

**Minutes from the 2nd Meeting of the NDPHS Expert Group on
“Social Inclusion, Healthy Lifestyles & Work Ability”
SIHLWA
Helsinki, 16-17 May, 2006**

Co-sponsored by WHO Regional Office for Europe
and
ILO Subregional Office for Eastern Europe and Central Asia
Report on

INDEX

1.	ABBREVIATIONS	.....	3
2.	SUMMARY Conclusions of SIHLWA Expert Group	.....	4
3.	INTRODUCTION	.....	5
4.	2 nd SIHLWA MEETING	.....	7
4.1	• Opening of the meeting	.....	7
4.2	• Proceedings of the meeting	.....	9
4.3	• Discussion about SIHLWA MANDATE	.....	11
4.4	• Discussion about SIHLWA Common TOR/Strategy	.....	11
4.5	• TASK 1: Discussion about SIHLWA Review of projects/ programmes	.....	13
4.5.1	○ Main Conclusions	.....	14
4.6	• TASK 2: Discussion about SIHLWA Stakeholder analysis	.....	15
4.6.1	○ Main Conclusions	.....	16
4.7	• TASK 3: Discussion about SIHLWA Project Ideas/proposals	.....	16
4.7.1	○ Main Conclusions	.....	17
4.8	• Closing of the SIHLWA meeting	.....	18

LIST OF ANNEXES

ANNEX 1:	DRAFT MANDATE of Expert Group SOCIAL INCLUSION, HEALTHY LIFESTYLES AND WORK ABILITY	20
ANNEX 2:	DRAFT Terms of Reference/ Strategy Expert Group SOCIAL INCLUSION, HEALTHY LIFESTYLES AND WORK ABILITY	22
ANNEX 2A:	COMMON TO ALL Expert Groups	22
ANNEX 2B:	SPECIFICS FOR EXPERT GROUP “SIHLWA” COMMON TOR/STRATEGY	27

ANNEX 3:	REPORTS OF SIHLWA Sub-GROUPs	29
ANNEX 3A:	SPECIFICS FOR Sub-GROUP on Alcohol	29
ANNEX 3B	SPECIFICS FOR Sub-GROUP on Adolescent Health & Socially Rewarding Lifestyles	46
ANNEX 3C:	SPECIFICS FOR Sub-GROUP on Occupational Health & Safety (OSH) ¹	71
ANNEX 4:	SIHLWA meeting programme	75
ANNEX 5:	List of Participants	77

1. ABBREVIATIONS

ABBREVIATIONS/ ACRONYMS		
1	BSN	Baltic Sea Network on Occupational safety & Health
2	CIDA	Canadian International Development Aid
3	CSR	Committee of Senior Representatives
4	EC	European Commission
5	EG	Expert Group
6	EST	Estonia
7	EU	European Union
8	EURO	Regional Office for Europe/WHO
9	FIN	Finland
10	ILO	International Labor Organization
11	IOM	International Organization of Migration
12	ITA	International Technical Advisor/ NDPHS
13	KTL	Kansanterveyslaitos/FIN; Public Health Institute/FIN
14	LTU	Lithuania
15	MoH	Ministry of Health
16	MoSAH	Ministry of Social Affairs and Health
17	NCD	Non-communicable diseases
18	ND	Northern Dimension
19	NDPHS	Northern Dimension Partnership in Public Health and Social Wellbeing
20	NGO	Non-governmental organization
21	OSH	Occupational Safety and Health
22	PAC	Partnership Annual Conference
23	PHC	Primary Health Care
24	RUS	Russia
25	SIHLWA	Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability
26	STAKES	National Research & Development Centre for Welfare & Health/ FIN
27	STAKES	Sosiaali & Terveysalan Tutkimus & Kehittämiskeskus/FIN
28	SWE	Sweden
29	TOR	Terms of Reference
30	TTL	Työterveyslaitos/FIN; Institute for Occupational Health/FIN
31	UNODC	UN Organization against Drug & Crime

¹ Synonym for “workplace health & safety (WH&S) as is sometimes referred to. In the future the terminology must be standardized.

32	WHO	World Health Organization
33	WPH&S	Workplace Health & Safety

2. SUMMARY Conclusions of SIHLWA Expert Group

1. SIHLWA Coordinator and Chairpersons and Co-chairpersons for three SIHLWA subgroups were agreed upon;
2. Next 3rd SIHLWA WG meeting will be tentatively held in November in Lithuania;
3. SIHLWA mandate was elaborated and will be submitted to NDPHS Secretariat for approval (see Annex);
4. SIHLWA TOR/Strategy was elaborated and will be submitted to NDPHS Secretariat for approval (see Annex);
5. SIHLWA subgroup Work Programmes were worked upon and will be finalized for approval (including possible project proposals) by sub-groups as soon as possible;
6. It was decided that SIHLWA Project/Programme review needs to be made and recommendations for its content were elaborated and preliminary brainstorming to identify important past/ongoing projects/programmes was made;
7. It was decided that SIHLWA Stakeholder Analysis needs to be made and recommendations for its content were elaborated and preliminary brainstorming to identify important stakeholders was made;

Formatted: Space After: 6 pt

3. INTRODUCTION

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. The Partnership Annual Conference (“PAC”) of the NDPHS in Stockholm/ Sweden 18 November 2005 endorsed the recommendations made by the Expert Group meeting held in Stockholm 16-17 November, and the name of the EG was changed into “**Social Inclusion, Healthy Lifestyles & Work Ability**”² (“**EG on SIHLWA**”), which was considered to give a more accurate general title for the three sub-groups.

The *EG SIHLWA* consists of 3 sub-groups:

- Subgroup on Alcohol
- Subgroup on Adolescent health and socially-rewarding lifestyles
- Sub-group on Workplace health and safety

The Ministry of Social Affairs & Health/Finland and Ministry of Health/Lithuania have pledged financial support to the EG. Dr Mikko Vienonen agreed to act as Coordinator for the Expert Group in 2006-07.

To agree on the Working Programme and Strategy for the EG SIHLWA and its sub-groups was an urgent task in this meeting in Helsinki. Among possible other tasks, the following issues were tackled:

- Preparation of Expert Group “MANDATE”
- Review of ongoing projects and activities in *Social Inclusion, Healthy Lifestyles & Work Ability (EG SIHLWA)* in Partnership Countries.
- Networking with relevant partners in partnership countries and “Stakeholder Analysis”;
- Discussion on topics for upcoming Expert Group meetings;
- Start of elaboration of viable project proposals;

The second meeting of this Expert Group took place 16 – 17 May 2006 in Helsinki/ Finland, hosted by the Ministry of Social Affairs and Health/Finland.

At this meeting all three subgroups (see above) came together, and the program consisted of joint sessions and individual sub-group sessions (see programme in annex).

² It is noteworthy to remark that on 8 June 2006 at the 6th Baltic Sea States Summit in Reykjavik the heads of government, among other important issues, underlined the important tasks of NDPHS towards achieving efficient coordination and enhanced co-operation. They encouraged further progress in the new broadened co-operation on adolescent health, socially rewarding lifestyles and healthy workplaces.”

It was a challenging opportunity to have clear strategy and action plan for the EG. The participants of this Expert Group meeting consisted of public health experts nominated by the different member countries of the partnership. Additionally, public health institutes and relevant NGOs in respective countries participated. In total 35 persons participated (see list of participants in annex).

The meeting was very timely for several reasons. Presently Russian Federation is in the process of negotiating a World Bank loan for “Adult Health” especially focusing on the prevention and treatment of chronic diseases. WHO has recently (2005) 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-EURO, 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 due to lower prices and problems related with it will require urgent action from the public health side.

For Adolescent Health, the recently (2005) 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*”. Upcoming WHO-EURO *Ministerial Conference on Obesity* in autumn 2006 (Istanbul/ Turkey) will focus on this timely and growing health problem among adolescent population.

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 June 2006 will develop a new Promotional framework Convention and Recommendation on OSH (approved as Convention No 187 and Recommendation No 197). 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 was how we could best benefit from the synergy that the three subgroups will pose. In a heterogeneous group it was important

that the three theme groups could also have time for their own deliberations. The program was designed so that these competing needs could be properly addressed.

4. 2nd SIHLWA MEETING

4.1 Opening of the meeting

Ms Seija Saana welcomed the participants on behalf of hosting Ministry of Social Affairs and Health / Finland. First key-note presentation was provided by Mr Mikko Pellinen, Head of Statistics Department of the Centre for Pension Security. Using the statistics of Finland his message was that cardiovascular, musculoskeletal and mental diseases (including alcohol related mental disorders) cause some 80% of all disability pensions. Obviously this represents a huge loss of human potential on the long run, especially if chronic diseases increase, as present trends indicate, provided that lifestyles continue to develop towards unfavourable direction. Yet, paradoxically, for pension systems the immediate economic burden is not very big, because people who have become disabled at early age (particularly apparent among alcohol related disabilities and chronic diseases), their pensions have not yet accumulated. In other words, people with chronic diseases will form a new class of poor needing social benefits, as their pensions are too small for covering living expenses.

Second key-note presentation was provided by Professor Erkki Vartiainen, National Public Health Institute Department of Health Promotion and Chronic Disease Prevention. He gave an epidemiological overview and prognosis of coming trends. He highlighted **epidemiological** factors (NCD overriding communicable diseases and double burden of diseases in many developing countries), **demographic** factors (population ageing), **lifestyle** factors (diets are rapidly changing, physical activity reduces, tobacco and alcohol use increases) **urbanization** factor (cities grow) and **globalization** factor (increasing global influences). By using the positive example of north Karelia project in Finland (started 1971), he highlighted the positive changes that are achievable through population based intervention, disease prevention and health promotion. In attached figures from Vartiainen's presentation, the NCD risk factors are highlighted and main public health challenges presented.

