x 1	per project country
	per whole project	or region x n
FP-B WP I (1) Management & Coordination (WHOLE PROJECT)	420 000 €	
P-B WP II (4+5) Situation Analysis (Baseline) and Knowledge Mobilization (COUNTRY SPECIFIC x n)		250 000 €
FP-B WP III (3) Monitoring and Evaluation (COUNTRY SPECIFIC x n)		115 000 €
FP-B WP IV (6) Peer Assessment (COUNTRY SPECIFIC x n)		100 000 €
FP-B WP V (7) Pilot Testing (COUNTRY SPECIFIC x n)		145 000 €
FP- B WP VI (2): INFORMATION DISSEMINATION (WHOLE PROJECT)	450 000 €	
TOTAL	870 000 €	610 000 €

(see for details in separate Excel-documents for each Work Package)

Flagship- B WP I (1): MANAGEMENT AND COORDINATION

[RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES]

[Georg Sootla new title suggestion:Effective implementation of NCD prevention strategies in Baltic Sea region through transfer of best practices regional partnership network]

LEAD ORGANIZATION:

Present draft prepared by NDPHS/ NCD-EG (Mikko Vienonen, m.vienonen@kolumbus.fi, +358-50-4421 877

Potential further elaboration and lead organization: International Development Collaboration at National Institute of Health & Welfare / Finland (Director Jutta Immanen-Pöyry e-mail: jutta.immanen-poyry@thl.fi, Tel. +358-40-595 2219 and Dmitry Titkov e-mail: dmitry.titkov@thl.fi, Tel. +358-40-540 1525)

Description: *Text (max 5 lines)*

The project needs to be professionally and skilfully implemented and coordinated with all partners involved.

Objectives: *Bullet list of max 10 objectives*

- to have an international executive advisory board to follow up and advise on the process of implementing strategically adjusting work-plans to changing needs and challenges.
- to have an executive steering group for each national sub-project.
- to have well selected professionally skilful and innovative implementing team in place.
- to have in place good financial and auditing systems for the project.
- to have in place innovative and participatory media coordination and information strategy.
- to have a system of annual strategic planning , reporting and evaluation (preferably peer- reviewing)

Lead organisation

Participants

tentative:

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International Development Collaboration at Finnish Institute of Public Health
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Continued ... Flagship- B WPI (1):

Required partners: *(add / project country specific)*

ESTONIA

- i.....
- ii
- iii
- iv
- v

FINLAND

- MSAH
- THL (National Public Health Institute)
- MoEducation
- NGOs (SOSTE, Heart & Lung Health Ass., Finnish Cancer Society, Sobriety organizations
- Northern Dimension Institute
- Association of Finnish Local and Regional Authorities
- Baltic Region Healthy Cities Association
- Pilot municipalities

LATVIA

- i.....
- ii
- iii
- iv
- v

Continued ... Flagship- B WPI (1):

LITHUANIA

- MoH
- MoEducation & Sciences
- MoEnvironment / Community planning
- Center for Health Education and Disease Prevention
- Pilot municipalities
- NGOs
- Institute of Hygiene

NORWAY

- i.....
- ii
- iii
- iv
- v

POLAND

- i.....
- ii
- iii
- iv
- v

Continued ... Flagship- B WPI (1):

RUSSIAN FEDERATION:

- i.....
- ii
- iii
- iv
- v

Tasks: (add)

- Initiation of project (1-2 mo)
 - define procedures
 - define management structure
- Ongoing
- Recurrent activities
 - country control of deliverable
 - reporting of progress
 - meetings (general assembly)
 - review by Commission (EC)
 - reporting periodically (annual, mid-term, financial information)

Deliverables: *List: Number + title + month of delivery from start of WP*

- The project is professionally and successfully implemented and lessons learned efficiently disseminated to local, regional, national and international administrators and decision makers.
- National public health leaders feel that they have benefited from the project and NCD indicators show clear signs of improvement.

