



**EG on Primary Health Care
Second Meeting
Stockholm, Sweden
10 October 2006**

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|-------------------------|--|
| Reference | PHC 2/6/Info 1 |
| Title | Database on Public Health Projects in North Eastern Europe and its neighbouring countries: a proposal submitted by the NDPHS to the EC for funding in May 2006 |
| Submitted by | Secretariat |
| Summary / Note | <p>This is (the main part of) the project application as submitted by the NDPHS to the EC for funding. The strategic objective of this project is to make accessible information related to HIV/AIDS and lifestyle-related diseases in order to support NDPHS health initiatives. The Database network will, for the first time, synthesize newly collected data on HIV/AIDS, lifestyle-related diseases, and prison health projects with current policy data, research and best practices from other sources. The Database will, therefore, make it possible for donors, experts in the profession, as well as countries and related institutions to efficiently access information pertaining to health and social well-being, informing participants of the scope of past, present and future projects. The Database Project will also result in a series of policy recommendations, proposals for future projects, and newly-created / strengthened networks. It has been proposed that the Database be developed and maintained by the NDPHS Secretariat, though it will be accessible to all stakeholders concerned.</p> |
| Requested action | For information |



Welcome to the 2006 Public Health Programme form !

Part 1 - Core information on the project proposal

The application form for the projects in the field of the Public Health in 2006 consists of three parts:

Part I Core information on the project proposal (to be filled by the main partner)

Part II General information from the associated partners (can be filled directly by each associated partner and must be sent to the main partner)

Part III Annexes (to be filled by the main partner)

Attention:

Only applications submitted using these forms, duly completed and accompanied by all the mandatory supporting documents, will be considered.

All fields in the application form marked with an asterisk (*) are mandatory.

Please be aware that filling in the application form completely and properly can take approximately 3 hours if you have already prepared all the information. In order not to lose your work, please save the form regularly.

The [Guide for applicants](#) has been written to assist you in submitting your project proposal.

For main guidance you should refer to:

[2006 Work Plan](#) for any questions regarding the content of Community action in the field of public health and priority areas identified for 2006

[Guide for applicants](#)

To help you fill in the form, frequent references are made to the Guide for Applicants, Part 2. If you wish to check that you have filled in the form correctly, on the top right corner of each page you can find a "check for errors" button. By clicking on it, you will automatically be informed of any errors.

[General principles and criteria for the selection and funding of actions under the "Public Health" programme](#) for any questions regarding the award procedures of grants

When your question cannot be answered by the Guide do not hesitate to contact the **Public Health Helpdesk** via phone: **+352 4301-37707** or e-mail: **sanco-php-calls@cec.eu.int**

[Additional documents:](#)

- Decision No 1786/2002/EC adopting a programme of Community action in the field of public health (2003-2008);
- Commission Regulation No 2342/2002 of 23 December 2002 on implementing rules of the financial Regulation
- Council Regulation No 1605/2002 of 25 June 2002 on the Financial Regulation

All these documents are available on our website:

[Contact address for submission of Proposals:](#)

Executive Agency for Public Health
European Commission
CALL FOR PROPOSALS "PUBLIC HEALTH – 2006"
Bâtiment Jean Monnet
Rue Alcide de Gasperi
L-2920 LUXEMBOURG



Before filling in the form, please start by entering the number of partners, including the main and the associated partners by clicking the "partner information" button (the partner's name, the country and the IBAN code are mandatory).



1. General Information on the applicant organisation

1.1. Applicant information

Organisation Legal Name * : Secretariat of the Council of the Baltic Sea States

Acronym * : CBSS Secretariat

Institute Name * : NDPHS Unit

1.2. Address

Street Name & N° * : Strömsborg

PO Box : 2010

Cedex :

Post Code * : 103-11

City * : Stockholm

Country * : Sweden

Telephone * (including country and area codes) : +46 8 4401920

Fax (including country and area codes) : +46 8 4401944

Web site : www.ndphs.org

1.3. Legal Status

Legal Status * : International public organisation

VAT Number : 502052-4616

IBAN number * : SE91 6000 0000 0000 4970 1509

IBAN structure :

Legal Registration : 502052-4616



1.4. Contact person for the project (Project Leader)

| | | | | |
|--|-----------------------------|--|---------------|------|
| Title : | Function * : | Head of Secretariat | Gender : | Male |
| Family Name * : | Maciejowski | | | |
| First Name * : | Marek | | | |
| Telephone * (including country and area codes) : | +46 8 4401920 | Fax (including country and area codes) : | +46 8 4401944 | |
| E-Mail * : | marek.maciejowski@ndphs.org | | | |

1.5. Person empowered to sign the grant agreement (Legal Representative)

| | | | | |
|--|-----------------------------|--|---------------|------|
| Title : | Function : | Head of Secretariat | Gender : | Male |
| Family Name : | Maciejowski | | | |
| First Name : | Marek | | | |
| Telephone (including country and area codes) : | +46 8 4401920 | Fax (including country and area codes) : | +46 8 4401944 | |
| E-Mail : | marek.maciejowski@ndphs.org | | | |

1.6. Financial Officer

| | | | | |
|--|------------------------|--|---------------|--------|
| Title : | Function : | Head of Administr. | Gender : | Female |
| Family Name : | Opira | | | |
| First Name : | Gertrude | | | |
| Telephone (including country and area codes) : | +46 8 4401922 | Fax (including country and area codes) : | +46 8 4401944 | |
| E-Mail : | gertrude.opira@cbss.st | | | |



2. Proposal Overview

2.1. Title and duration

Proposal title * : A Database on Public Health Projects in North Eastern Europe and its neighbouring countries

Proposal Acronym * : NDPHSPROJECTDATABASE

Estimated starting date * : 01/10/2006

Duration in months * : 24

2.2. Action(s) the proposal refers to

Please select the main action (only one action) your proposal most clearly relates to in the 2006 Work Plan.

Priority Area * : 3. Health determinants (HD 2006)

Action * : 3.2.3. Integrative approaches on lifestyles and sexual and reproductive health : HIV/AIDS



Please tick below any other actions your proposal could also be related to (several actions possible in any priority area)

PRIORITY AREA: HEALTH INFORMATION (HI 2006)

- 1.1 - Developing and co-ordinating the health information and knowledge system
- 1.2 - Operating the health information and knowledge system
- 1.3 - Developing mechanisms for reporting and analysis of health issues and producing public health reports.
- 1.4 - Developing strategies and mechanisms for preventing, exchanging information on and responding to non-communicable disease threats, including gender-specific health threats and rare diseases.
- 1.5 - eHealth
- 1.6 - Supporting the exchange of information and experiences on good practice
- 1.7 - Health impact assessment
- 1.8 - Co-operation between Member States

PRIORITY AREA: HEALTH THREATS (HT 2006)

- 2.1 - Capacity to deal with an influenza pandemic and tackle particular health threats
- 2.2 - Generic preparedness and response
- 2.3 - Health security and strategies relevant to communicable diseases control
- 2.4 - Safety of blood, tissues and cells, organs

PRIORITY AREA: HEALTH DETERMINANTS (HD 2006)

- 3.1.1 - Supporting key Community strategies on addictive substances: tobacco
- 3.1.2 - Supporting key Community strategies on addictive substances: alcohol
- 3.1.3 - Supporting key Community strategies on addictive substances: drugs
- 3.2.1 - Integrative approaches on lifestyles and sexual and reproductive health: nutrition and physical activity
- 3.2.2 - Integrative approaches on lifestyles and sexual and reproductive health: sexual and reproductive health
- 3.2.3- Integrative approaches on lifestyles and sexual and reproductive health: HIV/AIDS
- 3.2.4- Integrative approaches on lifestyles and sexual and reproductive health: mental health
- 3.3.1- Public health actions to address wider determinants of health: social determinants of health
- 3.3.2- Public health actions to address wider determinants of health: environmental determinants
- 3.4. - Disease prevention, and prevention of injuries
- 3.5. - Capacity building



3. Proposal Objectives

3.1. Abstract

Proposal abstract in English (maximum 1.000 characters)

The overall aim of this project is to contribute to the reduction of the serious health & social problems in the Northern Dimension area, which risk to have a negative impact on health development in the 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 & 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 & 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.