Fig.1 from Erkki Vartiainen's presentation

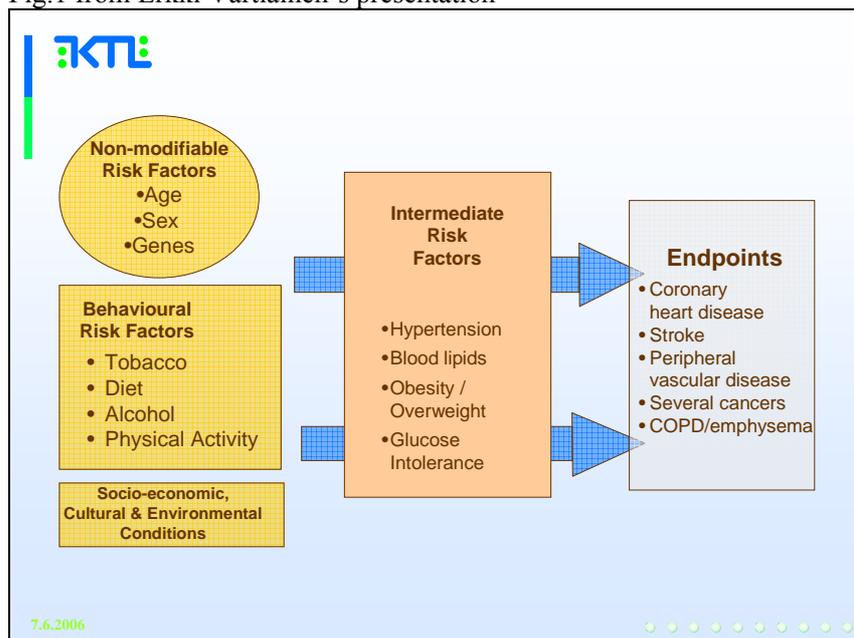


Fig.2 from Erkki Vartiainen's presentation

- ## Main Public Health Challenges
- **increasing diseases and conditions** (diabetes, asthma, mental health problems etc.)
 - **to ensure continuation of positive development** (cardiovascular diseases, lung cancer, dental health etc.)
 - **new health threats** (SARS, influenza, bio threats etc.)
 - **increasing health risks** (alcohol, obesity, drugs etc.)
 - **health inequities**
 - **health care costs**
 - **health and availability of labour force**
 - **functional capacity of the elderly**
 - **children, youth**
 - **new forms of communication, role of commercial issues**
 - **international challenges**

4.2 Proceedings of the meeting

Dr Mikko Vienonen (Coordinator/Chair of the SIHLWA Expert Group) chaired the meeting and acted as general rapporteur. He made reference to the history and importance of Northern Dimension Partnership and how it was expanded to public health and social wellbeing through the Oslo Declaration in 2003. Presently NDPHS is in the process of consolidating its work through the Secretariat located in Stockholm. Recently in St. Petersburg the Committee of Senior Representatives (CSR) selected new functionaries namely Head³ of Secretariat and Senior Advisor⁴ at the NDPHS. We can anticipate that the work of Expert Groups will be strengthened, which also depends on ourselves to a large extent. The Finnish EU Presidency starting 1 July 2006 is also likely to put more emphasis on NDP within EU.

The Alcohol subgroup was chaired by Dr Kari Paaso, WHO/EURO (Technical Officer for Alcohol and Substance Abuse) with Dr Evgeny Krupitsky (Russian Federation) as co-chair and Ms Regina Montell (STAKES/Finland) as rapporteur. The Adolescent health group was chaired by Mikko Vienonen with Ms Sirje Vaittinen (STAKES/Finland) as rapporteur. The Workplace health and safety subgroup was chaired by Mr Wiking Husberg, ILO/Russia and Ms Suvi Lehtinen, (Finnish Institute of Occupational Health /FIOH) co-chairing with Dr Timo Leino (Finnish Institute of Occupational Health /FIOH) as rapporteur.

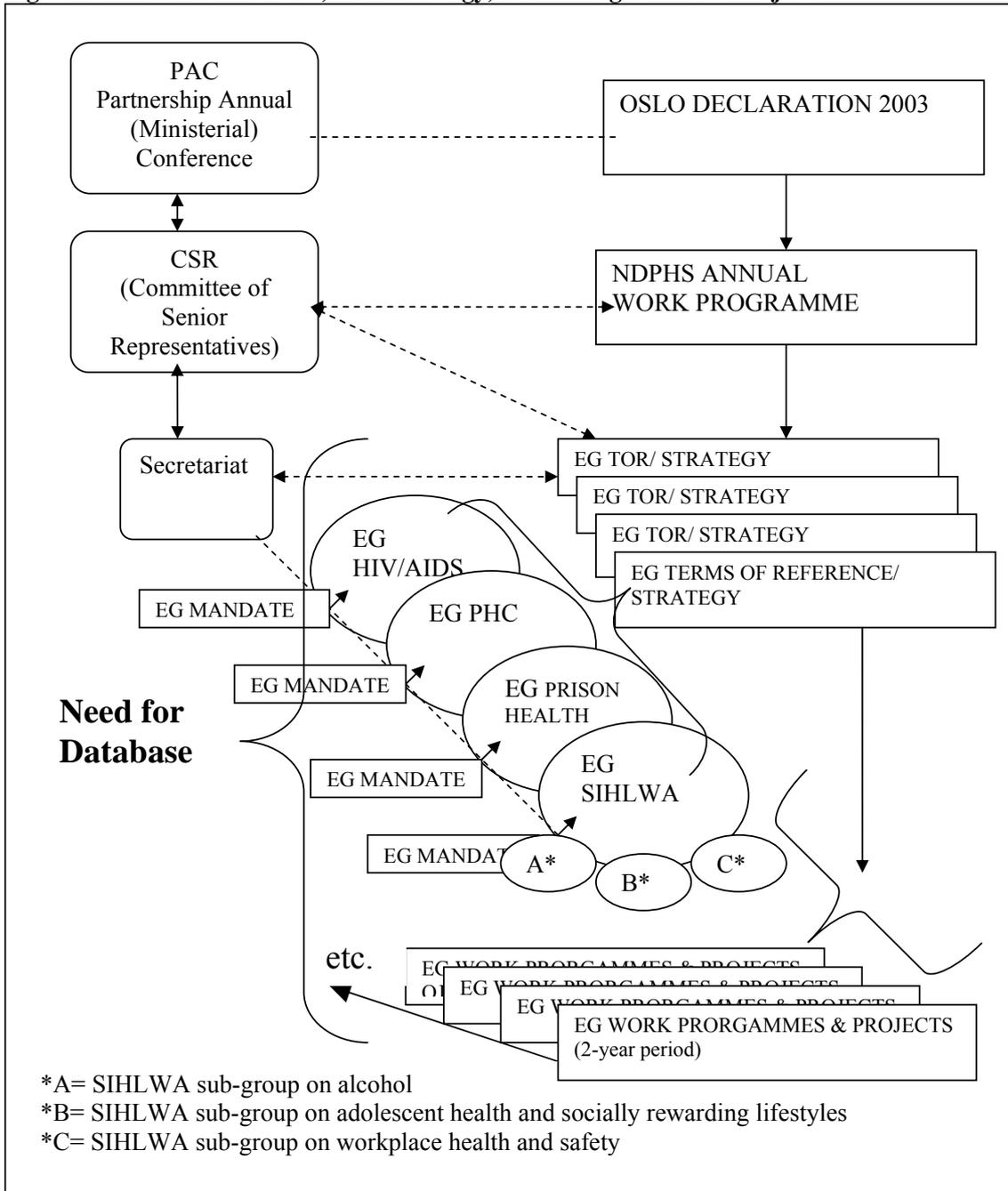
Each subgroup introduced their topic to the whole EG in the opening. They also worked separately in small groups, focusing on the practical tasks as indicated in the programme. Discussions and conclusions on the common general SIHLWA topics: "MANDATE", TERMS OF REFERENCE/ STRATEGY (common part), and Task 1) REVIEW OF PROJECTS/PROGRAMMES Task 2) STAKEHOLDER ANALYSIS and Task 3) Working Programme and Project templates are summarized for all three subgroups. The reports of each group are presented separately in Annexes TERMS OF REFERENCE/ STRATEGY (each sub-group related part), Task 1) REVIEW OF PROJECTS/PROGRAMMES (each sub-group related part), Task 2 Stakeholder Analysis and Task 3) WORKING PROGRAMME/ PROJECT IDEAS.

As background introduction, Mikko Vienonen provided a paper on expert group mandate and other expert group governing documents. These documents were also presented at the April 2006 CSR meeting in St. Petersburg. The message is summarized in the attached figure illustrating the hierarchical structure of different governing documents for basis of discussion.

³ Mr Marek Maciejowski, NDPHS Secretariat, P.O. Box 2010, SE-10311 Stockholm, Phone: +46-8-440 1937, Fax: +46-8-440 1944

⁴ Dr Assia Brandrup-Lukanow, Senior Advisor at the NDPHS Secretariat, P.O. Box 2010, SE-10311 Stockholm, Phone: +46-8-440 1937. N.B.: in June 2006 the situation changed concerning Senior Advisor, because Assia Brandrup-Lukanow was unable to move to Stockholm and presently the post is declared open again.

Fig 3.: NDPHS/EG: Mandate, TOR/Strategy, Work Programme & Projects



4.3 Discussion about SIHLWA MANDATE

The three subgroups both separately and jointly in plenary agreed that a MANDATE is something the EG needs to receive from the NDPHS Secretariat and which is endorsed by CSR and/or PAC. "Mandate" in English means⁵ "command or authorization to act in a particular way on a public issue". NDPHS should abandon the use of term "Mandate" in its present form, when EGs themselves have drafted them. The mandate provided to existing Expert Groups should be systematically collected from previous decisions of CSR and PAC and kept in a systematic format and updated as appropriate. The Expert Groups themselves should not have the right to change the mandate by their own decisions, although they should have the right to suggest amendments to it, when appropriate (see text in Annex1).

4.4 Discussion about SIHLWA Common TOR/Strategy

Each EG needs to elaborate a clear "Terms of Reference" (could also be called "strategy") explaining the general mode of work how they plan to operate and make a positive impact to existing problems within the given mandate(see text in annex).

It would be desirable that those principles in the TOR/Strategy, which are common to all NDPHS expert groups (HIV/AIDS, PHC, Prison Health and SIHLWA), should be presented in identical form for each EG. This would make the work of EGs more systematic, text shorter to read, and easier for outsiders to understand. Based on the extensive material already produced, identifying this common base should not be difficult. One proposal is presented in annex, where we have used the previously (2005) provided strategy-papers of expert groups. However, the coordinators/ chairpersons/ international technical advisors of each EG should get together and review the draft of common principles in the TOR/Strategy together with NDPHS Secretariat.

In addition to the common principles in the TOR/Strategy, each EG should add their specific characteristics into their own TOR/Strategy. For SIHLWA EG we will have a common part and additional details for each of the three sub-groups. In particular, **tasks, outputs** and priority **areas for work** should in our case be primarily sub-group specific.

The common EG TOR/Strategy presented as basis for the subgroups during the meeting was generally accepted. However the two following sentences under the heading Tasks of Expert Group should be revised (the below presented wording should be changed for reasons presented below):

- *Act as technical referee group for new project proposals, project identification, planning, implementation and monitoring.*
- *Negotiate specific terms and conditions and establish assessment mechanisms, with an emphasis on performance and verifiable results*

The reason is that some participants represent their ministries and can't act independently and thus they will not have the mandate to establish any mechanisms or act as technical referee group for new project proposals.

⁵ Random House Webster's Unabridged Dictionary 1997

As to the SIHLWA EG common parts for TOR/Strategy, the challenge for the EG is how to benefit from the synergy arising from the three subgroups. E.g alcohol theme connects all three subgroups. The areas of overlap could be explicated in an "introductory" paragraph. Just to make sure that the alcohol problems are not reduced to a list of specific issues and in order to argue for a need of comprehensive, public health oriented alcohol policy (emphasis on problem prevention & health promotion) – without which the specific issues cannot be efficiently tackled.