Continued ... Flagship- B WPI (1):

Milestones: to be determined later *List: Number + title + month of achievement from start of WP*

Duration: **12+ 12 +12 = 36 months** *In months*

Workload: ~~75 pm~~ *Number of person months (if possible per Partner) see Excel Table* **111 person months**

***Budget I:** ~~170.000 Euro~~ *see Excel Table* **420.000Euro (whole project)**

<p>Flagship- B WP II (4+ 5): SITUATION ANALYSIS (BASELINE) AND KNOWLEDGE MOBILIZATION</p> <p>RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES [Georg Sootla new title suggestion:Effective implementation of NCD prevention strategies in Baltic Sea region through transfer of best practices regional partnership network]</p> <p>LEAD ORGANIZATION A?: Present draft prepared by NDPHS/ NCD-EG (Dr Mikko Vienonen, e-mail: m.vienonen@kolumbus.fi, +358-50-4421 877 and Northern Dimension Institute/ Lappeenranta University of Technology/ Finland (Ms Ms Katja Lahikainen, e-mail: katja.lahikainen@lut.fi , Tel. +358400570603)</p> <p>Potential further elaboration and lead organization Northern Dimension Institute/ Lappeenranta University of Technology/ Finland (Ms Ms Katja Lahikainen, e-mail: katja.lahikainen@lut.fi , Tel. +358400570603)</p> <p>LEAD ORGANIZATION B?:</p> <p>Present draft prepared by Institute of Political Science and Governance Tallinn University (Mr Georg Sootla, e-mail: sootla.georg@gmail.com ,Tel. + 3725049236)</p> <p>Potential further elaboration and lead organization by Institute of Political Science and Governance Tallinn University (Mr Georg Sootla, e-mail: sootla.georg@gmail.com ,Tel. + 3725049236)</p>	<p>Lead organisation Participants</p> <p>Ms Katja Lahikainen Coordinator Lappeenranta University of Technology Skinnarilankatu 34, 53850 Lappeenranta, FINLAND Phone: +358400570603 Fax: +35856217199 E-mail: katja.lahikainen@lut.fi</p> <p>Mr Georg Sootla Professor of public policy Institute of Political Science and Governance Tallinn University Narva str. 25, Tallinn, ESTONIA Phone: + 3725049236 Fax: +372 641 0093 sootla.georg@gmail.com</p>
<p>Description: <i>Text (max 5 lines)</i></p> <p>The work package aims at identifying the best evidence-based intervention practices that are used in participating countries. Benchmarking is also done outside target area, e.g. by using available information from OECD, WHO and the World Bank. The aim is to define responsibilities, roles and tasks of different actors at national, regional and local level. A case-study approach is used for collecting data from the target area. As innovative addition to more traditional ways of assessing the situation, the indicator of Potential Years of Life Lost (PYLL) will be calculated for project countries, regions and cities by using latest available ICD-10-based mortality data with retrospective review of developments during last decades. Results of the PYLL calculation are utilized in order to narrow the focus of the study.</p>	

Objectives: *Bullet list of max 10 objectives*

- To conduct a self assessment of the structures and actors for implementing NCD prevention strategies in each project region/country;
- To assess the best practices (effectiveness and feasibility);
- To analyse national and local /regional situation by using PYLL-indicator and developing capacity to monitor development in preventable mortality by PYLL- analysis;
- To publish and distribute national assessment reports with recommendations for urgent actions;
- To publish overall report of all participating countries with summary recommendations for synergistic action and for future collaboration to facilitate the change.

***Required partners:** *(add / project country specific)*

at least one partner from each participating country and WHO collaborating centres.

