World Health Organization

The Office of the Special Representative of the Director-General in Russia

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Report on

Expert Group on NCD and Promotion of Health and Socially-Rewarding Lifestyles

16-17 November 2005, Stockholm

The Expert Group was established after consultation in Tallinn/Estonia in December 2004 in connection with the Partnership Annual Conference. This recommendation was confirmed in April 2005 at the Committee of Senior Representatives meeting in Vilnius/Lithuania. A short report of the Tallinn meeting is annexed. The Northern Dimension Secretariat prepared a scope & purpose and programme for the Expert Group's first meeting that was first scheduled to take place in Moscow in September 2005. Due to unforeseen circumstances this meeting was shifted to Stockholm in November. The overall structure of this working group is built on 3 "legs":

1. Alcohol (especially prevention of periodic drinking/ "binge drinking")
2. Adolescent health (healthy and socially-rewarding lifestyles)
3. Workplace health and safety.

The scope & purpose, programme and list of participants for the Expert Group are attached. Dr Haik Nikogosian from WHO/EURO (Deputy Director of the Department of Technical Support) chaired the Expert Group. Mikko Vienonen acted as rapporteur and provided a PowerPoint presentation summarising the history how we had come this far. The Alcohol subgroup was coordinated by Dr Dag Rekve, WHO/EURO (Technical Officer for Alcohol and Substance Abuse). The Adolescent health group was co-ordinated by Mikko Vienonen, WHO/Russia (initially the intention was to have this group facilitated by someone from outside of WHO but it was not possible to identify a suitable person for those days in question) The Workplace health and safety subgroup was co-ordinated by Mr Wiking Husberg, ILO/Russia and Ms Suvi Lehtinen, WHO/EURO (Acting Technical Officer for Occupational Health).

Each subgroup introduced its topic with a PowerPoint presentation to the whole EG and also worked separately in small groups, focussing on the practical ways the Northern Dimension Partnership could find added value to overcome the problems in their area of interest. The reports of each group are presented below.

1. Subgroup on Alcohol (periodic/ "binge" drinking)

There is a strong need to recognize alcohol as an important risk factor for the burden of disease in all the partnership countries. In addition to the health effects on the individual who drink alcohol, the negative social and economic consequences on families, friends, communities, workplaces and society at large is considerable and demands strong political commitment to reduce the adverse effects of alcohol consumption.

Cultural and economic integration has weakened the possibility to utilize some of the most effective and cost effective measures available, i.e. reduced availability and excise duties, to reduce alcohol related harm. The partnership should explore ways to avoid a further weakening of these measures. In addition, a strong focus on a holistic and comprehensive approach to alcohol issues must be sustained or developed and should be manifested in national alcohol policy strategies- Strong support is needed for the implementation of the alcohol policy framework for the WHO European Region, including appropriate monitoring and surveillance.

A heavy episodic drinking pattern is a considerable contributing factor to alcohol related harm in most of the participating countries and a common denominator in the northern dimension. As such, reducing binge drinking should have a particular focus in the platform for the partnership Developing targeted strategies for different groups, i.e. adolescents, women, indigenous people, could be a particular niche for the partnership and as such create added value both at the national and sub-regional level. A special attention should be given to the transitional periods from childhood to adolescence and from adolescence to adulthood.

There is evidence of a complimentary link between illicit drug use and alcohol use (in contrast to an often claimed alternative link) in one partnership country and this link should be further investigated in the northern dimension.

A closer examination of the link between alcohol use and risky sexual behaviour is also strongly needed due to its potential contribution to the HIV/AIDS epidemic and other sexually transmitted diseases.

Ways of sharing best practise examples should be explored and links to the other NDPHS expert groups must be secured.