Some cross-cutting ideas could be:

- *Gender, culture, social environment as well as capacity building* should be taken into account as crosscutting issues whenever planning, implementing or monitoring activities in all three subgroups in order to gain good results and sustainable development.
- Alcohol problems in different forms (e.g. early onset of drinking, employment problems, risk of social exclusion, risks of heavy leisure time drinking, cultural and legislative peculiarities);
- Adolescents are future members of the work force. Good health in adolescence positively relates/predicts good health in working life;

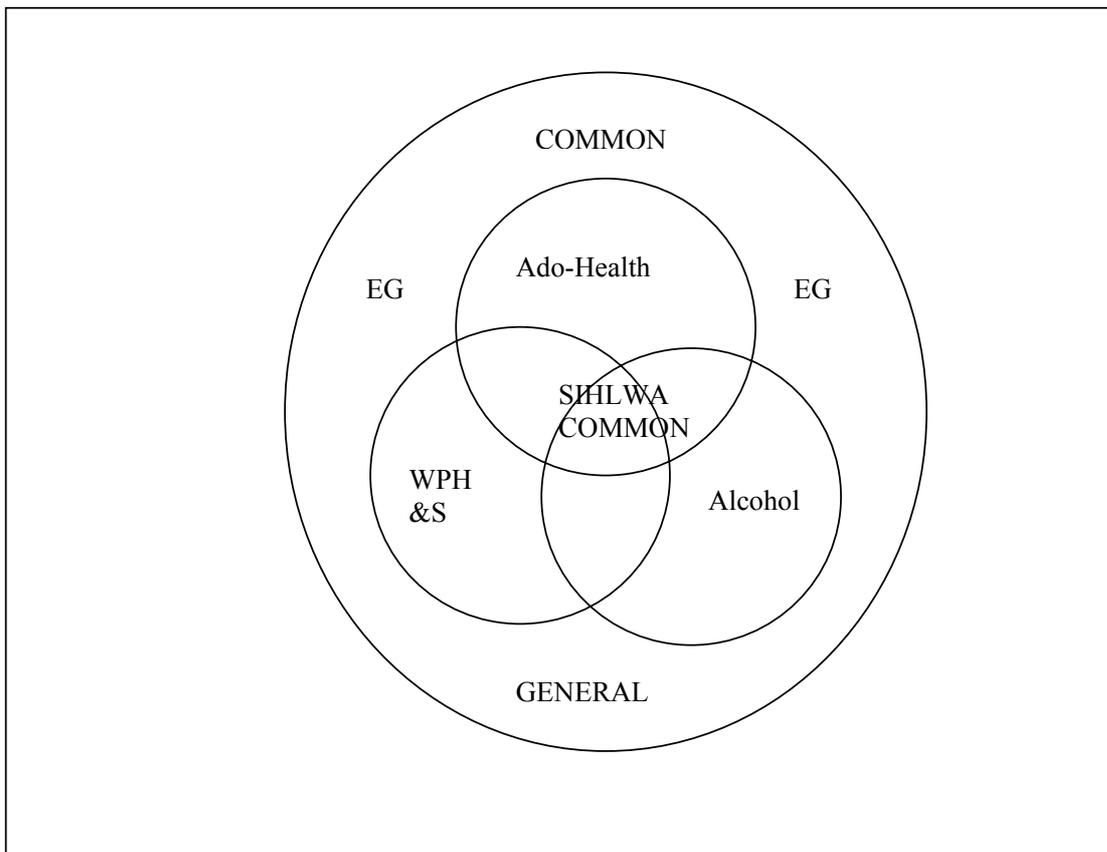
SIHLWA Coordinator together with sub-group Chairpersons would submit the SIHLWA TOR/Strategy to NDPHS Secretariat. We would also request the secretariat to call together a working meeting of all EG Chairpersons/Coordinators/ International Advisers to discuss common terminology and concepts.

It was agreed that all Expert Groups have a lot of common, when it comes to principles, structure, how EGs should work, tasks, and output. Together with other EGs and Secretariat we should agree on this "common ground. In annex a summary draft proposal is presented for further discussion with other EGs and Secretariat.

We also agreed that specifics for SIHLWA in general and sub-groups in particular need to be formulated accordingly. In this report the common SIHLWA additions are presented and each of the three SIHLWA sub-groups have added their own specifics to the TOR/Strategy. Obviously, priorities in particular and action plan/work programme needs to be sub-group specific.

In figure 4 this 3 layered concept is graphically illustrated:

**FIG. 4: SIHLWA TOR/STRATEGY
in relationship to other EG TOR/STRATEGIES
and SIHLWA SUB-GROUP TOR/STRATEGIES**



4.5 TASK 1: Discussion about SIHLWA Review of projects/ programmes

It has become obvious that in order for the SIHLWA to work effectively, we need to have a better picture and understanding of most important projects/programmes in Partnership countries in the field of each sub-sector, say for the last five years. Only the most relevant and effective projects/programmes should be included. This would allow to learn from previous experience, avoid previous mistakes, and involve earlier actors in new developments.

Based on the project/programme review, generic project ideas/templates could be developed under each sub-sector. They would enhance and speed up and improve project planning, search for funding and improve the quality of project implementation.

For project review a short summary reviewed by sub-groups of the meeting is presented below. A systematic simple format will be needed. SIHLWA meeting participants also tried to recall such projects in their respective area and country.

Additional information was collected also after the meeting, because time was not sufficient for the task.

The ultimate aim is to have project/programme review for each partner country both in the east and the west. Ideally, project review and stakeholder analysis could be made simultaneously by same person(s)/agency. It would require further expert work on average for at least 2 weeks per country, including field visits and interviews.

Task 1: Ongoing projects/ programmes (“top 10-20” for each partner country)

(DRAFT ONGOING/PAST PROJECT/ PROGRAMME TEMPLATE)

- Alcohol
- Adolescent health & socially rewarding lifestyles
- Workplace health & safety

1. Name of project/programme
2. Name of implementing institute, organization, administrative structure, NGO, etc.
3. Names of pilot locations (regions, cities, etc.) and collaborating bodies/partners
4. Address
5. Coordinates (e-mail, fax, telephone, GSM, etc.)
6. Contact person(s)
7. Funding source (donor agency, administrative structure/budget, NGO, etc.)
8. Time frame (beginning/end)
9. Short description of what was done (main objectives and methods)
10. Short description of outcome (lessons learned/ also negative experiences)
11. Publications (if available)
12. Relevance to SIHLWA

4.5.1 Main Conclusions

Following issues came up in sub-group and plenary discussions during the meeting concerning the project/programme review:

- Criteria mentioned in the template should be specified in line with sub-group priority areas;
- The end result should be a "Practical Tool";
- Do not start from scratch, use existing reviews and summaries (e.g. OHS, Centre for Health Promotion/FIN), and Nordic School of Public Health;
- Size not most important, but innovativeness; new approaches to reach sustainable results;

- Not to re-create a database but to collect "jewels";
- Right criteria important (usefulness to others, not just project size);
- Also research projects should be remembered selectively (practical results)

4.6 TASK 2: Discussion about SIHLWA Stakeholder analysis

We agreed that for the SIHLWA, expert group under Northern Dimension Partnership for Public Health and Social Wellbeing (NDPHS) to work effectively, we need to have a better picture and understanding of different actors and stakeholders in the sector aiming on prevention of negative effects of alcohol use and promotion of healthy lifestyles among young people, before harmful habits have been adopted or addiction towards tobacco, alcohol, or drugs has developed. Likewise, positive lifestyles like safe working habits, healthy nutrition, regular physical activity and safe sexual practices can be actively enhanced.

Many institutions, agencies, organizations, NGOs, etc. (army and religious/faith-based organizations included) in countries are already working towards these goals, but we do not always know who and where they are and what exactly they have done or are doing. To elaborate a list of say "top ten or twenty" stakeholders in Partnership countries in the field of each sub-sector would be an indispensable starting point and asset when interventions will be planned and projects/programmes implemented.

We agreed on the need to have stakeholder analysis for each partner country. Ideally, project review and stakeholder analysis could be made simultaneously by same person(s)/agency. It would require expert work on average for at least 2 weeks per country, including field visits and interviews.

Task 2: Stakeholder analysis ("top 10" for each partner country)

(DRAFT STAKEHOLDER ANALYSIS TEMPLATE)

- Alcohol
 - Adolescent health & socially rewarding lifestyles
 - Workplace health & safety
1. Name of institute, organization, administrative structure, NGO, etc.
 2. Address
 3. Coordinates (e-mail, fax, telephone, GSM, etc.)
 4. Contact person(s)
 5. Short description of their task(s) [including position in the network of given country, and their funding sources]
 6. International role and experience
 7. Relevance to SIHLWA

4.6.1 Main Conclusions

Following issues came up in sub-group and plenary discussions during the meeting concerning the stakeholder analysis:

- Several organizations have already done a lot of work towards a comprehensive stakeholder analysis. It is important to tap on this existing work. For instance, Nordic School of Public Health (Gothenburg)/ Max Petzold, Finnish Centre for Health Promotion, National Institute of Occupational Health (Finland)/ Timo Leino, Nordic Council of Ministers (Copenhagen) /Carita Peltonen) have material on this.
- Listing NGOs operating in the field of SIHLWA would be important, but also very challenging. At least an attempt to list the most relevant ones would be worthwhile, and also tap existing databases innovatively.
- Trying to be too complete and comprehensive may be counterproductive and time-consuming in the beginning. To have a good start published and distributed, will help to make a “second edition” through encouraging readers to provide information on stakeholders missing from the list.
- Categorization of stakeholders in a logical manner is important, and enhances readability of the document (e.g. administrative stakeholders, research institute stakeholders, NGO stakeholders, provider stakeholders, partner stakeholders (existing, potential, desirable), etc.
- A guiding principle in accepting stakeholders to the list would be the relevance to SIHLWA objectives.
- We should not forget stakeholders, whose interest may be opposite to SIHLWA’s (for instance alcohol and tobacco industry as an example). It is also worth noting that the same stakeholder can be sometimes synergistic and sometimes opposing (e.g. food industry or media). Even our governments can be counter-productive, if it makes “bad decisions” for health (e.g. lowering alcohol taxes in Finland or failing to recognize that beer is an alcoholic drink in Russia).
- The template should also include potential new stakeholders like army, crime prevention councils, professional associations, in particular medical doctors.
- Industry should be kept separate from other stakeholders, hence information about possible connections of the stakeholders with the industry should be required.
- Contacts with the industry should be dealt with in different settings

4.7 TASK 3: Discussion about SIHLWA Project Ideas/proposals

Based on the stakeholder analysis and project/programme review, generic project ideas/templates would be developed under each sub-sector. They would enhance and speed up and improve project planning, search for funding and improve the quality of project implementation. In this annex are presented project ideas of three sub-groups

In each subgroup, ideas for new, upcoming projects were brainstormed. It needs to be mentioned that for the Workplace Health & Safety sub-group, a “Improved

occupational safety & health (OSH) system in Northwest Russia” project has already been ongoing since 2005 and will continue until end of 2006. Due to the long term activities of the Baltic Sea Network on OSH, this sub-group is clearly ahead of the other sub-groups, which can benefit from OSH experience.

Task 3: (DRAFT PROJECT TEMPLATE)

- Alcohol
- Adolescent health & socially rewarding lifestyles
- Workplace health & safety

1. Name of problem
2. Objectives/ what should be done
3. Potential target regions/countries
4. Methods/how to implement
5. Time-frame
6. Funding needs
7. How to evaluate outcome
8. Expertise needed

4.7.1 Main Conclusions

Following issues came up in sub-group and plenary discussions during the meeting concerning the new project ideas/proposals:

- It important to be selective and not over-ambitious. Better to have 1-2 projects well in pipeline, rather than 10 unrealistic proposals;
- Proposals must be concrete, in order to satisfy/interest the funding/donor partners;
- Gender issues – as cross cutting issue in all projects;
- Socio-cultural environment -as crosscutting issue in all projects
- Alcohol abuse and alcoholism can/should also be a cross cutting issue as the theme connects all subgroups.
- Project proposals must be based on a systems approach;
- NDP countries are very different, requiring different approaches and using different solutions
- Good use of "lessons learned" from previous/ongoing projects to gain sustainable results
- Priority topics could/should be:
 - Preparation of national, regional and country profiles (ILO & WHO, FIOH etc. profiles);
 - establishing networks
 - identification of national priorities
 - preparation of matrix of national/regional/local priorities;

- extracting content/sectoral problems, such as: awareness raising, data collection, etc.