ESTONIA

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- iii

FINLAND

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LATVIA

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LITHUANIA

<p>i.....</p> <p>ii</p> <p>iii</p> <p>NORWAY</p> <p>i.....</p> <p>ii</p> <p>iii</p> <p>POLAND</p> <p>i.....</p> <p>ii</p> <p>iii</p> <p>RUSSIAN FEDERATION:</p> <p>i.....</p> <p>ii</p> <p>iii</p> <p>Tasks:</p> <p>Conducting of case-studies:</p> <ul style="list-style-type: none">• Gathering of country specific information on the protocols (e.g. structures and actors) for implementing NCD prevention strategies• Analysing of the country specific situation by conducting a self assessment in each country <p>Mapping of existing NCD-prevention policies:</p> <ul style="list-style-type: none">• Mapping of the NCD prevention policies on national, regional and local level• Benchmark the NCD-prevention policies outside the project area• Defining of indicators to measure effectiveness and feasibility of NCD prevention strategies• Publishing of country specific recommendations, as well as general recommendations <p>I</p>	
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Deliverables: *List: Number + title + month of delivery from start of WP*

- A system to calculate PYLL (Potential Years of Life Lost) at regular 2-3 year intervals has been set up
- Comparative analysis on the NCD-prevention policies in the project area ;
- Management meetings at project sites will jointly have discussed and debated the results and use PYLL and other additional indicators for designing a realistic intervention plan to reduce NCDs in priority among most common disease groups;
- Publication of country specific recommendations for monitoring the NCD prevention policies and facilitate the change ;
- Publication of a overall report containing summary recommendations and including all participating countries.

Milestones: Will be defined later (*List: Number + title + month of achievement from start of WP*)

Duration: ~~6 months~~ (*In months*) **36 months per country / region**

Workload: ~~12 pm~~ (*Number of person months (if possible per Partner)*) **48 person monts**

~~*Budget 4:~~ ~~100 000 € per country/region~~ (*project country specific*)

~~*Budget 5:~~ ~~800 000 € ?~~ (*project country specific*) **250.000 Euro**

Budget II: **250.000 Euro per country / region (n x depending on the number of project sites)**

<p>Flagship- B WP III (3): MONITORING AND EVALUATION RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES [Georg Sootla new title suggestion:Effective implementation of NCD prevention strategies in Baltic Sea region through transfer of best practices regional partnership network]</p> <p>LEAD ORGANIZATION: Present draft prepared by NDPHS/ NCD-EG (Dr Mikko Vienonen, e-mail: m.vienonen@kolumbus.fi, +358-50-4421 877</p> <p>Potential further elaboration and lead organization National Institute of Public Health - NIH Warsaw, POLAND (Prof.. Bogdan Wojtyniak, e-mail: bogdan@pzh.gov.pl, Tel. +48 22 542 12 29 and Dr Justyna Car e-mail: icar@pzh.gov.pl, Tel. +48 22 54 21 377, mobile +48 608 48 40 57</p>	<p>Lead organisation Participants</p> <p>tentative:</p> <p>Prof. Bogdan Wojtyniak National Institute of Public Health – National Institute of Hygiene Chocimska 24 Str. PL-00-791 Warsaw Phone: +48 22 542 12 29 Fax: +48 22 849 35 13 E-mail: bogdan@pzh.gov.pl</p>
<p>Description: <i>Text (max 5 lines)</i></p> <p>To develop systematic opportunity for local officials, politicians and NGOs and project funders to transfer evidence to follow the project progress and what has been found out and learned about NCD prevention in the country/region to develop strategies, to select of appropriate tools, set workable targets, to provide effective feedback etc. Best evidence-based intervention practices and lessons learned from the participating country, other partner countries and WHO are reviewed and presented. The aim is to assess, if evidence based intervention have been used and to what extent.</p> <p>Objectives: <i>Bullet list of max 10 objectives</i></p> <p>to find out:</p> <ul style="list-style-type: none"> • if the project had been successful or not. • what kind of differences existed in the outcome in different countries and localities within the countries. • what were the lessons learned. • how sustainable the outcome can be expected to be. 	<p>Ms Justyna Car M.D. Public Health Specialist National Institute of Public Health - NIH Chocimska 24, 00-791 Warsaw, POLAND Phone: +48 22 54 21 377 mobile +48 608 48 40 57 Fax: +48 22 54 21 375 E-mail: icar@pzh.gov.pl</p>