3.2. General Objectives

i.e.: What are the general objectives of the proposal : what do the strategic objectives consist of ? (maximum 3.000 characters)

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 also 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.



3.3. General Context

i.e.: Why is the project necessary ? Why does the project need Community co-funding ? (maximum 3.000 characters including blanks)

The Northern Dimension in Europe, which includes the Nordic Countries, the Baltic Sea States and NW Russia is a strategic area rich in raw materials and with the highest growth among developed countries. But it is also an area of extreme disparities (the border between Finland and Russia has one of highest income gap world-wide) and of risk for the environment as well as the health and social field, which travel across borders. The E-Northern Countries show for instance the fastest HIV/AIDS growth, social & economic problems lead to high level of mortality, abuse of alcohol and drugs, spreading of infectious diseases such as TB and aids.

In order to tackle these serious health and social problems and promote a positive development a coordinated approach is necessary by those countries concerned as well as by donors (such as the EU Commission involved in those countries. For this purpose a Northern Dimension Partnership in Public Health and Social Well Being (NDPHS) was established by 13 countries and 8 international organisations including the EU Commission in October 2003. The priority objectives of the Partnership are the

- 1) Reduction of major communicable diseases (such as HIV/AIDS, tuberculosis, sexually transmitted infections) and prevention of life-style related non-communicable diseases (tobacco, drug consumption and alcohol)
- 2) Enhancement and promotion of healthy and socially rewarding lifestyles like healthy nutrition, physical activity, smoke free environment, alcohol & drug free leisure time activities, safe sexual behaviour, supportive social & work environment and constructive social skills.

The Partnership is driven by the Annual Conference, the Committee of Senior Representatives and thematic Expert Groups. It is supported by a partnership secretariat hosted by the Council of Baltic Sea States (CBSS). In order to enhance the impact of this Partnership a dynamic database tool is necessary which allows the preparation of informed analyses, network and joint project creation beyond the individual know-how of the representatives to these meetings.

The Community co-funding is requested as the results of the project will contribute to more efficient use of EU funding as one of the largest financial donors. The project is of high relevance for the EU PH workplan for 2006 in that it supports & underpins EU policies & activities on health determinants, providing & exchanging good practice, promoting cross-cutting & integrated approaches across them and promoting & stimulating countries' efforts. It takes into account the EU working paper on combating HIV/AIDS within the EU and Neighbouring Countries. Dealing with the intersection of Western and Eastern Northern countries it addresses some of the largest health inequalities and also addresses wider socio-economic determinants. The Northern Dimension is also expected to be highlighted by the Finnish EU Presidency. Ultimately the project will result in a project and info tool and recommendations to the EU Commission itself.



3.4. Specific Objectives

What are the specific objectives of the project and how will the overall strategy be implemented? What are the objectives directly linked to the project? Please describe these objectives in a structured way. (maximum 3,000 characters)

The first specific objective of the project is to develop an innovative, easy-to-use database tool that gives the combined information on projects&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, organisations 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& economic data, relevant research, best practice reports, project experts, organisations active in the field, funding mechanisms, etc. It is thus an highly innovative tool with which it is possible for donors, countries, institutions, 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.

As a result of the project:

- 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&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.

The project has an open and transparent structure:

The database will be accessible (for free) to all interested parties, including non-partners of the Partnership, who can therefore use it for their own strategy/ project/policy development.

The thematic reports prepared will be disseminated widely to all interested parties.

The networks created and project pipeline will also be open to all interested parties.



3.5. Methodology - Summary of methods and means

Please provide a summary of the methodology, describe what means are undertaken to accomplish the project objectives and indicate the key components of the methodology. (maximum 3,000 characters)

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 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

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

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

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

Dissemination

Disseminate and promote the use (input & 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 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 & recommendation, promotional material, technical set up of database.



3.6. Results and dissemination

Which result(s) should the implementation of the specific objectives provide and how do you intend to disseminate them? Describe the key elements of dissemination and their potential impact. (maximum 3,000 characters)

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 targetted health and geographical areas.

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

The dissemination of these results will happen 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 Northern Dimension 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 targetted among the most important stakeholders identified through the database tool.

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

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



3.7. Indicators

Which verifiable and quantifiable indicators do you intend to use to determine whether the specific objectives referred to in 3.4 have been reached and to assess the results referred to in 3.6 ? (maximum 3,000 characters)

The following 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: Estonia, Lithuania, Latvia, Sweden, Finland, NPoland, NE Germany, Norway, Denmark and NW Russia.



3.8. Ethical aspects of the proposal

Please describe the implications of your intended proposal in terms of medical ethics. If your proposal involves investigations with human subjects, you should mention whether it will be submitted to an ethical review board of your institution (maximum 1,500 characters).

The project will be carried out in line with the international and national regulations on medical ethics. The secretariat will constantly screen any data / information to be submitted to the database in terms of medical ethics. Although the database should not mainly include personal data but project data, when personal data are entered, this will be done in accordance with Directive 96/46/EC "on the protection of individuals with regard the processing of personal data and on the free movement of such data.



4. Detailed Description

4.1. Technical content

4.1.1. Conformity of the action with the Public Health programme and the 2006 Work Plan

Please describe the links between the specific objectives of your proposal on the one hand and the actions referred to in the Public Health Programme and the 2006 Work Plan on the other (maximum 3,000 characters).

The project directly relates to the actions referred to the PH Programme and the 2006 Work Plan in the following way:

Health Determinants

By creating an integrated overview on projects in the Northern Dimension and developing recommendations / networks as a result of this overview the project supports

a) Key Community strategies on addictive substances

It maps, evaluates and disseminates recent developments and best practice in TOBACCO control (in particular young people), communication strategies for prevention and cessation and addressing socio-economic aspects - develops new activity networks - highlights innovative approaches
It supports networking for a coordinated and comprehensive range of activities in developing an inventory of country-based experiences and capacity building for effective programme and policy implementation on ALCOHOL
It supports the development or improvement and implementation of joint prevention programmes on DRUG in public services, education and relevant NGOs focusing especially on prisoners and young people

b) Integrative approaches on lifestyles and sexual and reproductive health

Foster the development of innovative strategies to promote safe sex and to address the increase in risk-taking behaviour among young people (SEXUAL and REPRODUCTIVE HEALTH)
Actions to address HIV/AIDS by developing strategies and identification of best practice in HIV/AIDS prevention in population groups at high risk, in particular in prisons and maintaining awareness of the need for prevention among lower risk groups and the general population
On MENTAL HEALTH by preparing the best inter-sectoral strategies to promote mental health among vulnerable groups such as children and adolescents

c) Public Health Actions to address wider determinants of health

Foster policy development, innovative approaches and evaluation on SOCIAL DETERMINANTS of health

d) Capacity Building

Highlight the needs to develop the capacities of selected networks with high public health importance to overcome specific geographic and developmental weaknesses (esp. NGOs active in the field of HIV/AIDS)
Support the strengthening of public health structures and support the development of experience and skills of personnel taking part in projects

The Northern Dimension should get a major focus at EU level in the coming months as Finland plans to highlight it as one of the priorities of the EU during its Presidency (July-Dec 2006).

Regarding the situation of HIV/AIDS in the Baltic states and neighbouring countries, this project takes into account the conclusions of the ministerial conferences in Dublin and Vilnius in 2004, as well as the Commission strategic Paper from Sep 2004 for a "co-ordinated and integrated approach to combat HIV/AIDS within the EU and its Neighbouring Countries", conclusions of the health Ministers and conclusions of the heads of States in June 2005, and the communication of the Commission "on combating HIV/AIDS within the European Union and in the neighbouring countries (2006-2009)



4.1.2. Progress in relation to the current situation / Innovative nature of the proposal

Please describe the state of the art in the area, the needs for progress and finally how the project contributes to improve and/or fill the gaps in the area (maximum 3,000 characters).

Actually quite 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.