Possible joint projects

- The partnership countries as potential participating countries in phase II of the WHO/MOH of Sweden social and economic cost study.
- Developing strategies and instruments for early detection and brief behavioural intervention to reduce harmful and hazardous drinking in a variety of settings, ie. workplace, schools, health care settings, leisure activities etc.
- Developing a manual to be used in communities which addresses the unique needs and possibilities in local setting to reduce alcohol related harm, with a special section on indigenous communities

2. Subgroup[1] on Adolescent health and socially-rewarding lifestyles

   The Group wanted to concentrate on tangible, real issues that the Northern Dimension could actually be implementing as a policy, programme or project. We felt that focussing on transition periods in young people's lives would be the most

[1] This Group had 6 members: Mr Thomas Townsend / Canada, Mr Mika Pyykko / Finland, Ms Marina Wetzer / Finland, Ms Kristina Motiejunaite / Lithuania, Mr Janusz Sieroslawski / Poland, Dr Mikko Vienonen / WHO-Russia

effective way of influencing them, and also that we should focus on relatively early adolescence, as lifestyle-related habits are adopted early in life. One would need to have a holistic view of society as a whole and use positive messages rather than "horror stories" and the old-fashioned risk approach. Use of peer groups has proven to be effective and should be continued. Teachers, parents, NGOs, law enforcement agencies, etc (including faith-based organisations like the church) should be involved. WHO's Health-promoting Schools network is an existing asset that should be involved.

We felt that there are 2 clear transition periods in young people's lives:

1. at the age of 11-13 when children leave lower grade school for upper grade school
2. at the age of 14-16 when youngsters leave compulsory education and go to vocational schools, work or to higher education.

The Group also discussed the fact that ideally one should also look at the transition from home to grade school or from kindergarten to grade school at the age of 6-7, but some felt that including children under 10 years of age would disqualify the use of the term "adolescence". Nevertheless, lifestyle-related habits are adopted very early and the example of parents and adults around children is highly influential.

As one would have to start at some point and resources will be limited, the first stage could be focus on the 11-13 age group, with the later addition of the 14-16 year old group. We even discussed a "cohort approach" whereby programmes could be expanded to older age groups approximately 3 years after the initial start. However, we don't mean the sort of cohort study approach where the same individuals are followed throughout their life cycle. Resources available (human and financial) would probably not allow that

Issues to be concentrated on are: alcohol, sexual behaviour, violence / bullying, accidents and diet / physical activity. The approach would need to be holistic, starting with the needs of the groups and avoiding a "lecturing" tone. We would focus on the coping skills of young people to fight against "false independence" and to have a broad view of young people's needs concerning "initiation rites" which sometimes take destructive forms. We aim at "health literacy", and would emphasise the position of adults as role models. Messages like "being drunk is not cool" or "early sexual debut is not a sign of manhood / womanhood / adulthood".

The group was aware of many good examples that could be used as models. Although copying directly from country to country doesn't usually work, it is useful to learn from others. The following ideas were presented:

- "Stay in the Play" / Australia
- Role plays, PC- programmes, safety awareness / Denmark
- "Lazy Town" / Iceland (healthy lifestyle education using commercial tricks)

It is likely that other Northern Dimension Partnershipcountries would have other examples we could learn from, but that would need to be explored separately

(especially in the case of Sweden and Finland)[2]. The intervention would probably need to focus on school, school health systems, the health-promoting school network and the existing NGO network. The forms of intervention would need to be explored in the next Expert Group meeting.

There were some other ideas worth registering, which could be used in parallel or as an additional element in the upcoming programmes / projects:

- One would need to focus on first level contact care. This would be a health policy type approach where society could facilitate youth-friendly, low threshold system and healthy lifestyle in a broad sense. We should combat negligence and the abandonment of youth. Confidentiality is crucial as well as fighting "medicalisation" and "over-specialisation".
- Study / research could concentrate on youth subcultures from the ethnographic and anthropological point of view as someforms of these cultures can be health-promoting in some respects whereas some other respects of their behaviour is harmful (The following subgroups were listed: skinheads, "Goths", girl subcultures, computer nerds, etc.) Research would not need to start from scratch as much material is already available, for instance:
    - Young People's Health in Context / Health Behaviour in School-age Children, published by WHO/EURO
    - EURO Strategy for Child and Adolescent Health and Development
    - World Bank report on Russia called "Dying too Young".