***Required partners:** *(add / project country specific)*

ESTONIA

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FINLAND

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LATVIA

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LITHUANIA

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NORWAY

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POLAND

- i.....
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RUSSIAN FEDERATION:

- i.....
- ii
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Tasks: *(add)*

- 1st Evaluation report preparation and 1st annual seminar
- 2nd Evaluation report preparation and 2nd annual seminar
- FINAL 3-year Evaluation report preparation and FINAL project seminar
- Preparation of Plan for follow-up: how to proceed further, continuation of activities (sustainability, feasibility plan)

Deliverables: *List: Number + title + month of delivery from start of WP*

- 1st year evaluation report
- 2nd year evaluation report
- FINAL whole project evaluation report (how well the project had reached its goals and whether it had lead to less NCDs and less lost years of preventable causes in project sites target population, and answering to the questions set above)
- Plan for follow-up:

Milestones: : Will be defined later *List: Number + title + month of achievement from start of WP*

Duration: **6 + 12 +12 = 30** *In months*

Workload: *Number of person months (if possible per Partner)* **26 person months per project country/ region**

***Budget III:** ~~25.000 € ?~~ *(project country specific)* **115.000 Euro per project country/ region**

<p>Flagship- B WP IV (6): PEER ASSESSMENT (Comparing practices, interactive assessments, policy recommendations) RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES [Georg Sootla new title suggestion:Effective implementation of NCD prevention strategies in Baltic Sea region through transfer of best practices regional partnership network]</p> <p>LEAD ORGANIZATION: Present draft prepared by Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia (Ms. Anna Korotkova e-mail-1: dekon72@rambler.ru e-mail -2: korotkova_anna@mednet.ru, Tel: +7 495 618 11 09</p> <p>Potential further elaboration and lead organization by Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia(Ms. Anna Korotkova e-mail-1: dekon72@rambler.ru e-mail -2: korotkova_anna@mednet.ru, Tel: +7 495 618 11 09</p> <p>or</p> <p>Potential further elaboration and lead organization National Institute of Public Health - NIH Warsaw, POLAND (Prof.. Bogdan Wojtyniak, e-mail: bogdan@pzh.gov.pl, Tel. +48 22 542 12 29 and Dr Justyna Car e-mail: jcar@pzh.gov.pl, Tel. +48 22 54 21 377, mobile +48 608 48 40 57</p>	<p>Lead organisation Participants</p> <p>Dr. Anna Korotkova, Deputy Director Federal Research Institute for Health Care Organization and Information of MoH&SD of RF Dobrolubov str., 11, 127254 Moscow, RUSSIAN FEDERATION Phone: 8(495)6181109 Fax: 8(495)6181109 E-mail-1: dekon72@rambler.ru E-mail -2: korotkova_anna@mednet.ru</p> <p>or tentative:</p> <p>Prof. Bogdan Wojtyniak National Institute of Public Health – National Institute of Hygiene Chocimska 24 Str. PL-00-791 Warsaw Phone: +48 22 542 12 29 Fax: +48 22 849 35 13 E-mail: bogdan@pzh.gov.pl</p> <p>Ms Justyna Car M.D. Public Health Specialist</p>
<p>Description: <i>Text (max 5 lines)</i></p> <p>In the fight against NCDs countries are facing very similar problems, but they are in the process at different phases compared with each other. The progress even in regions or cities within one country can be very different and uneven (even within one metropolitan city!). Although the problems between countries have many similarities, national traditions and legislative and administrative basis make it difficult to try and copy lessons learned from elsewhere. Learning from others' mistakes is easier than from successes, but usually countries are not keen in demonstrating their failures to others. Because NCD epidemic is a "silent catastrophe", it does not create the kind of urgency as a tsunami or nuclear accident will. In spite of hundreds daily victims of preventable causes the people decision makers and media have grown totally numb and indolent about it as if it would be a predetermined unavoidable destiny for some unfortunate people.</p> <p>The aim is to stop the dangerous silence by using the best possible national and international expertise of "wise men and women" who will have an expert look at the situation, interpret the it through the available data of Potential Years of Life Lost (PYLL), reflect it against European progress, and elaborate most cost-effective evidence-based action to</p>	

improve the situation. Recommendations for monitoring the situation and facilitate the change, and involve media and general public will be provided.