Actually 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, epidemiological 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.



4.1.3. Pertinence of the geographical coverage

Please describe the extent to which the geographical coverage of your proposal, in terms of associated partners and collaborating partners, is sufficient with regard to its specific objectives referred to in 3.4 of this form (maximum 3,000 characters).

The project involves ALL the national ministries of the partner countries and Partner organisations plus the Nordic Council of Ministers and the Secretariat of the CBSS and is thus a direct mirror of the Northern Dimension Partnership itself. It therefore covers exactly the area it is targeted for. In addition other countries such as Italy and Portugal have shown an interest in becoming partners of the project at a later stage. It is expected that the input and use of the information tool and the policy papers / networks created as a result of it will have an even wider geographical coverage bringing together all members of the international community interested and effected by the health and social problems in the Northern Dimension area as well as interested in learning more about good practice generated within this area.



4.1.4. Relevance of the methodology

Please describe the methodology to be used in pursuit of the expected results and the appropriate means to carry out the tasks described in the work packages (maximum 3,000 characters).

Generally the project will be coordinated via a permanent project secretariat to be supported by a steering group and dedicated WP groups for the specific health areas, who will meet on a regular basis, but will permanently support the project on a decentralised basis from their home/work base in respective ministries and research organisation and other related health bodies.

The activities carried out in the project will use the following means:

Project Coordination:

Personnel costs for permanent project secretariat / project expert / steering group (from project partners) and related travel costs

Database Development:

Personnel costs for project expert / expert group (and related travel costs) plus external expertise (sub-contract) for technical database development

Information Input / linkages - integration of data from other databases:

Personnel costs for project expert / Production of Easy to Use guidelines / Costs for Seminars / Dissemination efforts plus some external expertise (sub-contract) 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.

Preparation of Analyses/Recommendations:

Personnel costs for project expert / expert (WP) group members (plus related travel costs) / external expertise (sub-contract) for preparation of the analyses / recommendations / printing & dissemination costs for reports

Project Pipeline:

Personnel costs for project expert / expert (WP) group members (plus related travel costs)

Dissemination:

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)



4.2. Quality of the management

4.2.1. Description of the project management

Please describe the project management including the roles, the relationships and the complementarity among the different partners (maximum 3,000 characters).

The project will be managed by the NDPHS unit within the CBSS secretariat. The overall responsible project manager will be Mrs. Aissa Brandrup-Lukanow, Senior Advisor to NDPHS Unit, who will be in charge of the overall coordination/management of the project and the reporting to the EU. The financial management will be taken care of by the CBSS Accountancy Team.

For the specific purposes of the project Mr. Martynas Pukas from Lithuania will join the NDPHS unit on a full-time basis during the whole course of the project. He will be in charge of the development of the database, the promotion of the database among those who have to fill in information into the database, the linkage of the database with others, the integration and input of data as well as the continuous maintenance of the database.

He will not only be supported by the NDPHS Secretariat and Atle Staalesen from the Barents Secretariat, but especially by the other bodies of the Northern Dimension such as the Committee of Senior Representatives and the Expert Groups. For the purpose of the project a project steering group will be formed with representatives from the project partner countries (and if possible the major international donor organisations - especially the EU!). This steering group will meet on a regular basis and will not only provide guidance to the project, but also be actively in charge of promoting it and disseminating its results. It will also be the responsible body for the project pipeline.

A WP expert group on database development will provide the major guidance about the set up of the database, linkages to other databases and will take the ultimate decision on the format and data groups to be included into the database.

The work on the for the four targeted health areas based on the existing expert groups 1) HIV/Aids 2) Social Inclusion, Healthy Lifestyles & Work Ability 3) Prison Health 4) Primare Health Care, who will provide support in creating linkages to information sources in their respective fields and actively monitor the relevance and actuality of information included into the tool; play an active role in defining the topics on which to develop further analytical reports and to initiate network meetings and offer their experts / organisations for the analytical work.

The project will also be supported by Dr. Pavel Semenov seconded by the Nordic Council of Ministers to the NDPHS for its website development.

The technical development of the database itself and its further development will be sub-contracted to the most appropriate expert/company on the basis of a competitive offer.

It should be understood that the - despite its already wide coverage - the project partner structure is still open to other partners to join even at a later stage out of their own resources.

The work of the full-time project expert, the resulting analytical / network work and project pipelines will be continued out of the own funds from the NDPHS after the finalisation of the EU co-financing.



4.2.2. Detailed the timetable with emphasis on feasibility

Please describe realistically the milestones of the project and verifiable and quantifiable indicators in order to allow proper monitoring of the project (maximum 3,000 characters). Please ensure that your information is consistent with 5.1 "Work Package Summary" of this form (the starting and ending dates for each work package).

Milestone 1 (Jan 2007):
Project Launch among all relevant bodies with first steering group meeting
Indicator: Number of Participants / Number of Press-Newsletter entries / Number of Project Leaflets send out

Milestone 2 (April 2007)
Database Technology / Database Sections-Frame decided upon
Indicator: Formal Decision Paper by Steering Committee

Milestone 3 (July 2007)
Database operational for input / Easy to use leaflets ready
Indicator: Database / Leaflets

Milestone 4 (Oct 2007)
Major Data Sources included and linked into database
Public Launch of Database
Indicator: Number of Information included into database / Number of public notices of database link

Milestone 5 (Nov 2006)
Interim Report to the EU Commission

Milestone 6 (Dec 2007)
First network meeting held on health / geographical area
Definition/Contracting of first set of Policy Papers
Indicator: Number of Meetings / Number of participants / number of policy papers defined

Milestone 7 (March 2008)
First series of policy papers prepared and distributed
Indicator: Number of Policy Papers

Milestone 8 (May 2008)
First joint project created as a result of project pipeline
Indicator: Number of Joint Projects / Number of project partners / Level of Funding

Milestone 9 (Sep 2008)
Decision on continuation of work without EU funding
Indicator: Financing Decision / NDPHS Budget

Milestone 10 (Nov 2008)
Final Report to the EU Commission



4.2.3. Analysis of risks

Please describe the risks which might endanger the implementation of the project as originally conceived and suggest alternative ways of achieving the objectives pursued. (3000 characters)

1. There is the risk that much of the data actually has to be manually be 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.

2. 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.

3. There is the risk that the database might start of with too ambitious aims of what kind of data can all be included and combined and thus either leading to non-functionability 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.

4. There is 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.

5. 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. Community added value

4.3.1. Description of synergies and Community added value

Please describe the complementarity of the project with other projects in the field. Describe also the links with the legal framework and other actions developed in the context of Community policies and/or international and/or national organisations, avoiding any duplication or any inappropriate overlap (maximum 3,000 characters).

Some databases exist on epidemiological data, which is also covering HIV/AIDS, lifestyle related diseases and tuberculosis in the Northern Dimension area (e.g. UNAIDS, WHO Health for All Database, WHO Country Health Profiles, EpiNorth). Especially the newly created EU Centre for Disease Prevention and Control in Stockholm will combine data of such networks like EuroHIV and EuroTB.

The project will USE this data, where appropriate or create linkages to them. There is NO intention to collect new or other data in this field., but actually to complement and combine it with new and elsewhere collected data on map the projects and processes in place by various donors, organisations, NGOs, etc.

The tool to be developed might actually be linked to the current launch of the EU Portal on Public Health. While it will serve the needs of the patients/groups affected by the targeted diseases in the Northern Countries and will also be accessible to them - it is, however, not a portal designed for the general public. In fact the indirect beneficiaries will be all stakeholders involved in combating these diseases as the database and resulting reports shall enhance their ability to design and implement projects in a more coordinated and effective manner. As such the database will not only benefit those partners, which are directly involved in its set-up, but will also greatly enhance the ability of all European Union members and other global players to concentrate their efforts in these fields. Stakeholders in this field are thus not only donors, national ministries, but also local / regional administrations, hospitals, health institutions, NGOs, doctors, project experts as well as private and public investors.