4.8 Closing of the SIHLWA meeting

The closing plenary of the 2nd SIHLWA members noted with satisfaction the good progress made during the meeting. The Coordinator and sub-group Chairpersons were given a mandate to bring forward the recommendations made during the meeting.

The 3rd SIHLWA EG meeting would tentatively take place next November probably in Lithuania. The sub-group of WH&S would report to the Baltic Sea Network on OSH in Tartu/ Estonia in September 2006 , compile and update the requested information and report back to the SIHLWA Expert Group .

We discussed the importance of having a well functioning secretariat for SIHLWA and each sub-group. Mikko Vienonen would continue as SIHLWA Coordinator and receive secretarial assistance through MoSA&H/ Finland and MoH/Lithuania. We would work towards having a full- or part-time International Technical Advisor (ITA) for SIHLWA, but this would require additional project funds.

- **The Alcohol subgroup** would continue to be chaired by Dr Kari Paaso, WHO/EURO (Technical Officer for Alcohol and Substance Abuse) with Dr Evgeny Krupitsky (Russian Federation) as co-chair.
- **The Adolescent health sub-group** would continue to be chaired by Mikko Vienonen. The sub-group selected Ms Ingrida Skridailiene from Lithuania (State Public Health Service under MoH) as Co-Chairperson at least until the next SIHLWA meeting.
- **The Workplace health and safety sub-group** would continue to be chaired by Mr Wiking Husberg, ILO/Russia and Dr Remigijus Jankauskas from Lithuania (Institute of Hygien/MoH) was selected as new Co-Chairperson (to be confirmed in the BSN annual meeting).

END OF REPORT

Dr. Mikko VIENONEN

General Rapporteur of the meeting

NDPHS/ Coordinator for Expert Group SIHLWA

(“Social Inclusion, Healthy Lifestyles & Work Ability”)

Sysimiehenkuja 1, 00670 Helsinki, FINLAND

e-mail: m.vienonen@kolumbus.fi

Tel. GSM: +358-50-4421877

Tel. home: +358-9-7248621

Subgroup on Alcohol

Chair: **Kari Paaso**, Regional Adviser, WHO/Euro, kpa@euro.who.int

Co-chair: **Evgeny Krupitsky**, Chief, Department of Addictions Research Laboratory,
Leningrad Regional Center of Addictions kru@ek3506.spb.edu

Rapporteur: **Regina Montell**, Senior Expert, National Research and Development
Centre for Welfare and Health (STAKES) regina.montell@stakes.fi

Subgroup on Adolescent Health and Socially Rewarding Lifestyles

Chair: **Mikko Vienonen** (see above)

Rapporteur: **Sirje Vaittinen**, Project Assistant, National Research and Development
Centre for Welfare and Health (STAKES) sirje.vaittinen@stakes.fi

Sub-group on Workplace Health & Safety (OSH)

Chair: **Wiking Husberg**, Senior OSH Specialist, ILO, Subregional Office for Eastern
Europe and Central Asia, husberg@ilo.org

Rapporteur: **Timo Leino**, Assistant chief medical officer, Finnish Institute of
Occupational Health (FIOH), timo.leino@ttl.fi

DRAFT**Background and Objectives = MANDATE⁶ of Expert Group****SOCIAL INCLUSION, HEALTHY LIFESTYLES AND WORK ABILITY**

In Oslo 27 October 2003, a Declaration⁷ concerning the establishment of a Northern Dimension Partnership in Public Health and Social Well-being was agreed on by the Ministers of Health and Social Affairs and representatives of other founding partners from the Northern Dimension area. The objective of the Partnership is to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing. The Partnership aims at contributing to intensified co-operation in social and health development and assist Partners and Participants in improving their capacity to set priorities in health and social wellbeing, as well as to enhance co-ordination of international activities within the Northern Dimension countries.

The Northern Dimension Partnership shall focus on two priority areas for improved co-operation and co-ordination. The first area considers prevention of major public health problems such as communicable diseases, use of illicit drugs and health consequences of socially distressing conditions.

The second prioritised area in the partnership is enhancement and promotion of healthy and socially rewarding lifestyles.

In line with the Oslo DECLARATION 2003 and 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.

The Partnership Annual Conference (“PAC”) in Stockholm/ Sweden 18 November 2005 approved Partnership Work Programme for 2006-2007 stating that the new Expert Group on non-communicable diseases and promotion of healthy and socially rewarding lifestyles will assist in co-ordinating and further developing the partnership co-operation focusing on alcohol and binge drinking, young people’s lifestyles and occupational safety and health. It endorsed the recommendations made during the first Expert Group meeting held in Stockholm 16-17 November. The name of the Expert Group shall be “*Social Inclusion, Healthy Lifestyles & Work Ability*” (“EG on SIHLWA”).

According to this MANDATE provided by the NDPHS Secretariat and endorsed by the Committee of Senior Representatives (CSR), the Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability⁸ (“SIHLWA”) will aim at supporting national, regional or local programmes in its respective field of co-operation.

⁶ **Written in bold font, text that should be common to ALL EG mandates.** Written in normal font, SIHLWA specific mandate text.

⁷ See ANNEX

⁸ Established in April 2005 and previously until PAC meeting in Stockholm 18 November 2005 EG title was: Non-communicable diseases and promotion of healthy and socially rewarding lifestyles

The **EG SIHLWA** consists of 3 sub-groups:

- Subgroup on alcohol

The sub-group will in co-operation develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and wellbeing through reduced consumption of alcohol in general and harmful alcohol use in particular. Ways to avoid a further weakening of alcohol policies leading into increased consumption will be explored. Strong focus on holistic and comprehensive approaches to alcohol issues will be developed and should be manifested in developing practical and feasible national alcohol policy strategies. Strong support will be given for the implementation of the alcohol policy framework for the WHO European Region, including appropriate monitoring and surveillance.

- Subgroup on adolescent health and socially-rewarding lifestyles

The sub-group will in co-operation develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and wellbeing of adolescents through socially rewarding healthy lifestyles. The focus will be on issues where biggest health gains are to be achieved such as tobacco, alcohol and drug free lifestyles, healthy nutrition and prevention of obesity, increase of physical activity, prevention of accidents and violence, promotion of mental health, etc. Holistic and participatory ways of intervention will be used and multidisciplinary approaches implemented. Strong support will be given for the implementation of the WHO European Strategy for Child and Adolescent Health and Development (2005) and WHO European Strategy for the prevention and control of non-communicable diseases (2006), including appropriate monitoring and surveillance.

- Subgroup on workplace health and safety

The sub-group will in co-operation develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and wellbeing in workplaces and among individuals.

The Expert Group SIHLWA should, in addition to provide support in planning and evaluating projects and other activities, facilitate recruitment of external funding together with the SIHLWA Coordinator and the NDPHS Secretariat (Stockholm).

Expert Group SIHLWA titles in different commonly used languages in northern Dimension region:

English:

EXPERT GROUP ON
SOCIAL INCLUSION, HEALTHY LIFESTYLES AND WORK ABILITY

Russian:

EXPERTNAYA GRUPPA
SOTSIALNAYA VKLUCHENNOST', ZDOROVYI OBRAZ ZHZNI I TRUDOSPOSOBNOST'
СОЦИАЛЬНАЯ ВКЛЮЧЕННОСТЬ, ЗДОРОВЫЙ ОБРАЗ ЖИЗНИ И
ТУРДОСПОСОБНОСТЬ (СВЗОЖТС)

Swedish:

EXPERTGRUPP för
SOCIAL DELAKTIGHET, HÄLSOSAM LIVSSTIL OCH ARBETFÖRMÅGA

Finnish:

ASIAANTUNTIJARYHMÄ
SOSIAALINEN OSALLISUUS, TERVEELLISET ELINTAVAT JA TYÖKYKY

ANNEX to MANDATE: NDPHS Oslo Declaration 2003

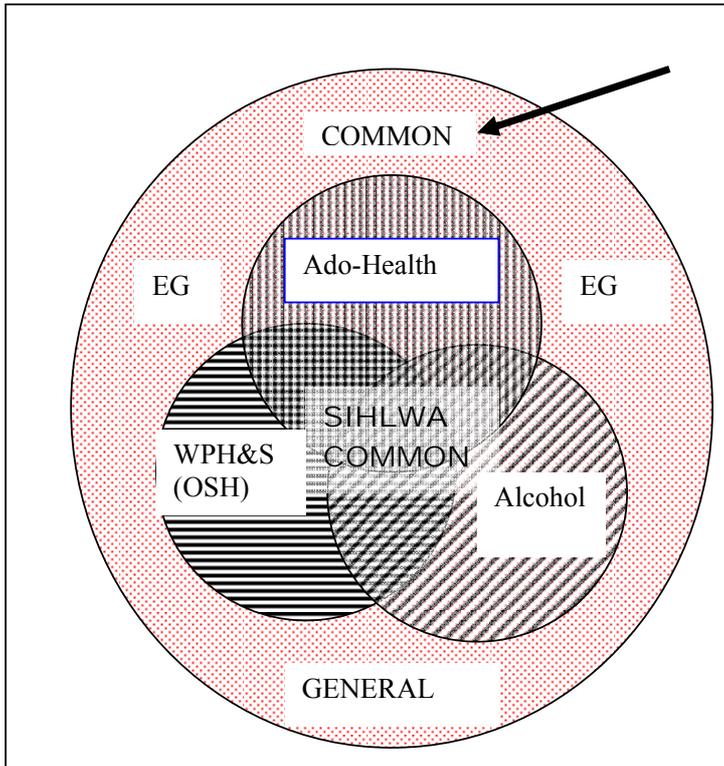
DRAFT⁹

Terms of Reference/ Strategy

Expert Group¹⁰

SOCIAL INCLUSION, HEALTHY LIFESTYLES AND WORK ABILITY

2. A. COMMON TO ALL NDPHS EXPERT GROUPS



⁹ It is understood that the TOR/Strategy common part should be extensively shortened and streamlined together with heads of other EGs and the Secretariat

¹⁰ N.B: additions made at the SIHLWA Helsinki meeting 16-17 May 2006 are presented in *italics*.