The involvement of WHO, EU and other highly respected international and national actors will be involved in order to avoid any duplication of efforts, to retrieve the vast already available knowledge and political commitment, and to channel the lessons learned of this project back to the international arena to be benefited from beyond the Northern Dimension geographical area.

Objectives: *Bullet list of max 10 objectives*

Required partners:(add / project country specific)*

ESTONIA

- i.....
- ii.....
- iii.....

FINLAND

- i.....
- ii.....
- iii.....

LATVIA

- i.....
- ii.....
- iii.....

LITHUANIA

- i.....
- ii.....
- iii.....

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NORWAY

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POLAND

- i.....
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RUSSIAN FEDERATION:

- i.....
- ii
- iii

Tasks: *(add)*

- Estimate real situation
- Knowledge management through collected experience from countries
 - elements of success-stories → identified local problem areas
 - identify international experts: experts from successful countries, decision makers from project area → workshops, seminars, meetings, reports → plan for change, decisions for change, action for change

Deliverables: *List: Number + title + month of delivery from start of WP*

(travel, meetings, reports)

- country-specific missions by international NCD and public health and administrative experts, leading into assessment of the country's situation vis-à-vis its stand and priority challenges in the fight against NCDs.
- national assessment reports with recommendations for urgent action published and disseminated.
- Overall report of all participating countries with summary recommendations for synergistic action and for future collaboration to facilitate the change.
- Findings have been forwarded for WP5 decision maker's conferences

Milestones: : Will be defined later *List: Number + title + month of achievement from start of WP*

Duration: **0 + 12 +12 = 24** *In months*

Workload: *Number of person months (if possible per Partner)* **16 person months per project country/ region**

***Budget IV:** ~~800.000 €~~ *?* *(project country specific)* **100.000 Euro per project country/ region**

<p>Flagship- B WP V (7): PILOT TESTING RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES [Georg Sootla new title suggestion:Effective implementation of NCD prevention strategies in Baltic Sea region through transfer of best practices regional partnership network]</p> <p>LEAD ORGANIZATION: Present draft prepared by Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia (Ms. Anna Korotkova e-mail-1: dekon72@rambler.ru e-mail -2: korotkova_anna@mednet.ru, Tel: +7 495 618 11 09</p> <p>Potential further elaboration and lead organization by Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia(Ms. Anna Korotkova e-mail-1: dekon72@rambler.ru e-mail -2: korotkova_anna@mednet.ru, Tel: +7 495 618 11 09</p>	<p>Lead organisation Participants</p> <p>Dr. Anna Korotkova, Deputy Director Federal Research Institute for Health Care Organization and Information of MoH&SD of RF Dobrolubov str., 11, 127254 Moscow, RUSSIAN FEDERATION Phone: 8(495)6181109, Fax: 8(495)6181109 E-mail: E-mail-1: dekon72@rambler.ru E-mail -2: korotkova_anna@mednet.ru</p>
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Description: *Text (max 5 lines)*

After the situation analysis and formulation of practical intervention strategies implementation of the strategies will start at selected pilot areas. The main aim of this phase is to improve method for “managing the change” locally and regionally, and establish a precedent of successful implementation of NCD prevention policies at local level.

The management of change will require consensus building and goal-oriented commitment to face the core challenges of avoidable morbidity and mortality. In Russia there is a strong belief in curative medicine and in risk patient screening, when more effective strategy would be to lower the risk in the whole population. Also the links between health promotion and disease prevention through all policies and inter-sectoral action (police, school, free-time/sport, non-governmental organizations, church etc.) have not been seen as effective partners for health and social sector.