Other issues that came up in the Group can be summarised as follows:

- Need to build an upstream policy component, especially concerning access to alcohol, price of alcohol, accident prevention, tobacco availability and pricing, etc. Need for strong links upstream at the MoF, MoH&SD and MoEd;
- Need to move from knowledge to understanding the behavioural changes;
- Need to shift alcohol debut to later age;
- How to say "no" when a young person really wants to say "no".
- "Predestination". Retrospectively, often society around young people has identified problems at a very early age, at kindergarten and lower grade school, but it is as if nobody wanted to do anything about the approaching catastrophe that almost everyone could see coming. School should be seen as a model society and a working community, both for children and teachers.
- Need to recognise the importance of gender issues.
- Links with workplace health and safety are very important. At the age of 15 people can start their working life or work experience. Learning safety by practising it and adopting older workers' habits is more powerful than theory.
- It would be useful to look at indigenous people's health and remote societies, especially in the North. However, remote peoples should not be seen as merely

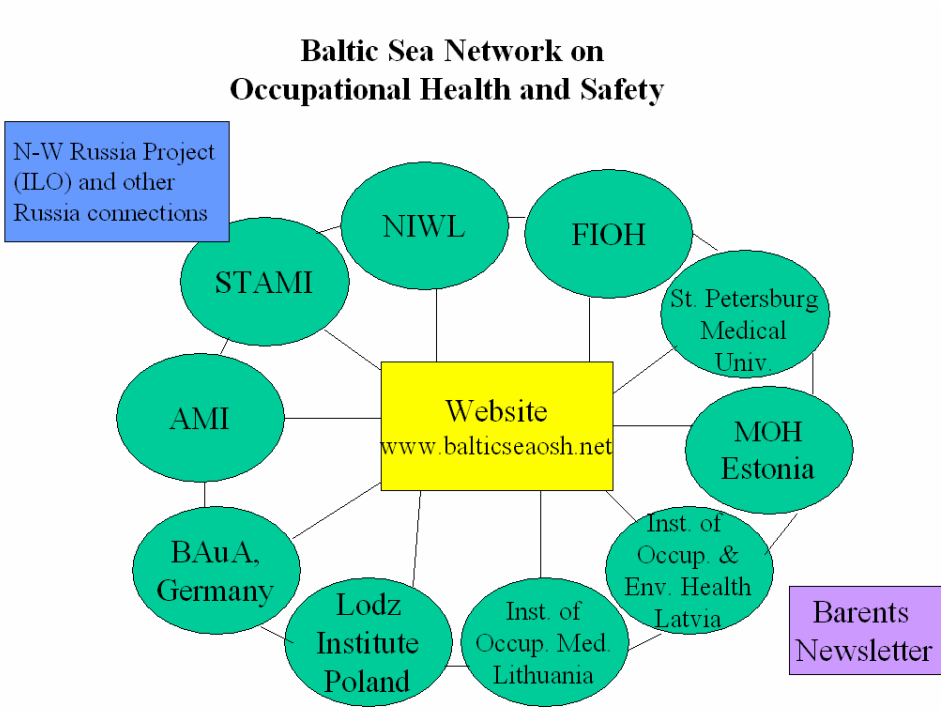
[2] It might be a good idea to have a workshop where different tried examples could be presented and debated.

deprived and vulnerable, as they also have a lot of strengths and protecting elements in their traditional societies.