The previous database of the Task Force on Communicable Disease Control in the BSR has been taken offline and is not updated any longer. It will be integrated into the new database. The project database of the Norwegian Barents Secretariat will actually form an important part of the new NDPHS database. The geographical area of the present Barents database is, however, far more limited than the Northern Dimension and it is focused on information concerning projects (also outside public health). As mentioned above, the developed database will be able to combine projects and processes with health data. The Barents database will - after the launch of this project - no longer be maintained on a separate basis.

The SHARED database on Public Health by GTZ is a global and much more general database. Its technology will serve as the basis for the NDPHS database. The project will integrate data - of relevance to the Northern Dimension - into its own more focused and in-depth database and will assess immediately after its launch the possibilities to feed back into the SHARED database so that the information provided can also be accessed via this tool. With Germany being the lead partner of the WP Database Development special attention will be paid that overlap is avoided and instead highest synergy created.



4.4. Community visibility

4.4.1. Dissemination strategy of the results

Please describe how the results of the action, referred to under "Results and dissemination" in 3.6. of this form, will be disseminated and indicate the different target audiences of the action. Justify your choices (maximum 3,000 characters).

The ultimate beneficiaries of the project will be the patients/groups affected by the targeted diseases in the Northern Countries as the project shall lead to an improved effort by all stakeholders in combating these diseases. They will, however, not be at the centre of the projects dissemination strategy.

The indirect beneficiaries will be all stakeholders involved in combating these diseases as the database and resulting reports shall enhance their ability to design and implement projects in a more coordinated and effective manner. Stakeholders in this field are thus not only donors, national ministries, but also local / regional administrations, hospitals, health institutions, NGOs, doctors, project experts as well as private and public investors.

The target audience can be divided into information providers and users of the information / reports. In many cases these might be the same organisations and even people.

Information Providers

International Donor Organisations / International Databases:

Here the general support will mainly be achieved on highest level via the Northern Dimension Partnership itself. This support will in the following be used by working level in order to identify, access and create the relevant linkages on data level. For this level "easy to use" guidelines will be available.

National Donor Organisations:

The same approach will be used for the national donor organisations. However, in some instances here, translated guidelines might be needed.

National / Local Organisations / NGOs:

Here the dissemination efforts will mainly be directed via the respective national partners with locally adapted / translated material and targetted seminars supported by the project secretariat.

Other Providers:

Linkages to research networks / scientific articles / best practice cases / policy papers / etc. should add to the value of the database tool. Here targetted dissemination campaigns will start off with the initiatives of the various expert groups and their related networks (also via conferences, specific webportals, etc.). These might be followed up by more targetted approaches by the project secretariat.

Information Users

Almost the same target audiences are to be covered by a dissemination campaign on the use of the project database. However, the group of users should of course be much larger than the information providers themselves.

High level policy makers will not be confronted with the database, but with the actual results (analytical reports, policy recommendations). The main channel for this will be the Northern Dimension channels themselves.

Furthermore specific network meetings will be arranged for specific health / geographic areas.

Wide dissemination will be ensured through linkages to other webportals, eNewsletters, press releases, conference presentations, etc.



4.4.2. Visibility of Community co-funding

Please describe the way in which the project will promote and raise awareness for the Community co-funding it has received (maximum 3,000 characters).

The webportal itself will clearly show in its frame that this initiative was co-funded by Community sources.
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.
All press releases and other communication tools will as a standard phrase on the project description make note of the Community co-financing.



5. Work Package description

Please note that the first 3 workpackages are mandatory and a maximum of 10 workpackages is allowed.

5.1. Work Package summary (WP 1)

| | | | |
|--|--|--------------------------------------|-----------|
| Title * : | Coordination of the project | | |
| Lead Partner of the WP * : | Secretariat of the Council of the Baltic Sea States / NDPHS Unit | | |
| Number of main/associated partners * : | 11 | Number of collaborating partners * : | 0 |
| | | Number of person-days * : | 100 |
| Starting date (in month) * : | M 1 | Ending date (in month) * : | M 24 |
| | | Global Cost * : | \$ 35 000 |

5.2. Objectives (WP 1)

Please describe which specific objective(s), referred to in 3.4 of the form, this work package is linked to (maximum 400 characters).

Overall management of the project, agreements with partners, organisation and moderation of steering committee meetings, coordination and contracting of project experts, tenders and coordination of sub-contracts, coordination of partners input, financial management and reporting to EU and project steering meetings

5.3. Description of work (WP 1)

Please describe step by step what work will be carried out (maximum 2 500 characters).

As described before the project will be managed by the NDPHS unit within the CBSS secretariat. The overall responsible project manager will be Mr. Marek Maciejowski, Head NDPHS Unit. The financial management will be taken care of by the CBSS Accountancy Team. For the specific purposes of the project Mr. Martynas Pukas 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 bodies - 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
 WP Expert Group on database development
 WP 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 & geographical areas.
 Promotion & 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 align with the overall project timetable and project

5.4. Deliverables and links with other work packages (WP 1)

Please describe the deliverable(s) referred to in 6 of the form and provide coherent link(s) with other work packages (maximum 800 characters).

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
 TORs, Tender Assessments, Contracts for external expertise (sub-contracts)



Work Package 2

5.1. Work Package summary (WP 2)

| | | | |
|--------------------------------------|--|------------------------------------|-----------|
| Title * | Dissemination of the results | | |
| Lead Partner of the WP * | Ministry of Health / Office for Foreign Aid Programmes | | |
| Number of main/associated partners * | 11 | Number of collaborating partners * | 0 |
| | | Number of person-days * | 110 |
| Starting date (in month) * | M 3 | Ending date (in month) * | M 24 |
| | | Global Cost * | \$ 35 000 |

5.2. Objectives (WP 2)

Please describe which specific objective(s) referred to in 3.4 of the form, this work package is linked to (maximum 400 characters).

Widest support of information providers to database as possible
Widest use and uptake of database tool and analytical reports / network creation as possible

5.3. Description of work (WP 2)

Please describe step by step what work will be carried out (maximum 2 500 characters).

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.

5.4. Deliverables and links with other work packages (WP 2)

Please describe the deliverable(s) referred to in 6 of the form and provide coherent link(s) with other work packages (maximum 800 characters).

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



Work Package 3

5.1. Work Package summary (WP 3)

| | | | |
|--|---|--------------------------------------|----------|
| Title * : | Evaluation of the project | | |
| Lead Partner of the WP * : | Ministere de la santé et de la protection sociale | | |
| Number of main/associated partners * : | 11 | Number of collaborating partners * : | 0 |
| | | Number of person-days * : | 20 |
| Starting date (in month) * : | M 6 | Ending date (in month) * : | M 24 |
| | | Global Cost * : | \$ 5 500 |

5.2. Objectives (WP 3)

Please describe which specific objective(s) referred to in 3.4 of the form, this work package is linked to (maximum 400 characters).

Ensure that project fulfills its objectives in actually providing relevant information to target groups.
Possibly transfer of general project idea also to other health / geographical areas.
Level and way of continuation of the project after the end of EU financing by NDPHS sources.

5.3. Description of work (WP 3)

Please describe step by step what work will be carried out (maximum 2 500 characters).

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 extent 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.

5.4. Deliverables and links with other work packages (WP 3)

Please describe the deliverable(s) referred to in 6 of the form and provide coherent link(s) with other work packages (maximum 800 characters).

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

Link to all work packages.



How many additional work packages (WP) do you need ? (maximum 7 additional WP)

Work Package Supplementary

5.1. Work Package summary

WP Number :

4

Title :

Database Development

Lead Partner of the WP :

Federal Ministry of Health (Germany)

Number of main/associated partners :

11

Number of collaborating partners :

0

Number of person-days :

80

Starting date (in month) :

M 1

Ending date (in month) :

M 12

Global Cost :

\$ 70 000

5.2. Objectives

Analysis of existing databases, decision on technology choice, definition of database fields, technical development of database, creation of linkages with other databases, pilot test phase for database users.

5.3. Description of 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, choose 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&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 TORs will be developed for the technical development of the database and the most cost-efficient offer be 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. 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.