Target groups of the actions are:

- Decision makers - local authorities (administration) responsible for health promotion / risk behaviour prevention
- Specialists of the Health centers
- Various non-state actors involved in health promotion and prevention of risk behaviour e.g. non-governmental organizations
- Representatives of media
- Wide public through media covering

The main plan of the actions in the project involves:

- Project presentation, initial consultations with stakeholders and decision makers
- Presentation of the results of PYLL to decision makers and health authorities
- Publication of the results of PYLL for wide public
- Identification of the “windows of opportunities” for changing the situation
- Policy design for each pilot area – with support of the foreign experts
- Campaign focused on implementation of concrete recommendations
- Series of publications in media about PYLL results

The actions of the project propose unique methodology of local/regional management of changes in common societal efforts towards the biggest priorities and concerted action with primary, secondary and tertiary health care, social sector, NGOs, pharmacies, schools, police, church, enterprises, labour unions, etc. For the Russian experts and the decision-makers, PYLL methodology will provide innovative sight and understanding to the phenomena of the losses

of human capital due to premature deaths in target population. Official mortality statistics today do not give real picture of reasons of premature deaths of the population and therefore do not allow enhancing control on main risk factors of non-communicable diseases. This is one of the main obstacles in setting priorities in social policy that will make possible to improve quality of life of the population.

Action plan based on recommendations of PYLL research will allow to the decision makers of the pilot areas to see investments in health as a mere expense rather than a worthwhile investment in human resource. Through PYLL-calculations decision makers will be able to exchange prematurely lost years into rouble-values and demonstrate how good investment it is to tackle avoidable morbidity and mortality.

Different types of actions (see below) will be introduced to local decision makers and health authorities who can choose which of them would best meet their needs and be carried out in their area.

Alcohol intervention – individually focused and population focused:

- NGOs, schools and teenage clubs will be approached in order to promote a healthy lifestyle among young people through modern, interesting programmes using “peer-to-peer” methods designed especially for them and by them. Volunteers (“peer-to-peer”) will be asked to organize prevention actions against hazardous and harmful use of alcohol and drugs among teenagers. For example, program Otkrytie (Discovery) could be implemented together with local municipal councils and vocational schools by Peer-to-peer movements and NGOs.
- NGOs, volunteers, and representatives of the city administration will be provided with opportunities – such as, e.g., round tables and study-tours – where they could discuss, together with experts and their Finnish counterparts, the consequences of unhealthy choices and possible ways of counteracting it, and also how prevention of risk behavior among youth is implemented in schools, by the media, through primary health care centers, and how various social, health structures, the police and NGOs, church work together.
- Low-threshold methods of interventions on alcohol targeted to the whole population (as for ex., Early identification-brief intervention (EIBI), will be discussed and tentatively promoted in the project.
- Trauma intervention / structural community planning / “healthy cities” best practices will be introduced in the project
- Cardio-vascular disease prevention - nutritional focused, e.g. schools, community planning,/physical activity – will be analysed and recommendations for health care system will be developed and population focused intervention will be promoted
- Other issues rising from PYLL analysis and strategic plan

Objectives: *Bullet list of max 10 objectives*

- Management of change of NCD-prevention & control in pilot area
- Learning health impact assessment
- Learning health in all policies implementation
- Learning NGO collaboration techniques
- Learning intersectoral collaboration techniques
- Learning media collaboration
- Practical testing of strategy implementation techniques, skills, capacities. I.e. joint development of health promotion strategies in selected cases in partner countries local/ regional authorities.
- To develop capacity of local officials, politicians and NGOs to transfer evidence about NCD into workable strategy (capacity to develop strategies, to select of appropriate tools, set workable targets, to provide effective feedback etc.). Training will be the most central activity at this stage;
- To put the identified recommendations and NCD strategies and plans into action at selected project sites (preferably at national and selected regional/local levels.