In summary, the Subgroup on Adolescent health and socially-rewarding lifestyles considered that we should map ongoing youth-related activities with the _Northern Dimension region, start upgrading activities focussing on the 11-13 year old group first and perhaps learn from the experience of the HIV/AIDS Expert Group and how they have been able to scale up activities in north-western Russia. The adolescent group would, however, be equally relevant to countries in transition (Russia, the Baltic States and Poland) as to countries of post-industrial well-developed economies (the Nordic countries, Germany, Canada, etc.).

3. Workplace health and safety (sub-group)

The background for the work of the OSH sub-group in the NDPHS expert group meeting on non-communicable diseases was that the Baltic Sea Network (BSN) on Occupational Health and Safety had been invited to become an Expert group on OSH under the Northern Dimension Partnership. BSN held its annual meeting 3–4 November in Oslo. The WHO Regional Office for Europe and the ILO Moscow Office were also invited and represented in the Meeting. The Annual Meeting was very positive towards collaboration and decided to accept the invitation. At the same time, the ILO North-West Russia OSH project expressed its interest in close collaboration with the BSN.



The Barents Newsletter on OSH will continue to be used as a means for communication.

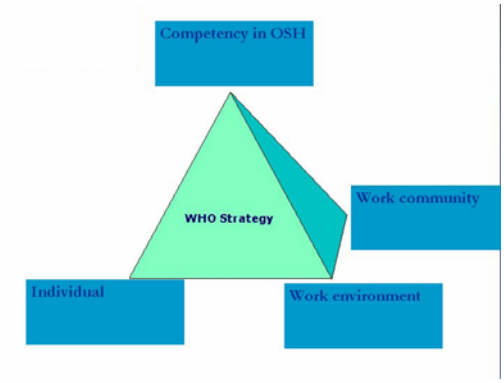
The work of BSN will focus on advocacy and information, among others. A crucial issue is the link between good working conditions and productivity, that is, "Safe and healthy work – Good business"

The systematic approach to the improvement of working conditions has proved to be essential. The tool used for this is the ILO OSH 2001 Management Systems at enterprise (ILO-OSH 2001). The Network is utilising existing OSH structures (occupational health institutes, OSH experts, labour inspectors, WHO Collaborating Centres, etc).

The theme for the OSH sub-group was defined as "**Decent work and health for all"**. This combines the ILO and WHO strategies for safe and healthy working conditions.

The policy basis of the work is in the documents:

- ILO Global strategy 2003
- ILO Conventions 155 (OSH), 161 (OHS), 81 (LI) – application and ratification
- ILO-OSH 2001 management system at enterprises
- New OSH framework Convention in ILC 2006
- WHO Global Strategy on Occupational Health for All, 1995
- WHA Resolution (49.12) on Global Strategy on Occupational Health for All, 1996
- WHO Regional Office for Europe: European Occupational Health Programme "Health in the World of Work"



Employability (healthy lifestyle, employable)

The OSH sub-group assessed the links between OSH and other non-communicable diseases (listed below) and decided to focus joint work on "Young workers".

- Alcohol and drug abuse
- Tobacco
- HIV/AIDS
- Accidents (traffic, home, work)

- Work related diseases
- Adolescent health

Young workers experience 50 % more occupational accidents than experienced older workers. The methods available for diminishing the risk among young workers relate to training, including training at work: traditional OSH training as well as experienced workers – tutor system and peer-to-peer "training". Pre-work training at school requires training of teachers to add an OSH component in the vocational training and "work practice" – familiarization with workplaces during school time.

The European Union has assigned as the theme for the Occupational Safety and Health Week in 2006 "Safe start" for young workers. This is important in the crucial transition period – from school to work.

The OSH subgroup defined "Promoting a Safety Culture among young workers; linking with EU "Safe start" for young workers" as the joint theme for the NDPHS expert group.

The Finnish Institute on Occupational Health will communicate with the members of BSN in January 2006 to find out ways for participating in the promotion of a Safety Culture among young workers. The activity should be linked with the EU "Safe start" for young workers" as a joint theme and in cooperation with the EU focal points. The BSN would be sharing experience and take joint initiatives with the ND Partnership Expert Group on Social inclusion, healthy lifestyles and work ability.