2.A.1 Principles¹¹ and structure for responsibility for and financing of expert groups/networks under the Partnership

- The Expert Group should consist of : Chairperson, Co-chairperson, International Technical Advisor (“ ITA”)/ Coordinator who also can function as a secretary and co-ordinator for the group, delegates with expertise and competence in necessary fields as appropriate for the task of the EG. It would also be an advantage to include persons with project expertise.
- A chairperson and co-chairperson should be elected by the group on annual (or biannual) basis. International Technical Advisor/ Coordinator would usually require funding decisions, in which case the organization/ partner providing the funds would obviously need to have final decision on contracting a person for the task. A mechanism to take the views of the EG into consideration should be elaborated. ITA/ Coordinator’s main function is to give uniformity, support and advice to the projects through site visits and collaboration with relevant external bodies in the programme field. ITA/ Coordinator is also actively involved in all activities of the group, described in the mandate of the group.
- It may be advisable that if the chairman is recruited from a country from the eastern¹² part of the ND area – the co-chair will be recruited from the western part, or the other way around. It would be advantageous if the representatives in the group could represent as many of the ND partners as possible (different countries and different organisations, such as WHO, ILO, Nordic Council of Ministers, EC, etc.).
- The basic principle should be that responsibilities and costs for Expert Groups and their activities should be shared among as many Partners as possible being able and willing to participate. The Chair and Co-Chair should have the responsibility for chairing, organising and co-ordinating their work. The financing of meetings and of a possible International Technical Adviser (ITA) or other support should be agreed on in every group.
- An EG can also be divided into thematic subgroups as feasible. However, the establishment, titles and topics for such subgroups should be submitted to the Committee of Senior representatives for approval. Sub-groups would select their own coordinator(s)/chairperson(s).
- The members of the Expert Group should be appointed/ nominated¹³ by the different countries (respective ministries or other relevant authorities) and organisations in the Partnership and their relevant authorities. The representatives should have relevant expertise as indicated by the Expert Group(s).

¹¹ These principles were agreed in Copenhagen (CSR Sept 2004)

¹² it should be made clear what are the criteria for “eastern” and “western” countries/partners. A better categorization might be “countries in transition” and “other countries/partners”. Hence possibility could be to categorize Estonia, Latvia, Lithuania, Poland and RF in the first category and the remaining in second category

¹³ As a “soft” rule partners could nominate at least one expert for each EG and/or sub-group, with two alternates. It would be up to the EG to decide as to how many of the nominees could attend a given event depending on the size of the venue and availability of travel funds for participants.

- Beyond officially nominated representatives, the EG can invite other guests having relevant specific expertise to participate the meetings. Sufficient representation of social sector expertise should also be taken into consideration.
- Non-Partners who take part in the co-operation of the Partnership are most welcome to participate and help financing the activities of Expert Groups.
- All participating Partners or other bodies should in principle finance their own experts participation in meeting etc. The host of a meeting may finance the participation of experts whose costs cannot be covered by their own authorities.
- The Partnership Secretariat should be kept informed of the activities and should assist when needed, but should normally not actively take part in co-ordinating the work.
- The expert groups should provide Partnership website/database with information concerning their work.

2.A.2 How the Expert Group should work

- Expert Group will promote and raise general understanding on Northern Dimension Partnership in Health and Social Well-being, its objectives, actions and the action of the subgroups.
- The idea of the Partnership is to facilitate communication and collaboration between EU member states and neighbouring countries in the north. Therefore, participation of partners from north-Western Okrug of Russian Federation (reaching from Kaliningrad in the west to Komi in the east with approximately 14.5 million inhabitants) and from the federal administration in Moscow would be essential.
- Experts taking part in the group collaborate as equal partners.
- Expert Groups working language will be English. However, in order to facilitate participation of Russian speaking members, every effort to provide English/Russian interpretation should be made.
- Advocacy and lobbying for Public Health and social well-being: Expert Group shall provide and communicate “the collective knowledge”, promote improvement of the general awareness, and work for development of positive attitudes towards the field of their mandate. The EGs will also promote health gain and public health oriented health service systems and health sector reforms.
- Expert Groups contribute to the development of national policies that respond to the needs and requirements of Partnership member countries. Map and identify country needs for technical and financial support to scale up the national programme and initiate the process of requesting assistance. In association with partners, working groups support efforts to provide technical and other assistance to government and national partners in planning, implementing and monitoring programs in their field of expertise. This can

include meetings with authorities, visits in participating countries and written information.

- Expert Groups should meet at least 2 times¹⁴ every year and between meetings keep in touch via e-mail. The responsibility to host the meetings could circulate between the members of the group.
- Expert Groups monitor and evaluate the results (peer evaluation) of projects and activities implemented under ND initiative, in order to ensure that financing is channelled to achieve maximum impact for health gain. However, in such activities special attention should be given to the risk of conflict of interest caused by possible double role of EG members in their relevant ministries and the EG.

2.A.3 Tasks of the Expert Group

- When relevant review EG mandate, and make proposals/ suggestions to the Secretariat for its updating.
- Whenever relevant and at least every biennium, review EG Terms of Reference/ Strategy and make proposals/ suggestions to the Secretariat for its updating.
- On annual basis, prepare EG (and when relevant sub-group) WORK PROGRAMMES & PROJECTS for implementation.
- Keep updated review of ongoing projects and activities in EG field of expertise in Partnership countries;
- Network with relevant partners and prepare a “Stakeholder Analysis” in EG field of expertise;
- Give professional advice and support to authorities. EG members are high level professionals and representatives of their countries, acquainted with both practical work and the policies behind it. Therefore, they can provide professional information and advice on trends, threats, and development needs in the field of EG mandate to relevant ministries, embassies and other bodies consisting of meetings with authorities, visits in participating countries and written information.
- Assist project groups in co-ordination with other stakeholders, promote networking, co-ordinate the work with other NDPHS expert group, and seek for collaboration with other possible groups and authorities as relevant and feasible.
- In selected cases act as technical referee group for new project proposals, project identification, planning, implementation and monitoring. The Groups can make recommendations concerning project proposals or implementation and assist in planning as requested. The Groups will inform and consult the NDPHS Secretariat and other relevant stakeholders about the Groups’ actions and the development of the sector as necessary. They assist in initiating, catalyzing, and promoting relevant project initiatives, evaluate and discuss project proposals with project owners and also support ongoing projects. Negotiate specific terms and conditions and establish assessment mechanisms,

¹⁴ More meetings are possible depending on the need and funding available

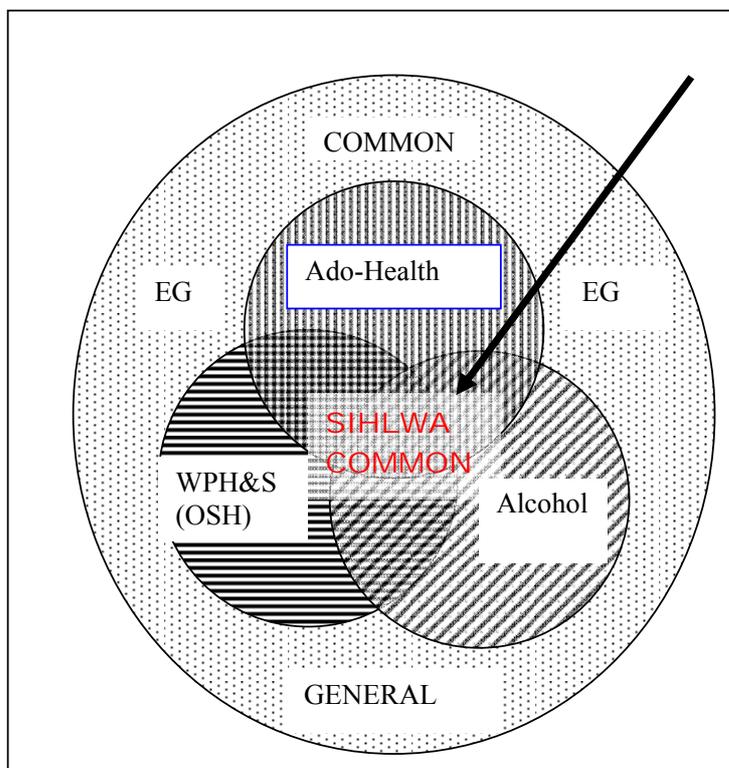
with an emphasis on performance and verifiable results. However, as some EG members represent relevant ministries, they may have a conflict of interest. Hence, the role presented above could only be seen advisory and in some cases members may have to refrain from providing their opinion.

- Advice and assist project groups in contacts with financing organizations and to recommend relevant project proposals for financing
- Formulate criteria for future support of projects.
- Provide the Partnership website/database with information concerning its work.
- Take gender and socio-cultural issues and the needs of various vulnerable groups into consideration whenever feasible.
- Establish close connections with other Expert Groups and promote functioning cooperation with them as prerequisite for successful implementation of future tasks
- Co-operate closely with the Partnership Secretariat.

2.A.4 Output of the Expert Group

- Oversight of the implementation of strategic objectives defined by the group and approved by the ND Partnership
- Support and expert contributions to policy evolution
- Partnership building and promotion of activities relevant for the achievement of the goals of the Partnership
- Promotion of coordination and networking of relevant activities
- Monitoring and peer evaluation of ongoing activities on annual and biannual basis. Short progress reviews/ reports should be prepared for CSR meetings and annual PAC meetings, as requested by the NDP Secretariat

SPECIFICS FOR EXPERT GROUP “SIHLWA” COMMON TOR/STRATEGY



The Partnership Annual Conference (“PAC”) of the NDPHS in Stockholm/ Sweden 2005 18 November 2005 endorsed the recommendations made by the first Expert Group meeting held in Stockholm 16-17 November. The name of the Expert Group is “**Social Inclusion, Healthy Lifestyles & Work Ability**” (“**EG on SIHLWA**”), which was considered to give a more accurate general title for the three sub-groups.

Expert Group SIHLWA consists of 3 sub-groups:

- Subgroup on Alcohol
- Subgroup on Adolescent health and socially-rewarding lifestyles
- (Workplace health and safety (sub-group))

WHO-EURO (in Copenhagen) Division of Technical Support provides overall support from WHO side. ILO-Sub-regional Office for Eastern Europe and Central Asia (in Moscow) provides overall support from ILO side

At Stockholm “PAC”-meeting the Ministry of Social Affairs & Health/Finland and Ministry of Health/Lithuania pledged financial support to the Expert Group to provide funding for International Technical Advisor/Coordinator for the Expert Group in 2006-07. In the same meeting the Ministry of Health of Lithuania (Chair of NDPHS in 2006-07) pledged additional financial support to the Expert Group.

Common ideas for all SILHWA subgroups could be:

- emphasis on health promotion and problem prevention
- Alcohol problems in different forms (e.g. early onset of drinking, drinking at work, employment problems, risk of social exclusion, risks of heavy leisure time drinking, cultural and legislative peculiarities);
- Adolescents are future members of the work force. Good health in adolescence positively relates/predicts good health in working life; questions related to street children, child labour and a safe start for young workers.