List of existing databases and decision on whether/how to integrate/link them with new database

TORs 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)



Work Package Supplementary

5.1. Work Package summary

| | | | | | |
|--------------------------------------|--|------------------------------------|-----------------------------------|-------------------------|--|
| WP Number : | <input type="text" value="5"/> | | | | |
| Title : | <input type="text" value="Information Provision on Specific Health Areas"/> | | | | |
| Lead Partner of the WP : | <input type="text" value="Ministry of Social Affairs and Health / Finland"/> | | | | |
| Number of main/associated partners : | <input type="text" value="11"/> | Number of collaborating partners : | <input type="text" value="0"/> | Number of person-days : | <input type="text" value="220"/> |
| Starting date (in month) : | <input type="text" value="M 1"/> | Ending date (in month) : | <input type="text" value="M 24"/> | Global Cost : | <input type="text" value="\$ 30 000"/> |

5.2. Objectives

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 control of data input

5.3. Description of work

For the purpose of this work package, the main project expert will work together with the existing four expert groups of the Partnership 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 & 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.

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 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
Decision on topics for further analyses / recommendation reports to be prepared

5.4. Deliverables and links with other work packages

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.



Work Package Supplementary

5.1. Work Package summary

| | | | | | |
|--------------------------------------|--|------------------------------------|-----------------------------------|-------------------------|--|
| WP Number : | <input type="text" value="6"/> | | | | |
| Title : | <input type="text" value="Thematic Reports and Network Creation"/> | | | | |
| Lead Partner of the WP : | <input type="text" value="Ministry of Health of the Republic of Lithuania"/> | | | | |
| Number of main/associated partners : | <input type="text" value="11"/> | Number of collaborating partners : | <input type="text" value="0"/> | Number of person-days : | <input type="text" value="165"/> |
| Starting date (in month) : | <input type="text" value="M 12"/> | Ending date (in month) : | <input type="text" value="M 24"/> | Global Cost : | <input type="text" value="\$ 50 000"/> |

5.2. Objectives

Showing 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. Organisations of "real" network meetings (workshops) resulting into further online discussions for certain health areas and geographical areas.

5.3. Description of 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 & 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 organisations/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.

5.4. Deliverables and links with other work packages

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

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



Work Package Supplementary

5.1. Work Package summary

| | | | | | |
|--------------------------------------|--|------------------------------------|-----------------------------------|-------------------------|--|
| WP Number : | <input type="text" value="7"/> | | | | |
| Title : | <input type="text" value="Project Pipeline"/> | | | | |
| Lead Partner of the WP : | <input type="text" value="Ministry of Health and Care Services / Norway"/> | | | | |
| Number of main/associated partners : | <input type="text" value="11"/> | Number of collaborating partners : | <input type="text" value="0"/> | Number of person-days : | <input type="text" value="80"/> |
| Starting date (in month) : | <input type="text" value="M 1"/> | Ending date (in month) : | <input type="text" value="M 24"/> | Global Cost : | <input type="text" value="\$ 30 000"/> |

5.2. 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.

5.3. Description of 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 be applied to develop a modified and improved 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.

5.4. Deliverables and links with other work packages

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. Deliverables

Describe the expected deliverables of the project, the expected dissemination throughout the EU and the use of results/ outcomes among target groups (e.g. scientific communities, health authorities, health professionals, general public). Please limit the number of deliverables to 15 (at least one is mandatory, e.g. final report)

Number of Deliverables * :

| Deliverables in numerical order | Deliverable title (maximum 100 characters) | Delivery Date | Nature | Confidentiality level | Role and use of deliverables and how do you intend to disseminate them ? (key words) (maximum 100 characters) |
|---------------------------------|---|---------------|------------|-----------------------|---|
| 1 | NDPHS Project Database online | M 10 | Database | Public | Project Partners, eNewsletters, linkages to other websites |
| 2 | Project Database linked to other information | M 13 | Website | Public | Project Partners, eNewsletters, linkages to other websites |
| 3 | Network Meetings organised | M 14 | Conference | Public | targetted invitations, results via open dissemination |
| 4 | Project Pipeline Process operational | M 13 | Website | Public | Project Partners, eNewsletters, linkages to other websites |
| 5 | Thematic Reports (Analyses & Recommendations) | M 15 | Guidelines | Public | Project Partners, eNewsletters, linkages to other websites |
| 6 | Final Report to EU / Steering Committee | M 24 | Report | Confidential | targetted information |



7. Detailed budget - Expenditure / Eligible costs

This part of the form deals with all the expenses the project actually has to meet. The information you enter will be calculated in the following part of the form. (No decimal please)

7.1. Staff

Please enter all the costs related to staff including actual salaries, social security charges and other statutory costs (maximum of 5 lines by partner).

7.1.1. E1a - Costs pertaining to public officials

| Partner name | Number of Staff | Professional category | Person days | Daily cost (€ per day) | Total |
|--|-----------------|-----------------------|-------------|------------------------|------------------|
| Council of the Baltic Sea States Secretariat | 3 | Project Secretariat | 50 | \$ 400 | \$ 20 000 |
| Sub-total E1a by partner | | | | | \$ 20 000 |
| Nordic Council of Ministers | 2 | Project Steering | 8 | \$ 350 | \$ 2 800 |
| Sub-total E1a by partner | | | | | \$ 2 800 |
| Ministry of the Interior and Health | 2 | Project Steering | 8 | \$ 350 | \$ 2 800 |
| Sub-total E1a by partner | | | | | \$ 2 800 |
| Ministry of Social Affairs | 2 | Project Steering | 8 | \$ 350 | \$ 2 800 |
| Sub-total E1a by partner | | | | | \$ 2 800 |
| Estimated total budget | | | | | |



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| | | | | | | | |
|--|---|------------------|----|----|-----|----|---------------|
| Ministry of Social Affairs and Health | 2 | Project Steering | 8 | \$ | 50 | \$ | 400 |
| Sub-total E1a by partner | | | | | | | |
| | | | | | | \$ | 400 |
| Ministère de la santé et des solidarités | 2 | Project Steering | 10 | \$ | 250 | \$ | 2 500 |
| Sub-total E1a by partner | | | | | | | |
| | | | | | | \$ | 2 500 |
| Federal Ministry of Health | 2 | Project Steering | 10 | \$ | 300 | \$ | 3 000 |
| Sub-total E1a by partner | | | | | | | |
| | | | | | | \$ | 3 000 |
| Ministry of Health | 2 | Project Steering | 10 | \$ | 300 | \$ | 3 000 |
| Sub-total E1a by partner | | | | | | | |
| | | | | | | \$ | 3 000 |
| Ministry of Health and Care Services | 3 | Project Steering | 10 | \$ | 50 | \$ | 500 |
| Sub-total E1a by partner | | | | | | | |
| | | | | | | \$ | 500 |
| Ministry of Health/Office for Foreign Aid Programs | 2 | Project Steering | 8 | \$ | 400 | \$ | 3 200 |
| | | Database Manager | 33 | \$ | 400 | \$ | 13 200 |
| Sub-total E1a by partner | | | | | | | |
| | | | | | | \$ | 16 400 |
| Ministry of Health | 2 | Project Steering | 10 | \$ | 90 | \$ | 900 |

Reference number: 40,442

Proposal acronym: NDPHSProjectDatabase



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Ministry of Health and Social Affairs

2

Project Steering

10

\$

400

\$ 4 000

Sub-total E1a by partner

\$ 900

Sub-total E1a by partner

\$ 4 000

Total E1 a : Staff (public official)

\$ 56 300

Reference number:

40,442

Proposal acronym :