It was furthermore suggested that the BSN, in view of closer collaboration with the Northern Dimension Partnership other sub-groups prepares a mid-term OSH programme to serve as a basis for discussion about joint initiatives within the Northern Dimension.

Final Conclusions of Expert Group on NCD and Promotion of Health and Socially-Rewarding Lifestyles

The conclusions of the Expert Group on NCD and Socially-RewardingLifestyles were presented for the committee of senior representatives of the Northern Dimension Partnership on 17 November and also to the Partnership Annual Conference on 18 November. The PAC presentation was preceded by the WHO keynote paper on Adolescent Health presented by Gudjon Magnusson (DTS/Director of Technical Support)[3]. The feedback from both CSR and PAC was overwhelmingly positive. The question of adolescent health and chronic/non-communicable diseases was considered extremely relevant for the Northern Dimension Partnership. It would balance on previous, primary healthcare / health systems and prison health. Lithuania (the next country to be chairing the Northern Dimension Partnership) pledged financial support ($30,000?). Also Finland strongly supported the idea and is considering the possibility of assisting in the recruiting a co-ordinator for the Expert Group, without which the future activities would be difficult, if not impossible. It would be important to have the next Expert Group meeting in Spring 2006 and to elaborate practical and tangible plans for future activity and co-ordination.

[3] PowerPoint presentations on the topic exist but being "heavy" could not be annexed as they prevent transmission by e-mail.

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ANNEXES:

ANNEX 1: Tallinn December 2004 CSR consultation report on NCD Expert Group

The Expert Group was established after consultation in Tallinn/Estonia in December 2004 in connection with the Partnership Annual Conference. This recommendation was confirmed in April 2005 at the Committee of Senior Representatives meeting in Vilnius/Lithuania. A short report of the Tallinn meeting is annexed (electronically):

041213 Short Report Tallinn on

ANNEX 2: Scope & Purpose

Scope and Purpose
NDPHS[4] Expert Group Meeting
"Non-communicable diseases and promotion of healthy and socially rewarding lifestyles"
Cosponsored by WHO Regional Office for Europe and ILO Subregional Office for Eastern Europe and Central Asia, Stockholm , 16 – 17 November, 2005

Following the recommendation made at the ministerial meeting of the Northern Dimension Partnership in Public Health and Social Wellbeing in Tallinn/ Estonia in December 2004 and decision made at the Committee of Senior Representatives of the NDPHS in Vilnius/ Lithuania 14-15 April 2005, the Expert Group on "Non-communicable diseases and promotion of healthy and socially rewarding lifestyles" was established. It has been decided that the first meeting of this Expert Group will take place 16-17 November, prior to the Partnership Annual Conference, PAC, of the NDPHS. This group should focus on three main fields: 1) Alcohol, 2) Adolescent health, and 3) Work-place health and safety. WHO Regional Office for Europe accepted the responsibility to chair this first meeting.

This will be a challenging opportunity to address the pertinent problems of the chronic disease epidemic that all partner countries of the NDPHS are facing. The new Expert Group will bring an important supplement to the already operating expert groups under NDPHS, namely Primary Health Care, Prison Health, and HIV/AIDS. The reason to focus on alcohol (especially problems related to

[4] Northern Dimension Partnership in Public Health and Social Wellbeing

binge[5] drinking), adolescent health, and work-place health and safety stem from the practical need to prioritize the focus and to be able to reach tangible results. Setting the scene and agenda for upcoming activities and future role of this new body under the NDPHS is reflected in the provisional program of this meeting (attached).

The participants of this Expert Group meeting would consist of public health experts nominated by the different member countries of the partnership. Affiliated international public health agencies like WHO, ILO, etc. would send their experts. Additionally, public health institutes in respective countries are welcome to participate. We expect that approximately 30-40 people would participate.