***Required partners:** *(add / project country specific)*

ESTONIA

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FINLAND

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LATVIA

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iii

LITHUANIA

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NORWAY

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POLAND

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RUSSIAN FEDERATION:

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Tasks: *(add)*

Maximum identified priority problem areas for pilot intervention = 3 targets, e.g.:

Minimum identified priority problem areas for pilot intervention = 1 target e.g:

- Alcohol related harm prevention and control
- Cardiovascular disease prevention intervention
- Suicide prevention intervention
- Cancer prevention intervention (incl. early detection / screening (e.g. cervical cancer, breast cancer, respiratory cancers, gastro-intestinal cancers)

Deliverables: *List: Number + title + month of delivery from start of WP*

- Local administrations are familiarised with the PYLL method and the possibilities it provides them in development and implementation of the NCD strategy.
- All other stakeholders are informed about the results including non-state actors. Coalition of stakeholders ready to further changes based on PYLL. Position paper of coalition prepared.
- Implementation of the local (national) NCD prevention strategy has been started.
- Impact / consequences of implementation are assessed.
- Regional/National health care authorities are informed about the achieved results.
- The results are presented at the concluding conference of the project.

Milestones: Will be defined later *List: Number + title + month of achievement from start of WP*

Duration: **6 + 12 +12 = 30** *In months*

Workload: *Number of person months (if possible per Partner)* **42 person months per project country/ region**

***Budget V:** ~~900.000 €~~ *(project country specific)* **145.000 Euro per project country/ region**

<p>Flagship- B WP VI (2): INFORMATION DISSEMINATION RESULTS! EFFECTIVE AND EFFICIENT IMPLEMENTATION OF NATIONAL NCD PREVENTION STRATEGIES [Georg Sootla new title suggestion:Effective implementation of NCD prevention strategies in Baltic Sea region through transfer of best practices regional partnership network]</p> <p>LEAD ORGANIZATION: Present draft prepared by by NDPHS/ NCD-EG (Mikko Vienonen, m.vienonen@kolumbus.fi, +358-50-4421 877)</p> <p>Potential further elaboration and lead organization: Baltic Region Healthy Cities Association/ Turku, FINLAND (Ms Karolina Mackiewicz, Coordinator, e-mail: karolina.mackiewicz@marebalticum.org , Tel: +35822514909; +358 40 5075 069 and Ms Johanna Reiman, Executive Director, e-mail: johanna.reiman@marebalticum.org , Tel.: +35822514909)</p>	<p>Lead organisation Participants tentative:</p> <p>Ms Karolina Mackiewicz Coordinator Baltic Region Healthy Cities Association Vanha Suurtori 7, 20500 Turku, FINLAND Phone: +35822514909; +358 40 5075 069 Fax: +35822623425 E-mail: karolina.mackiewicz@marebalticum.org</p>
<p>Description: <i>Text (max 5 lines)</i></p> <p>The project will be very timely from the health policy point of view. All countries and regions are struggling with economic constrains and how to make preventive and curative health action most effective. It is to be expected that wide political and public interest will be focused on this project. Therefore it is of utmost importance tha provide timely and well edited information of its goals and results, when they start to emerge. Well oranized website is a key means of information dissemination within the project and its national/regional component. Natinal websites are needed in national languages. Media collaboration (press, radio, TV) needs good skills and information. Dissemination of results to international organizations such as WHO, ILO, and NGO umbrella-organizations is important</p> <p>Objectives: <i>Bullet list of max 10 objectives</i></p> <ul style="list-style-type: none"> • Good information exchange between project central management and national/regional components • Goood links with press, radio and TV • Good links with decision makers and administration throughout the project implementation • Good links towards NDPHS, WHO, ILO, EU • Good documentation of project outcomes for different audiences. • Preparation of a dissemination plan for the sustainability and spread of the new mwethodology developed 	<p>Ms Johanna Reiman Executive Director Baltic Region Healthy Cities Association Vanha Suurtori 7, 20500 Turku, FINLAND Phone: +35822514909 Fax: +35822623425 E-mail: johanna.reiman@marebalticum.org</p>