NDPHSProjectDatabase



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7.1.2. E1b - Costs not pertaining to public officials

| Partner name | Number of Staff | Professional category | Person days | Daily cost (€/per day) | Total | Estimated total budget |
|--|-----------------|---------------------------------|-------------|------------------------|-----------------|------------------------|
| Council of the Baltic Sea States Secretariat | 1 | Main Project Expert | 440 | \$ 50 | \$ 22 000 | \$ 22 000 |
| | | Sub-total E1b by partner | | | | |
| Nordic Council of Ministers | 1 | WebSite Expert | 44 | \$ 50 | \$ 2 200 | \$ 2 200 |
| | | | 0 | \$ 0 | \$ 0 | |
| Sub-total E1b by partner | | | | | \$ 2 200 | |
| Ministry of the Interior and Health | 3 | Research Expert | 12 | \$ 300 | \$ 3 600 | \$ 3 600 |
| | | Sub-total E1b by partner | | | | |
| Ministry of Social Affairs | 0 | Research Expert | 12 | \$ 50 | \$ 600 | \$ 600 |
| | | Sub-total E1b by partner | | | | |
| Ministry of Social Affairs and Health | 3 | Research Expert | 12 | \$ 200 | \$ 2 400 | \$ 2 400 |
| | | | 0 | \$ 0 | \$ 0 | |
| Sub-total E1b by partner | | | | | \$ 2 400 | |

Reference number: **40,442**

Proposal acronym: **NDPH5ProjectDatabase**



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| | | | | | |
|--|---|------------------|----|--------|------------------|
| Ministère de la santé et des solidarités | 2 | Research Expert | 8 | \$ 250 | \$ 2 000 |
| Sub-total E1b by partner | | | | | \$ 2 000 |
| Federal Ministry of Health | 2 | Database Experts | 24 | \$ 250 | \$ 6 000 |
| Sub-total E1b by partner | | | | | \$ 6 000 |
| Ministry of Health | 1 | Research Expert | 12 | \$ 50 | \$ 600 |
| Sub-total E1b by partner | | | | | \$ 600 |
| Ministry of Health and Care Services | 3 | Research Expert | 12 | \$ 350 | \$ 4 200 |
| Sub-total E1b by partner | | | | | \$ 4 200 |
| Ministry of Health/Office for Foreign Aid Programs | 3 | Research Expert | 12 | \$ 80 | \$ 960 |
| Sub-total E1b by partner | | | | | \$ 960 |
| Ministry of Health and Social Affairs | 3 | Research Expert | 12 | \$ 350 | \$ 4 200 |
| Sub-total E1b by partner | | | | | \$ 4 200 |
| Total E1b : Staff | | | | | \$ 48 760 |

Reference number: 40,442

Proposal acronym : NDPHSProjectDatabase



7.2. E2 - Travel Costs including subsistence allowances

Please enter only the total number of business trips and the total amount of travel costs including subsistence allowance (1 line by partner).

| Partner name | Number of business trips | Global cost (€) | Total | Estimated total budget |
|--|--------------------------|-----------------|-----------------|------------------------|
| Council of the Baltic Sea States Secretariat | 12 | \$ 6 000 | \$ 6 000 | |
| | | | \$ 6 000 | |
| Nordic Council of Ministers | 8 | \$ 3 000 | \$ 3 000 | |
| | | | \$ 3 000 | |
| Ministry of the Interior and Health | 8 | \$ 3 000 | \$ 3 000 | |
| | | | \$ 3 000 | |
| Ministry of Social Affairs | 6 | \$ 2 300 | \$ 2 300 | |
| | | | \$ 2 300 | |
| Ministry of Social Affairs and Health | 8 | \$ 3 000 | \$ 3 000 | |
| | | | \$ 3 000 | |



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| | | | |
|--|---|--------------------------------|-----------------|
| Ministère de la santé et des solidarités | | Sub-total E2 by partner | \$ 3 000 |
| | 6 | \$ 1 650 | \$ 1 650 |
| Federal Ministry of Health | | Sub-total E2 by partner | \$ 1 650 |
| | 7 | \$ 2 150 | \$ 2 150 |
| Ministry of Health | | Sub-total E2 by partner | \$ 2 150 |
| | 6 | \$ 1 800 | \$ 1 800 |
| Ministry of Health and Care Services | | Sub-total E2 by partner | \$ 1 800 |
| | 8 | \$ 3 000 | \$ 3 000 |
| Ministry of Health/Office for Foreign Aid Programs | | Sub-total E2 by partner | \$ 3 000 |
| | 8 | \$ 2 340 | \$ 2 340 |
| Ministry of Health and Social Affairs | | Sub-total E2 by partner | \$ 2 340 |
| | 8 | \$ 3 000 | \$ 3 000 |

Reference number :

40,442

Proposal acronym :

NDPHSPProjectDatabase



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| | |
|--------------------------------|------------------|
| Sub-total E2 by partner | \$ 3 000 |
| Total E2 - Travel Costs | \$ 31 240 |

Reference number: 40,442

Proposal acronym : NDPH5ProjectDatabase



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7.3. E3 - Equipment

Please enter the amount of equipment costs, grouping them by type (maximum of 3 lines by partner).

| Partner name | Equipment | Global cost (€) | Total |
|--|----------------------------------|-----------------|-------------|
| Council of the Baltic Sea States Secretariat | | \$ 0 | \$ 0 |
| | Sub-total E3 by partner : | | \$ 0 |
| Nordic Council of Ministers | | \$ 0 | \$ 0 |
| | Sub-total E3 by partner : | | \$ 0 |
| Ministry of the Interior and Health | | \$ 0 | \$ 0 |
| | Sub-total E3 by partner : | | \$ 0 |
| Ministry of Social Affairs | | \$ 0 | \$ 0 |
| | Sub-total E3 by partner : | | \$ 0 |
| Ministry of Social Affairs and Health | | \$ 0 | \$ 0 |
| | Sub-total E3 by partner : | | \$ 0 |
| Ministère de la santé et des solidarités | | \$ 0 | \$ 0 |
| | Sub-total E3 by partner : | | \$ 0 |
| Estimated total budget | | | |

Reference number: 40,442

Proposal acronym : NDPHSPProjectDatabase



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| | | | | |
|--|------|------|----------------------------------|------|
| Federal Ministry of Health | \$ 0 | \$ 0 | Sub-total E3 by partner : | \$ 0 |
| Ministry of Health | \$ 0 | \$ 0 | Sub-total E3 by partner : | \$ 0 |
| Ministry of Health and Care Services | \$ 0 | \$ 0 | Sub-total E3 by partner : | \$ 0 |
| Ministry of Health/Office for Foreign Aid Programs | \$ 0 | \$ 0 | Sub-total E3 by partner : | \$ 0 |
| Ministry of Health and Social Affairs | \$ 0 | \$ 0 | Sub-total E3 by partner : | \$ 0 |
| Total E3 - Equipment : | | | | \$ 0 |

Reference number: 40,442

Proposal acronym : NDPHSProjectDatabase



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7.4. E4 - Consumables & supplies linked to the project

Please enter only the total amount of the consumable and supply costs (1 line by partner).

| Partner name | Consumables & supplies linked to the project | Global cost (€) | Total | Estimated total budget |
|--|--|-----------------|-------|------------------------|
| Council of the Baltic Sea States Secretariat | | \$ 0 | \$ 0 | |
| | Sub-total E4 by partner : | | \$ 0 | |
| Nordic Council of Ministers | | \$ 0 | \$ 0 | |
| | Sub-total E4 by partner : | | \$ 0 | |
| Ministry of the Interior and Health | | \$ 0 | \$ 0 | |
| | Sub-total E4 by partner : | | \$ 0 | |
| Ministry of Social Affairs | | \$ 0 | \$ 0 | |
| | Sub-total E4 by partner : | | \$ 0 | |
| Ministry of Social Affairs and Health | | \$ 0 | \$ 0 | |
| | Sub-total E4 by partner : | | \$ 0 | |

Reference number: 40,442

Proposal acronym : NDPHSProjectDatabase



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| | | | |
|--|----------------------------------|------|------|
| Ministère de la santé et des solidarités | | \$ 0 | \$ 0 |
| | Sub-total E4 by partner : | \$ 0 | \$ 0 |
| Federal Ministry of Health | | \$ 0 | \$ 0 |
| | Sub-total E4 by partner : | \$ 0 | \$ 0 |
| Ministry of Health | | \$ 0 | \$ 0 |
| | Sub-total E4 by partner : | \$ 0 | \$ 0 |
| Ministry of Health and Care Services | | \$ 0 | \$ 0 |
| | Sub-total E4 by partner : | \$ 0 | \$ 0 |
| Ministry of Health/Office for Foreign Aid Programs | | \$ 0 | \$ 0 |
| | Sub-total E4 by partner : | \$ 0 | \$ 0 |
| Ministry of Health and Social Affairs | | \$ 0 | \$ 0 |
| | Sub-total E4 by partner : | \$ 0 | \$ 0 |
| Total E4 - Consumables & supplies linked to the project : | | | \$ 0 |