Cross-cutting principles to be taken into account in all activities could be:

- Gender issues
- Socio-cultural issues
- Mechanisms to deal with SIHLWA issues both in the living environment and at work
- Local ownership and support to competence/local capacity building

How the Expert Group should work: no additions to general rules are needed

Tasks of the Expert Group: no additions to general rules are needed

Output of the Expert Group: no additions to general rules are needed

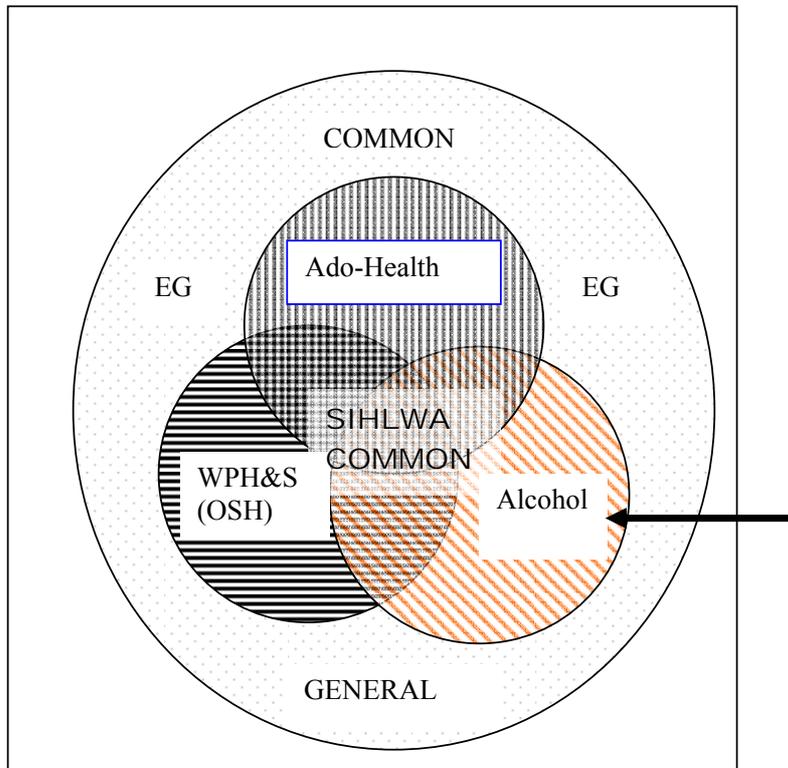
SIHLWA Priority areas for Work:

- Review of ongoing projects/programmes (all three sub-groups);
- Preparation of Stakeholder analysis (all three sub-groups);
- At least one (preferably two) projects approved and successfully started (all three sub-groups);

Reporting on situation and progress of SILHWA EG activities in non-communicable diseases and their prevention in Northern Dimension Partnership countries for the Nordic Council of Ministers, during the Finnish chairmanship in 2007

ANNEX 3. : REPORTS OF SIHLWA Sub-GROUPS

3.A. SPECIFICS FOR Sub-GROUP on Alcohol



Sub-group on Alcohol TOR/STRATEGY

General remarks for Alcohol sub-group

- Early onset of drinking predicts heavy alcohol use & problems in later life, also poor education & employment problems, i.e. risk of social exclusion
- Adolescents are future members of the work force (or present part-time members); good health in adolescence means good health in working life;
- Even small amounts of alcohol can cause occupational accidents; zero tolerance in workplace is safest;
- Heavy leisure time drinking is reflected in the workplace: short period absenteeism, deteriorated work performance, premature retirement, even premature death – an ageing society cannot afford to lose members of the work force because of alcohol;
- In some countries heavy drinking occurs and is encouraged in work related contexts that are not governed by the same restrictive norms as alcohol use during working hours, e.g. social occasions in the workplace, after-work pints in a pub, business meetings & trips, training courses etc.

Specific priority areas for Alcohol sub-group

- Fostering of comprehensive alcohol policies based on public health/ addressing accessibility was defined as one important aspect in this
- Alcohol and drugs
- Third parties
- Population sub-groups with specific needs, e.g. indigenous people, youth, elderly.

Sub-group on Alcohol

Work Programme & Projects 2006 - 2007

Organising of NDPHS Platform Seminars

- **Seminar on population based strategies to reduce alcohol related harm**

Target groups: the whole population with a special focus on young people

Themes: accessibility, e.g. taxation (prices), age limits, and legal liability

- **Seminar on best practices/exchange of information on strategies related to the defined priority areas**

Target groups: politicians, other decision makers, administrators, research institutes, experts,

NGO's etc.

Themes:

- Fostering of comprehensive alcohol policies based on public health/ accessibility
- Alcohol and drugs
- Third parties
- Population sub-groups with specific needs, e.g. indigenous people, youth, elderly.

Other main areas to be developed

Surveillance

- Existing surveillance systems in partner countries should be explored
- Areas to be developed and gaps should be registered e.g. gender segregated data

Promotion of general awareness

- Promotion of general awareness should be based on understanding of reasons behind drinking patterns. Special focus should be on rectifying existing wrong interpretations on the nature of alcohol problem.

Development of legislation, rules & regulations

- Reference documents available from WHO, ILO and EU as well as partner countries will be used in order to avoid duplication of efforts

Interventions (instead of prevention)

- Includes both prevention as well as care
- Target groups/ main stakeholders /locations/ means and methods will be specified always according to priority area and partner country(s) involved

Other

- Good tools for evaluation of projects and initiatives on alcohol need to be developed taking more advantage of the methods developed in the social science.

TASK 1: PROJECT/ PROGRAMME DRAFT REVIEW

Alcohol sub-group:

Review of ongoing and past recent projects & programmes

Listing useful examples:

Alcohol projects in Russia (Evgeny Krupitsky)

- **Assessment of addiction medicine services in Russia. Manual on prevention of alcohol and drug use and abuse in adolescents. Development and piloting.**
- St. Petersburg Research Psychoneurological Institute, St Petersburg (Evgeny Krupitsky (kru@ek3506.spb.edu, tel.+7-901-3005811, +7-812-296-9905). Department of Addictions, Bekhterev Psychoneurological Research Institute, Bekhtereva Street 3, St Petersburg 192019). Counterpart/funding from WHO/EURO.
Period of implementation: 2005-2006
Expected outcome:
 - a) Suggestion on re-structuring health care services, in addition medicine as well as in educational and law enforcement areas to address problems with alcohol and drugs in the societies.
 - b) Development of manual on prevention of alcohol and drug use and abuse in adolescents.

Alcohol projects in Finland (Marjatta Montonen)

Finland/ alcohol 1.

Name of project/programme: The restaurant project in the city of Järvenpää (Järvenpään Ravintola-projekti)

Name of implementor: The district police department (Keski-Uudenmaan kihlakunnan poliisilaitos)

Collaborating bodies/partners: Local restaurants, backing from the City of Järvenpää

Name of locations (regions, cities): City of Järvenpää in Southern Finland (population ca 35 000) http://www.jarvenpaa.fi/sivu/index.tmpl?sivu_id=1303

Contact person(s): District police department: Pekka Heikkinen (Keski-Uudenmaan kihlakunnan poliisilaitos). External evaluator: Nina Hyttinen, Diaconia University of Applied Sciences <http://english.diak.fi/>

Coordinates (e-mail, phone): pekka.heikkinen@keski-uusimaa.poliisi.fi, +358 9 8388 8709

Address: Keski-Uudenmaan kihlakunnan poliisilaitos, PB 6, 04401 Järvenpää, Finland

Funding source: No external funding for the implementation. The external evaluation was carried out with support (18 600 €) from the Ministry of Justice. <http://www.rikoksantorjunta.fi/29748.htm>

Time frame: February-December 2004

Short description of what was done: Local project to reduce alcohol-related violence in and outside restaurants (incl. bars and pubs). Initiated by the police and implemented in co-operation with local restaurants. The project consisted in joint meetings of the police and restaurant staff, involving discussion on principles and

practices of law enforcement, sanctions and responsible serving practices and agreeing on common practices regarding prevention of drunkenness, enforcement of age limits and not letting in intoxicated clients. The police speeded up response to emergency calls from restaurants, systematically increased visits in restaurants (e.g. uniformed policemen popping in during the evening had a calming effect on clients), and increased street patrolling. Information about the project was disseminated to the general public through local media.

Short description of outcome (lessons learned, also negative experiences): Two thirds of recorded acts of violence in the city of Järvenpää occur in restaurants or near them. The occurrence of violence decreased during the project period; other factors besides the project may also have contributed to the observed change. When the project ended the number of violent incidents started to increase again. Most participating restaurants felt they benefited from the project or, at least, that it did no harm. Despite the good results, the police dropped the new practices when the project ended, apparently because they were seen to require too much manpower.

Publications: Hyttinen N. *Pieni askel yhdelle ravintolalle, suuri kaupungille. Järvenpään Ravintola-projektin toteutus- ja vaikuttavuusarviointi.* Diakonia-ammattikorkeakoulu, työpapereita D 35/2005.- in Finnish: external evaluation of the implementation and results of the project, conducted by a researcher with the Diaconia University of Applied Sciences

Relevance to SIHLWA: The project's mode of action has been clearly described and could easily be adopted elsewhere. The activities require minimal cost (excluding external evaluation). Although some use of police manpower is required, effective prevention of violence also frees resources for other purposes.

Finland/ alcohol 2.

Name of project/programme: PAKKA-project (Local Alcohol Policy)

Name of implementor: National Research and Development Centre for Welfare and Health Stakes <http://www.stakes.fi/EN/index.htm>

Collaborating bodies/partners: Municipalities and other actors in two districts

Name of locations (regions, cities): Hämeenlinna district in Southern Finland and Jyväskylä district in Central Finland

Contact person(s): Marja Holmila, Stakes

Coordinates (e-mail, phone): marja.holmila@stakes.fi, +358 9 39 671

Address: Stakes, PB 220, 00531 Helsinki, Finland

Funding source: Ministry of Social Affairs and Health (2004-2006 ca 100 000 € per year); additional funding for the research component from Alko Inc. (government-controlled alcohol retailing company).

Time frame: 2004-2008

Short description of what was done: Main goals: 1) decreasing heavy drinking occasions and related acute problems; 2) decreasing underage drinking. An extensive research component (quasi-experimental design) to determine effectiveness and to provide feedback to actors at local level (e.g. decoy operations used to test enforcement of age limits). The project uses a community mobilization approach: a local co-ordinator is employed in each district; research-based information and pre-existing models for action are presented to local communities, stakeholder groups are involved in the planning of activities; activities include server training, attempts to generate public discussion, educational campaigns etc.

Short description of outcome (lessons learned, also negative experiences): The project is still in progress, outcome evaluation not yet available.

Publications: Several published articles in Finnish, probably also articles/presentations in English. www.pakka.fi > tutkimus > raportit, tuloksia

Relevance to SIHLWA: Some components might be applicable elsewhere. In fact, the project builds upon international experiences from similar projects. The extensive research component might also be of interest.

Finland/ alcohol 3.

Name of project/programme: Co-operation between five communities to minimize alcohol related harm (Etelä-Kymenlaakson kuntakumppanuushanke)

Name of implementor: City of Kotka <http://www.kotka.fi/index.asp?language=2>

Collaborating bodies/partners: City of Hamina, municipalities of Miehikkälä, Pyhtää and Virolahti

Name of locations (regions, cities): Kotka, Hamina, Miehikkälä, Pyhtää, Virolahti – neighbouring municipalities in an industrial/agricultural area at the South-Eastern coast of Finland, total population ca 88 000.