***Required partners:** *(add / project country specific)*

ESTONIA

- i.....
- ii
- iii

FINLAND

- i.....
- ii
- iii

LATVIA

- i.....
- ii
- iii

LITHUANIA

- i.....
- ii
- iii

NORWAY

- i.....
- ii
- iii

POLAND

- i.....
- ii
- iii

RUSSIAN FEDERATION:

- i.....
- ii
- iii

Tasks: (add)

Deliverables: *List: Number + title + month of delivery from start of WP*

- Leaflets & handouts, factsheets & thematic papers, media-articles
- Project e-news
- Project partner organizations:
 - websites
 - publications & newsletters
- NDPHS database & website
- External stakeholders:
 - seminars
 - conferences
 - mass-media involvement
 - BSPC (Baltic Sea Parliamentary Conference / parliamentarians)
 -

Milestones: Will be further defined later *List: Number + title + month of achievement from start of WP*

- *Information distribution in websites of the project partners (general and national web-sites)*
- *Dissemination seminar outside pilot districts*
- *Final Conferences*
- *Project publications*

Duration: 12 + 12 +12 = 36 *In months*

Workload: 12 pm + n x 9pm *Number of person months (if possible per Partner)* [NOTE: number of person months depends on the number of participating countries/ regions as each one would need their own NATIONAL/REGIONAL information coordinator]

***Budget VI:** 450.000 € *(for whole project. Country specific componenty included)* [NOTE: WP-VI will depend on the number of participating countries/ regions as each one would need their own NATIONAL/REGIONAL information coordinator and website]

STAKEHOLDER ANALYSIS (Potential involvement and partners)

<p>NORWAY:</p> <p>To involve:</p> <ul style="list-style-type: none"> • MoH /other relevant ministries • Norwegian Directorate of Health • Public Health institute • NGOs 	<p>LATVIA:</p> <p>To involve:</p> <ul style="list-style-type: none"> • MoH • Centre of Health Economics • MoEducation & Sciences • Other ministries • Pilot municipalities • NGOs
<p>LITHUANIA:</p> <p>To involve:</p> <ul style="list-style-type: none"> • MoH • MoEducation & Sciences • MoEnvironment / Community planning • Center for Health Education and Disease Prevention • Pilot municipalities • NGOs • Institute of Hygiene 	<p>FINLAND:</p> <p>To involve:</p> <ul style="list-style-type: none"> • MSAH • THL (National Public Health Institute) • MoEducation • NGOs (SOSTE, Heart & Lung Health Ass., Finnish Cancer Society, Sobriety organizations) • Northern Dimension Institute • Association of Finnish Local and Regional Authorities • Baltic Region Healthy Cities Association • Pilot municipalities
<p>SWEDEN:</p> <p>To involve:</p> <ul style="list-style-type: none"> • National Board of Health • National Board of Education • Swedish Municipalities and Counties • NGOs: school nurses and doctors association • NIPH Östersund • Nordic School of Public Health 	<p>RUSSIA</p> <p>To involve:</p> <ul style="list-style-type: none"> • MoHSD • MoH / Kaliningrad and other pilot regions/ municipalities • Health Centres (pilots) • Federal Public Health Research Institute /FRIHOI/Moscow • Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia

	<ul style="list-style-type: none"> • Research Institute of Nutrition / RAMS • Russian State Medical University • MoEducation • Selected NGOs •
<p>ESTONIA:</p> <p>To involve:</p> <ul style="list-style-type: none"> • Tallinn University • MoH 	<p>POLAND:</p> <p>To involve:</p> <ul style="list-style-type: none"> • MoH • National Institute of Public Health - National Institute of Hygiene