Reference number: 40,442

Proposal acronym : NDPHSProjectDatabase



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7.5. E5 - Subcontracting costs

Please enter the amount of subcontracting costs (maximum of 3 lines by partner).

| Partner name | Subcontracting costs | Global cost (€) | Total |
|--|---|-----------------|------------------|
| Council of the Baltic Sea States Secretariat | Techn Database Develop & Thematic Reports | \$ 22 125 | \$ 22 125 |
| | Sub-total E5 by partner : | | \$ 22 125 |
| Nordic Council of Ministers | Technical Database Develop & Thematic Reports | \$ 15 800 | \$ 15 800 |
| | Sub-total E5 by partner : | | \$ 15 800 |
| Ministry of the Interior and Health | Thematic Report | \$ 1 700 | \$ 1 700 |
| | Sub-total E5 by partner : | | \$ 1 700 |
| Ministry of Social Affairs | Technical Database Develop & Thematic Reports | \$ 1 100 | \$ 1 100 |
| | Sub-total E5 by partner : | | \$ 1 100 |
| Ministry of Social Affairs and Health | Technical Database Develop & Thematic Reports | \$ 15 600 | \$ 15 600 |
| | Sub-total E5 by partner : | | \$ 15 600 |
| Ministère de la santé et des solidarités | | | |

Estimated total budget

Reference number :

40,442

Proposal acronym :

NDPHSProjectDatabase



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| | | | | |
|--|-----------|-----------|----------------------------------|------------------|
| Federal Ministry of Health | \$ 0 | \$ 0 | Sub-total E5 by partner : | \$ 0 |
| Ministry of Health | \$ 0 | \$ 0 | Sub-total E5 by partner : | \$ 0 |
| Ministry of Health and Care Services | \$ 13 800 | \$ 13 800 | Sub-total E5 by partner : | \$ 13 800 |
| Ministry of Health/Office for Foreign Aid Programs | \$ 0 | \$ 0 | Sub-total E5 by partner : | \$ 0 |
| Ministry of Health and Social Affairs | \$ 13 800 | \$ 13 800 | Sub-total E5 by partner : | \$ 13 800 |
| Total E5 - Subcontracting costs : | | | | \$ 83 925 |

Reference number: 40,442

Proposal acronym : NDPHSProjectDatabase



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7.6. E6 - Other costs

Please enter costs arising directly from requirements imposed by the grant agreement, including the cost of any financial services (maximum of 3 lines by partner).

| Partner name | Description | Global cost (€) | Total |
|--|----------------------------------|-----------------|-----------------|
| Council of the Baltic Sea States Secretariat | Dissemination | \$ 8 000 | \$ 8 000 |
| | Sub-total E6 by partner : | | \$ 8 000 |
| Nordic Council of Ministers | Dissemination | \$ 3 000 | \$ 3 000 |
| | Sub-total E6 by partner : | | \$ 3 000 |
| Ministry of the Interior and Health | Dissemination | \$ 1 000 | \$ 1 000 |
| | Sub-total E6 by partner : | | \$ 1 000 |
| Ministry of Social Affairs | Dissemination | \$ 1 000 | \$ 1 000 |
| | Sub-total E6 by partner : | | \$ 1 000 |
| Ministry of Social Affairs and Health | Dissemination | \$ 3 000 | \$ 3 000 |
| | Sub-total E6 by partner : | | \$ 3 000 |
| Ministère de la santé et des solidarités | Dissemination | \$ 3 000 | \$ 3 000 |
| | Sub-total E6 by partner : | | \$ 3 000 |

Estimated total budget

Reference number :

40,442

Proposal acronym :

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| | | | | | |
|--|---------------------------------|----------|----------|----------------------------------|------------------|
| Federal Ministry of Health | Dissemination | \$ 1 000 | \$ 1 000 | Sub-total E6 by partner : | \$ 1 000 |
| Ministry of Health | Dissemination | \$ 1 600 | \$ 1 600 | Sub-total E6 by partner : | \$ 1 600 |
| Ministry of Health and Care Services | Dissemination | \$ 0 | \$ 0 | Sub-total E6 by partner : | \$ 0 |
| Ministry of Health/Office for Foreign Aid Programs | Dissemination | \$ 3 000 | \$ 3 000 | Sub-total E6 by partner : | \$ 3 000 |
| Ministry of Health and Social Affairs | Dissemination | \$ 1 400 | \$ 1 400 | Sub-total E6 by partner : | \$ 1 400 |
| | Dissemination | \$ 3 000 | \$ 3 000 | Sub-total E6 by partner : | \$ 3 000 |
| | Total E6 - Other costs : | | | | \$ 26 000 |

Reference number: 40,442

Proposal acronym : NDPHSProjectDatabase



7.7. E7 - Overheads

Please note that a maximum of 7 % can be requested per beneficiary for the cost of overheads (1 line by partner).

| Partner name | Global cost (€) | Total |
|--|----------------------------------|-----------------|
| Council of the Baltic Sea States Secretariat | \$ 4 375 | \$ 4 375 |
| | Sub-total E7 by partner : | \$ 4 375 |
| Nordic Council of Ministers | \$ 1 000 | \$ 1 000 |
| | Sub-total E7 by partner : | \$ 1 000 |
| Ministry of the Interior and Health | \$ 700 | \$ 700 |
| | Sub-total E7 by partner : | \$ 700 |
| Ministry of Social Affairs | \$ 0 | \$ 0 |
| | Sub-total E7 by partner : | \$ 0 |
| Ministry of Social Affairs and Health | \$ 1 000 | \$ 1 000 |
| | Sub-total E7 by partner : | \$ 1 000 |
| Ministère de la santé et des solidarités | | |
| | Sub-total E7 by partner : | \$ 1 000 |
| Estimated total budget | | |



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Federal Ministry of Health

Ministry of Health

Ministry of Health and Care Services

Ministry of Health/Office for Foreign Aid Programs

Ministry of Health and Social Affairs

\$ 350 \$ 350

Sub-total E7 by partner : \$ 350

\$ 250 \$ 250

Sub-total E7 by partner : \$ 250

\$ 100 \$ 100

Sub-total E7 by partner : \$ 100

\$ 1 000 \$ 1 000

Sub-total E7 by partner : \$ 1 000

\$ 300 \$ 300

Sub-total E7 by partner : \$ 300

\$ 1 000 \$ 1 000

Sub-total E7 by partner : \$ 1 000

Total E7 - Overheads : \$ 10 075

Reference number: 40,442

Proposal acronym : NDPHSProjectDatabase



8. Budget breakdown by partner. Financing plan overview of the project

All the information entered in part 7 for the project expenditures are automatically shown on this page. Please complete this form with your income. For each beneficiary (main and associated) your budget has to remain balanced; a balanced budget is a budget where all expenses equal all incomes (balance expenditure/ income will be calculated automatically). Maximum co-financing is 60 % and overheads per beneficiary should not exceed 7 % . (No decimal please)