Contact person(s): Ulla Taponen

Coordinates (e-mail, phone): Ulla.taponen@kotka.fi, +358 5 234 5459

Address: City of Kotka, Health promotion unit, Keskuskatu 30, 48100 Kotka, Finland

Funding source: Ministry of Social Affairs and Health (2004-2006 in total 240 000 €)

Time frame: 2004-2008

Short description of what was done: The project aims at strengthening pre-existing co-operation between the communities and at introducing new methods to increase effectiveness in the prevention of alcohol related harm. Four multi-professional task forces have been set up to organise work along four lines of action: 1) Treatment for alcohol problems: joint planning aimed at better co-operation of the services; 2) Training for professionals dealing with prevention and treatment: needs assessments carried out, training organized for various groups of professionals, e.g. in early intervention and brief intervention, in moderating self-help groups; 3) Co-operation with Kymenlaakso University of Applied Sciences (<http://jool.kyamk.fi:8080/Plone/>): health care students involved in gathering data, developing and evaluating working methods; 4) Co-operation between the municipality, the police, restaurants and alcohol retailers to ensure enforcement of age limits; training for restaurant and retailing staff in responsible selling and serving; information campaigns directed to the young, to parents and to the general public.

Short description of outcome (lessons learned, also negative experiences): Project is still in progress; no external evaluation planned (apart from the partial/process evaluations carried out by students).

Publications: Articles in Finnish, e.g. EST 1/2005, p. 7-8.

[http://www.laaninhallitus.fi/lh/etela/sto/home.nsf/pages/2C41543F896E3757C2256CDF00466791/\\$file/est_01_05.pdf](http://www.laaninhallitus.fi/lh/etela/sto/home.nsf/pages/2C41543F896E3757C2256CDF00466791/$file/est_01_05.pdf)

Relevance to SIHLWA: Example of mutually beneficial co-operation between a well-resourced urban centre and surrounding rural areas.

Finland/ alcohol 4.

Name of project/programme: Regional strategy to prevent alcohol related harm (AleAlko Alueellinen ehkäisevä alkoholistrategia)

Name of implementor: Mikkeli Polytechnic

<http://www.mikkeliyamk.fi/index.asp?language=2>

Collaborating bodies/partners: City of Mikkeli and eight neighbouring municipalities; East Finland social and welfare centre of expertise ISO

<http://www.isonetti.net/> ; The A-Clinic Foundation [\[klinikka.fi/english/index.html\]\(http://www.a-klinikka.fi/english/index.html\) ; The South Savo Hospital District <http://www.esshp.fi> ;](http://www.a-</p></div><div data-bbox=)

The Tyynelä Development Centre <http://www.tyynela.fi/kehittamiskeskus.htm>, affiliated with Kirkkopalvelut, a service organisation for the Evangelic Lutheran congregations.

Name of locations (regions, cities): Mikkeli, Haukivuori, Hirvensalmi, Juva, Kangasniemi, Mäntyharju, Pertunmaa, Puumala, Ristiina.

Contact person(s): Pirjo Pikkarainen

Coordinates (e-mail, phone): Pirjo.Pikkarainen@medineuvo.com, +358 40 5241045

Address: Medineuvo Oy, Munkkiniemen puistotie 25, 00330 Helsinki, Finland

Funding source: The project was carried out as part of a larger project aimed at strengthening a health promotion perspective in municipal decision-making and management in the South Savo region (Hyvinvointiosaamisen kehittäminen Etelä-Savon kuntien päätöksenteossa http://esrlomake.mol.fi/esrtiepa/kuvaus_S84754.html). The larger project is carried out with support from the European Social Fund (Target 1).

Time frame: 2004-2006

Short description of what was done: The project was designed to help municipal decision-makers and other stakeholders formulate a regional strategy to prevent alcohol-related harm and to foster co-operation between the various actors. The South Savo region suffers from a heavy burden of alcohol-related problems (e.g. drink driving, hazardous drinking by the young). The municipalities' resources to deal with the problems vary a great deal. Addiction treatment services in the region are fragmented, also service gaps exist. One of the aims was to work towards a seamless chain of services and to cut down the costs of providing services. As a first step towards a regional strategy, the municipalities were offered help in the formulation or updating of local strategies to minimize alcohol related harm. Task forces were formed of local decision-makers and stakeholders. The project co-ordinator offered help in the analysis of the local situation and resources, in the use of the balanced score card method to help strategy development and in choosing appropriate indicators for follow-up and evaluation. Students of Mikkeli Polytechnic were also involved in the project, carrying out small-scale research projects in the participating municipalities.

Short description of outcome (lessons learned, also negative experiences):

Agreeing on a regional strategy may be too big a challenge because of the many economic aspects and conflicting interests involved. An exemplary strategy for the prevention of harm from alcohol and other drugs was designed in the city of Mikkeli (population ca 33 000) <http://www.mikkeli.fi/fi/english/index> *Terve, elämä. Mikkelin kaupungin ehkäisevän päihdetyön strategia 2006-2008.* [https://webdom.mikkeli.fi/kunnari/internet_mikkeli.nsf/64436ab8f406db5ac225657c0062b8ac/0fe2b6c14c6871c7c225715a00432687/\\$FILE/P%C3%A4ihdety%C3%B6n_startegia.pdf](https://webdom.mikkeli.fi/kunnari/internet_mikkeli.nsf/64436ab8f406db5ac225657c0062b8ac/0fe2b6c14c6871c7c225715a00432687/$FILE/P%C3%A4ihdety%C3%B6n_startegia.pdf)

Publications: Articles in Finnish, e.g. in Terve Kunta –päivät 2005, Stakes, Aiheita 4/2005

<http://info.stakes.fi/tervekuntapaivat/FI/julkaisut/index.htm>

Relevance to SIHLWA: Example of co-operation between municipalities and higher education/research and development institutions. The strategy planning process in Mikkeli and the resulting exemplary strategy may be of interest.

Finland/ alcohol 5.

Name of project/programme: National Brief Intervention Project (Valtakunnallinen mini-interventioprojekti VAMP)

Name of implementor: Ministry of Health and Social Affairs (co-ordination of the project) and the City of Kotka (financial management of the project)

Collaborating bodies/partners: Municipalities are invited to join in the project; project partnership obliges them to allow primary care personnel employed in municipal services to participate in brief intervention training and enables them to make use of the support and consultation provided by the project's regional co-ordinators.

Name of locations (regions, cities): In 2006, more than 40 municipalities across the country (incl. all municipalities in Lapland), representing roughly half of the total population.

Contact person(s): Kaija Seppä

Coordinates (e-mail, phone): Kaija-Liisa.Seppa@uta.fi, +358 3 215 7101

Address: Kaija Seppä, Professor of General Practice, Medical School, 33014 University of Tampere, Finland

Funding source: Ministry of Social Affairs and Health (in 2004-2006 ca 2,5 M€ for the implementation and ca 150 000 € for the co-ordination).

Time frame: 2004-2007

Short description of what was done: The project aims at integrating screening and brief intervention into primary care professionals' daily work. The second aim is to increase the general population's acceptance of routinely used brief interventions. Five pairs of regional co-ordinators, formed by a physician and a nurse, act as trainers, providing training for end users and training for local trainers. Free of cost materials (produced by the National Alcohol Programme), incl. the AUDIT-test, hand-outs for patients and a professional's handbook in brief intervention (based on the Phepa handbook), are distributed to trainees and implementors of brief intervention. Screening campaigns targeted to primary care users are organised locally and local media is used to disseminate information to the general public. The Finnish brief intervention project is linked to and makes use of work done in the Phepa project (Primary Health Care European Project on Alcohol www.phepa.net) funded by the European Commission. For instance the Phepa handbook *Clinical Guidelines on Identification and Brief Interventions* has been adapted to Finnish primary care settings and published in Finnish, to be used in brief intervention training and also to be distributed free of charge to all physicians and nurses in the country (50 000 copies) in co-operation with the Finnish Medical Association and the National Union of Public Health Nurses.

Short description of outcome (lessons learned, also negative experiences): For instance in the city of Helsinki 700 physicians and nurses were trained in brief intervention within two years. In the city of Tampere a survey conducted in the project's second year with physicians and nurses indicated a decrease from 20% to 6% in the number of respondents who say that they never do brief intervention, and an increase from 27% to 48% in the number of respondents who reported regular use of brief intervention. The availability of free of cost materials seems to have contributed to lowering the barrier of adoption for brief intervention.

Publications: A detailed account (in English) of the Finnish brief intervention project – aims, methods, early stages and plans for evaluation – is included in Annex VI (Country Strategies) of the Final Report of the Phase I of the Phepa project.

<http://www.phepa.net/units/phepa/html/en/dir471/index.html>. Training materials and follow-up information on the project (in Finnish) are published in the website of the Ministry of Social Affairs and Health
<http://www.stm.fi/Resource.phx/hankk/hankt/vamp/index.htm>

Relevance to SIHLWA: The experiences gained and materials produced in the Finnish brief intervention project and in the European Phepa project would be of use in any country wishing to foster the implementation of brief intervention in primary care settings. A first step could consist in an analysis of the national context, in which the Country Profile Questionnaire developed in the Phepa project, included as Annex 5 of the project's Final Report, might be helpful.
http://www.phepa.net/units/phepa/pdf/annex_5.pdf

Finland/ alcohol 6.

Name of project/programme: National Occupational Health Brief Intervention Project (Mini-interventio työterveyshuollon arkikäyttöön)

Name of implementor: Finnish Institute of Occupational Health

Collaborating bodies/partners: Finnish Association of Occupational Health Physicians http://www.terveysportti.fi/kotisivut/sivut.koti?p_sivusto=68. Finnish Association of Occupational Health Nurses www.stthl.net

Name of locations (regions, cities): Country-wide

Contact person(s): Martti Kuokkanen

Coordinates (e-mail, phone): Martti.kuokkanen@ttl.fi, +358 30 474 2642

Address: Finnish Institute of Occupational Health, Topeliuksenkatu 41 a A, 00250 Helsinki

Funding source: Ministry of Social Affairs and Health (2004-2006 total of 350 000 €)

Time frame: 2004-2007

Short description of what was done: The project targets all occupational health services in Finland, public and private services alike, in all ca 1000 service units, offering them training and consultation in screening and brief intervention. The project operates in close collaboration with the National Brief Intervention Project, sharing expertise and materials.

Short description of outcome (lessons learned, also negative experiences): A baseline survey of the use of brief intervention in occupational health services was conducted in 2004 as part of the Occupational Health in Finland Study; a follow-up survey was conducted in 2005. The training and support offered by the project have been well received. During the first two years of the project ca 2500 occupational health physicians and occupational health nurses participated in brief intervention training. Occupational health service units have also made use of free of cost materials produced and distributed by the National Alcohol Programme; for instance the AUDIT-test has been ordered in thousands to be used routinely as part of patient health status assessments.

Publications: Information and materials in Finnish in the website of the Finnish Institute of Occupational Health.

<http://www.ttl.fi/Internet/Suomi/Aihesivut/Tyoterveyshuolto/Tyokalut/Mini-interventio.htm>

Relevance to SIHLWA: The role of occupational health services in the prevention and management of alcohol problems could probably be enhanced in other countries as well. The experiences gained and methods used in the Finnish project might be applicable in countries with similarly oriented occupational health care services.

Finland/ alcohol 7.