Being the first meeting of its kind, time will be allocated to allow the participants express their opinions as to how the expert group should be working in the future, how the meetings should be conducted and who should be participating. The meeting would provide feed-back of its deliberations to the CSRs[6] 17 November.

The meeting is very timely for several reasons. WHO has just published the global report on NCD "Preventing Chronic Diseases - a vital investment", and is in the process of development of a European NCD Strategy to be submitted for adoption by the Regional Committee in September 2006. Two previous ministerial conferences organized by WHO, resulting in the 1995 to the European Charter on Alcohol and in 2001 to the Declaration on Young People and Alcohol, have offered paths for development and implementation of effective measures. The new Framework for alcohol policy in Europe has recently been adopted by the Regional Committee (September 2005) reinforcing the European alcohol action plan and reflecting new developments and challenges in this area. Additionally, latest developments within the European Union have alerted several countries in the Northern Dimension region to review their alcohol policies. Especially rising consumption and problems related with it due to lower prices will require urgent action from the public health side.

For Adolescent Health, the recently adopted WHO European Strategy for Child and Adolescent Health and Development provides region-wide policy framework and guidance in this area. The other important development providing good baseline is the International Survey Report on Health Behaviour in School-aged Children: Young People's Health in Context.

The magnitude of the global burden of occupational injury and disease as well as the impact of poor working conditions on ill-health, absenteeism and productivity has been more clearly recognized. The ILO has adopted the "Global Strategy on Occupational Safety and Health" in 2003. A mechanism to put into practice the ILO Conventions 155 on "Occupational Safety and Health" and 161 on "Occupational Health Services" has been developed in the ILO Management systems Guidelines "ILO OSH 2001". The next International Labour Conference in 2006 will develop a new occupational safety and health framework Convention. WHO-EURO is implementing the WHO "Global strategy on occupational health for all: The way to health at work" by intensifying its work on "Health in the World of Work" in collaboration with the Collaborating Centres in occupational health. Specifically, the Baltic Sea Network on Occupational Health and Safety is active in the NDPHS region.

A special challenge for this Expert Group will be how we can best benefit from the synergy that the three subgroups will pose. To have three parallel meetings taking place at the same time would not serve the purpose. However, in a heterogeneous group it is also important that the three theme groups can have time for their own deliberations. The program has been designed so that these competing needs could be properly addressed.

There will be simultaneous English – Russian interpretation for all plenary session. Thematic meetings may not all be able to provide simultaneous interpretation. However, through ad hoc arrangements participation in both languages will be facilitated as much as possible.

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Dr Haik Nikogosian, Chair, and Dr. Mikko Vienonen, Rapporteur of the Expert Group Meeting

[5] Northern type of alcohol abuse when large quantities of alcoholic beverages are consumed periodically, leading into alcohol poisoning, accidents, violence, irresponsible behavior, etc.
[6] Committee of Senior Representatives/NDPHS

ANNEX 3. List of participants for the Expert group

EXPERT SUBGROUPS

No	Name	Family name	Email address	Expert group subgroup
1.	Lars	Blad	lars.blad@ndphs.org	ADO, ALC, WPHS
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ANNEX 4: Presentations at the PAC meeting

The conclusions of the Expert Group on NCD and Socially Rewarding Lifestyles were presented for the committee of senior representatives of the Northern Dimension Partnership on 17 November and also to the Partnership Annual Conference on 18 November. The PAC presentation was preceded by the WHO keynote paper on Adolescent Health presented by Gudjon Magnusson (DTS/Director of Technical Support) , and Expert Group report was presented by GGR/Russia Mikko Vienonen.

Available only by request

ANNEX 5: Power Point briefing notes for General Expert Group orientation 16 Nov.

Available only by request

ANNEX 6: Power Point briefing notes for Adolescent sub-group

Available only by request