| Partner name | E1 - Staff | E1a - Costs pertaining to public officials | E1b - Costs not pertaining to public officials | E2 - Travel costs and Subsistence allowances | E3 - Equipment | E4 - Consumables and supplies | E5 - Sub contracting costs | E6 - Other costs | E7 - Overheads | E1 - Co-funding requested from the Commission | E12 - Contribution pertaining to public official | E13 - Applicant's financial contribution | E14 - Income generated by the project | E15 - Other external resources | TOTAL Expenditure | TOTAL Income | BALANCE Expenditure / Income | E11 % Co-financing requested | E17 % Overheads |
|--|------------|--|--|--|----------------|-------------------------------|----------------------------|------------------|----------------|---|--|--|---------------------------------------|--------------------------------|-------------------|--------------|------------------------------|------------------------------|-----------------|
| Council of the Baltic Sea States Secretariat | 42 000 | 20 000 | 22 000 | 6 000 | 0 | 0 | 22 125 | 8 000 | 4 375 | 37 500 | 20 000 | 25 000 | 0 | 0 | 82 500 | 82 500 | 0 | 45,45 | 5,60 |
| Nordic Council of Ministers | 5 000 | 2 800 | 2 200 | 3 000 | 0 | 0 | 15 800 | 3 000 | 1 000 | 15 000 | 2 800 | 10 000 | 0 | 0 | 27 800 | 27 800 | 0 | 53,96 | 3,73 |
| Ministry of the Interior and Health | 6 400 | 2 800 | 3 600 | 3 000 | 0 | 0 | 1 700 | 1 000 | 700 | 6 000 | 2 800 | 4 000 | 0 | 0 | 12 800 | 12 800 | 0 | 46,88 | 5,79 |
| Ministry of Social Affairs | 1 000 | 400 | 600 | 2 300 | 0 | 0 | 1 100 | 1 000 | 0 | 3 000 | 400 | 2 000 | 0 | 0 | 5 400 | 5 400 | 0 | 55,56 | 0,00 |
| Ministry of Social Affairs and Health | 4 900 | 2 500 | 2 400 | 3 000 | 0 | 0 | 15 600 | 3 000 | 1 000 | 15 000 | 2 500 | 10 000 | 0 | 0 | 27 500 | 27 500 | 0 | 54,55 | 3,77 |
| Ministère de la santé et des solidarités | 5 000 | 3 000 | 2 000 | 1 650 | 0 | 0 | 0 | 1 000 | 350 | 3 000 | 3 000 | 2 000 | 0 | 0 | 8 000 | 8 000 | 0 | 37,50 | 4,58 |
| Federal Ministry of Health | 9 000 | 3 000 | 6 000 | 2 150 | 0 | 0 | 0 | 1 600 | 250 | 6 000 | 3 000 | 4 000 | 0 | 0 | 13 000 | 13 000 | 0 | 46,15 | 1,96 |
| Ministry of Health | 1 100 | 500 | 600 | 1 800 | 0 | 0 | 0 | 0 | 100 | 1 500 | 500 | 1 000 | 0 | 0 | 3 000 | 3 000 | 0 | 50,00 | 3,45 |
| Ministry of Health and Care Services | 20 600 | 16 400 | 4 200 | 3 000 | 0 | 0 | 13 800 | 3 000 | 1 000 | 15 000 | 16 400 | 10 000 | 0 | 0 | 41 400 | 41 400 | 0 | 36,23 | 2,48 |
| Ministry of Health/Office for Foreign Aid Programs | 1 860 | 900 | 960 | 2 340 | 0 | 0 | 0 | 1 400 | 300 | 3 000 | 900 | 2 000 | 0 | 0 | 5 900 | 5 900 | 0 | 50,85 | 5,36 |
| Ministry of Health and Social Affairs | 8 200 | 4 000 | 4 200 | 3 000 | 0 | 0 | 13 800 | 3 000 | 1 000 | 15 000 | 4 000 | 10 000 | 0 | 0 | 29 000 | 29 000 | 0 | 51,72 | 3,57 |
| Total : | 105 060 | 56 300 | 48 760 | 31 240 | 0 | 0 | 83 925 | 26 000 | 10 075 | 120 000 | 56 300 | 80 000 | 0 | 0 | 256 300 | 256 300 | 0 | 46,82 | 4,09 |



9. Overview of the budget

The table is automatically generated and based on the information you have provided for expenses in part 7 and incomes in part 8.

9.1. Expenditure / Eligible costs

| | | |
|--|----|---------|
| E1a : Staff (public officials) : | \$ | 56 300 |
| E1b - Staff : | \$ | 48 760 |
| Total STAFF (E1a + E1b) : | \$ | 105 060 |
| Total E2 - Travel Costs and subsistence allowances : | \$ | 31 240 |
| Total E3 - Equipment : | \$ | 0 |
| Total E4 - Consumables & supplies linked to the project : | \$ | 0 |
| Total E5 - Subcontracting costs : | \$ | 83 925 |
| Total E6 - Other costs : | \$ | 26 000 |
| Total Direct Eligible Cost : | \$ | 246 225 |
| Total E7-Overheads : | \$ | 10 075 |
| Total Indirect Eligible Cost : | \$ | 256 300 |
| TOTAL EXPENDITURE : | \$ | 256 300 |

9.2. Financing Plan

| | | |
|---|----|---------|
| Total I1 - Co-funding requested by the Commission : | \$ | 120 000 |
| Total I2 - Contribution pertaining to public officials | \$ | 56 300 |
| Total I3 - Applicant's financial contribution : | \$ | 80 000 |
| Total I4 - Income generated by the project : | \$ | 0 |
| Total I5 - Other external resources of the project : | \$ | 0 |
| Total INCOME : | \$ | 256 300 |
| BALANCE (EXPENDITURE - INCOME) | \$ | 0 |
| I1 - % Cofinancing requested : | | 46.82 |
| E7 % - Overheads : | | 4.09 |



Before filling in the form, please do the following steps:

- 1) enter the number of main and associated partners (start with the organisation of the main partner; the name, the IBAN number and the country are mandatory); ensure that the partner IBAN number you encode is identical to the number encoded by the associated partner(s) in paragraphe 10.3;
- 2) click on the prepare the form button in order to generate the appropriate number of fields;
- 3) fill in the fields which have been generated
- 4) save this part of your work and go back to the beginning of the form

Number of partners (main and associated) :

11

| Partner name | Partner country | Partner IBAN number |
|--|-----------------|-----------------------------------|
| Council of the Baltic Sea States Secretariat | Sweden | SE91 6000 0000 0000 4970 1509 |
| Nordic Council of Ministers | Denmark | DK 1420 0001 0329 0201 |
| Ministry of the Interior and Health | Denmark | DK8581090001055871 |
| Ministry of Social Affairs | Estonia | EE 73 1010 2200 2768 9012 |
| Ministry of Social Affairs and Health | Finland | FI8250000120378079 |
| Ministère de la santé et des solidarités | France | FR76 3000 1000 6400 0000 9002 707 |
| Federal Ministry of Health | Germany | DE58 8000 0000 00800 01020 |
| Ministry of Health | Lithuania | LT817300010002455511 |
| Ministry of Health and Care Services | Norway | NO 46 76940509889 |
| Ministry of Health/Office for Foreign Aid Programs | Poland | PL94101010100044442230000000 |
| Ministry of Health and Social Affairs | Sweden | SE4450000000054391004542 |



Step 1 : Validation

Please click on the validation button to check whether all mandatory fields in the application form have been correctly fill in. You are still able to modify fields according to your needs.

Step 2 : Lock and reference number

When all the information in the application form is correct, click on the lock button to finalise your work. In order to receive a reference number you must save this form, close it, and reopen it. Your reference number will appear on each page of the application form.

NB : The application form can no longer be changed.

Step 3 : Print and burn CD

When your application form has been successfully validated and a reference number inserted, you must prepare the following package and send it to the Executive Agency for Public Health :

- 1) *Burn a CD-ROM with:*
 - *Part 1 of the application form for the main partner;*
 - *Part 2 of the application form for each associated partner (provided by the associated partners);*
 - *Part 3 of the application form.*
- 2) *Print Parts 1 and 3 of the application form and sign the declaration under point 14. Join the signed hard copies of Part 2 for each associated partner. Join all required supporting documents. Bind the documents together. This is your hard copy.*
- 3) *Prepare three bound photocopies of the entire dossier.*
- 4) *Send the CD-ROM, the hard copy and the three photocopies to the Executive Agency for Public Health within the deadline according to the instructions in the call text.*

Congratulations

Thank you for your participation in the 2006 Public Health Programme !