Name of project/programme: A project for tackling alcohol issues in the workplace (Huugo - Työelämän alkoholiohjelmalla)

Name of implementor: Finnish Association for Healthy Lifestyles (Elämäntapaliitto ry) <http://www.elamantapaliitto.fi/english.html>

Collaborating bodies/partners: The Central Organisation of Finnish Trade Unions SAK <http://www.sak.fi/englanti/index.shtml>

Name of locations (regions, cities): Countrywide

Contact person(s): Antti Hytti

Coordinates (e-mail, phone): antti.hytti@elamantapaliitto.fi, +358 40 779 1387

Address: Elämäntapaliitto, Paasivuorenkatu 5 B, 00530 Helsinki, Finland

Funding source: Finland's Slot Machine Association RAY (in total 305 000 € in 2005-2006) <http://www.ray.fi/inenglish/raytietoa/index.php>

Time frame: 2005-2007

Short description of what was done: Joint project of the Finnish Association for Healthy Lifestyles, NGO specialised in the prevention of alcohol related problems, including small group activity to foster self-control of drinking, and of the Central Organisation of Finnish Trade Unions. Training is organised and support materials produced for trade union officials and activists on how to tackle alcohol issues in the workplace. Self-help methods and materials are disseminated to trade union members. The target group consists of some 840 000 union members. The project's work is supported by a recommendation on how to tackle alcohol issues in the workplace, given in 2006 jointly by four central organisations of employer unions representing both the private and the public sector, and by three central organisations of employees' unions, with a total membership of more than two million people employed in diverse fields. Discussion about the role of the workplace as a locus for preventing and managing alcohol problems started in Finland in the 1950s. A previous joint recommendation, given by the social partners in the 1970s, was found outdated. The newly given recommendation stresses the importance of prevention and early intervention in drinking problems and encourages workplaces to formulate a model of action covering both prevention and referral to treatment.

Short description of outcome (lessons learned, also negative experiences): The project has potential but has been slow to take off (the first training for key persons in workplaces was organised in April 2006). The project is still in progress, external evaluation has been planned.

Publications: Information and materials in Finnish in the project's website www.huugo.fi

Relevance to SIHLWA: Social partners elsewhere are also likely to have a vested interest in the prevention of alcohol problems in the workplace and more broadly in improving health in the workforce. Finnish experiences might be of interest.

Finland/ alcohol 8.

Name of project/programme: Production two guides for social and health service personnel on how to talk about drinking habits and risks with clients/patients

Name of implementor: Ministry of Social Affairs and Health, Alcohol Programme 2004-2007

Collaborating bodies/partners: The Finnish Medical Association, the Finnish Federation of Nurses, the National Union of Public Health Nurses, the Federation of Finnish Midwives, the Finnish Dental Association, the Union of Health and Social Care Professionals, the Finnish Union of Practical Nurses, the Union of Professional Social Workers, the Age Institute, the Finnish Blue Ribbon

Name of locations (regions, cities): Countrywide

Contact person(s): Marjatta Montonen

Coordinates (e-mail, phone): Marjatta.montonen@stm.fi, +358 050 5011 260

Address: Ministry of Social Affairs and Health, PB 33, 000230 Government, Finland

Funding source: Ministry of Social Affairs and Health

Time frame: 2005-2006

Short description of what was done: It is generally felt that professionals in the health and social sector lack skills and courage to broach the subject of drinking with patients/clients. Two small brochures were produced, one for general use, one for use with the elderly. The general use brochure was modelled on a similar guide produced a few years ago in the Uge 40 campaign in Denmark, based on the stages of change model. A small group of experts from the collaborating organisations convened to adapt the contents to the Finnish context. The collaborating organisations distributed some 280 000 copies of the brochure to their members. In response to demand from the field, another brochure specifically targeted to the elderly was similarly designed by a small group of experts. The collaborating organisations used their networks to invite pre-publication orders e.g. from services for the elderly. Some 300 000 copies were distributed based on the pre-orders. Since information about specific aspects of alcohol problems in the elderly is normally hard to find, a series of six expert articles were ordered on specific topics (e.g. ageing, alcohol & medication; ageing, alcohol & ability to drive; ageing, alcohol & health of the mouth; ageing, alcohol & accidents) and published in the Alcohol Programme's website.

Short description of outcome (lessons learned, also negative experiences): Each production process took only about 4 months. Massive distribution of the brochures would not have been possible without the (unpaid) help of the collaborating organisations. Both brochures are also used as support materials in the National Brief Intervention Project. Brochures (in Finnish and in Swedish) can be ordered free of charge from the Alcohol Programme's secretariat. The results of a survey addressed to persons who had ordered copies of the general use brochure indicate that it has been found easy to use, concise, trustworthy and motivating.

Publications: The brochures in pdf-format (in Finnish and in Swedish) are available in the Alcohol Programme's website www.alkoholiohjelma.fi. *Terveysteksi! Kysy alkoholinkäytöstä.* (To your health! Ask about drinking habits.)

<https://rtstm.teamware.com/Resource.phx/alkoholi/julkaisuja/aineistot.htx.i1211.pdf>
Otetaan selvää. Ikääntyminen, alkoholi ja lääkkeet. (Let's find out. Ageing, alcohol and medication.)

<https://rtstm.teamware.com/Resource.phx/alkoholi/julkaisuja/aineistot.htx.i1280.pdf>

Relevance to SIHLWA: Professional associations of the health and social sector are an invaluable but underused resource, both as a source of expertise and as a network for disseminating information to people in the front line. The contents of the brochures might be adapted for use with other populations.

Finland/ alcohol 9.

Name of project/programme: Production of a brochure on health habits for young men, for use by the Finnish Defence Forces (conscripts) and by the Civilian Service Centre (conscientious objectors)

Name of implementor: Ministry of Social Affairs and Health, Alcohol Programme 2004-2007

Collaborating bodies/partners: Ministry of Defence, the Defence Forces, the Soldier's Home Organization, Ministry of Labour, the Civilian Service Center

Name of locations (regions, cities): Countrywide

Contact person(s): Marjatta Montonen

Coordinates (e-mail, phone): Marjatta.montonen@stm.fi, +358 050 5011 260

Address: Ministry of Social Affairs and Health, PB 33, 000230 Government, Finland

Funding source: Ministry of Social Affairs and Health

Time frame: 2006

Short description of what was done: Only few alcohol problem prevention projects focus on men, despite the fact that men account for most of alcohol use and suffer most of problems (also causing harm to third parties). It is possible to reach entire cohorts of young men through the military service and the civilian service system. The Finnish Defence Forces have been concerned about poor health among conscripts and reservists. Also binge drinking during weekend leaves is considered a problem. The Defence Forces formulated their first workplace alcohol programme in 2005. The programme covers prevention, early intervention, referral to treatment and terms of employment during treatment. The personnel groups covered include regular staff, conscripts, reservists and peace corps. The possibility of including health education in conscripts' training programme was explored but deemed unfeasible. Instead, a brochure on health habits was produced in co-operation with the Alcohol Programme. The brochure gives information on several topics (alcohol, drugs, tobacco, medication, sexual health, overweight, sports, road traffic) in the form of quizzes. 50 000 copies were printed for distribution by the Defence Forces to conscripts and by the Civilian Service Center to conscientious objectors.

Short description of outcome (lessons learned, also negative experiences): Co-operation between the Alcohol Programme and the Defence Forces was easy because a shared interest existed, and because the joint project had the backing of all three Ministries involved. The brochure is available also to other parties wishing to use it and can be ordered free of charge from the Alcohol Programme's secretariat. The brochure has been used in various other contexts with both young and middle aged men.

Publications: The brochure, split up in 10 topics is available (in Finnish) in the Alcohol Programme's website www.alkoholiohjelm.fi. *Testaa tietosi.*

Elämänhallinta-aineisto nuorille miehille. (Did you know. Information about health habits for young men.)

<https://rtstm.teamware.com/Resource.phx/alkoholi/julkaisuja/testaayksittaiset.htx>

Relevance to SIHLWA: The quiz format and key ideas of contents might be applicable with other similarly "captive" target groups.

Finland/ alcohol 10.

Other topics that might be of interest:

- Finnish Alcohol Programme 2004-2007 and Alkoholkommittén (and its successor) in Sweden; two national alcohol programmes; similarities in aims,

probably also in working methods at local level, totally different modes of operation at national level.

- Besides in the Alcohol Programme, alcohol issues are broached in the national programme for interior safety (2004) and in the national programme to prevent violence (being finalized), both under the Ministry of the Interior; the national programme for interior safety states (largely alcohol-related) social exclusion as one of the main challenges, and raises (largely alcohol-related) violence & accidents as a cause of concern.

Project/programmes in Finland (Vesa Korpelainen)

Finland/ alcohol 11.

- Neighbourhood area collaboration between the North Karelia Center for Public Health (NKCPH, former North Karelia Project) and the National Public Health Institute, KTL from Finland and the Republic of Karelia
- Health gap reduction (Terveyserot pienemmäksi)
- Together against intoxicants – comprehensive school and community based preventive programme against tobacco and alcohol
- Name of implementing institute, organization, administrative structure, NGO, etc.: NKCPH/NGO, KTL
- Names of pilot locations (regions, cities, etc.) and collaborating bodies/partners: Republic of Karelia, demonstration and pilot area City (and district) of Pitkäranta
- Address: KTL: Mannerheimintie 166, 00300 Helsinki; NKCPH: Siltakatu 10 A, 80100 Joensuu; MoH: 185035 Petrozavodsk, Republic of Karelia, RF; Pitkäranta Hospital: 186610 Pitkäranta/Gorogova 49, Republic of Karelia,
- Coordinates/ Contact person(s): Tiina Laatikainen: tiina.laatikainen@ktl.fi; fax +358 9-474488338; tel + 358 9 47448936; Vesa Korpelainen vesa.korpelainen@kansanterveys.info; fax +358 13 254 6610; tel +358 13 254 6603; Tiina Vlasoff tiina.vlasoff@kansanterveys.info; fax +358 13 254 6610; tel +358 13 254 6604; Ervant Hidisjan social@onego.ru; +7 8142 79 29 00 Mihail Uhanov crbprofi@onego.ru; + 78 14 33 32302; Mia Mannonen, KTL, Mannerheimintie 166, 00300 Helsinki, tel +358 9 47448 936; mia.mannonen@ktl.fi
- Funding source (donor agency, administrative structure/budget, NGO, etc.) EU/Interreg III A Karjala; STM (MoH of Finland)
- Time frame (beginning/end): 2005-2006-2008
- Short description of what was done: a) Main aim is to prevent NCDs and to promote health. b) to analyze existing data (Risk Factor Surveys and Health Behaviour Surveys) in regard to health gap and to find ways to narrow the gap in Russian Karelia and between Russian Karelia and Finland.

References

1. Puska P, Matilainen T, Jousilahti P, Korhonen HJ, Vartiainen E, Pokusajeva S, Moisejeva N, Uhanov M, Kallio I, Artemjev A. Cardiovascular risk factors in the Republic of Karelia, Russia, and in North Karelia, Finland. *Int J Epidemiol* 1993;22:1048-1055.

2. Matilainen TKM, Puska P, Berg M-A, Pokusajeva S, Moisejeva N, Uhanov M, Artemjev A. Health-related behaviors in the Republic of Karelia, Russia, and in North Karelia, Finland. *Int J Behav Med* 1994;1(4):285-304.
3. Matilainen T, Vartiainen E, Puska P, Alfthan G, Pokusajeva S, Moisejeva N, Uhanov M. Plasma ascorbic acid concentrations in the Republic of Karelia, Russia and in North Karelia, Finland. *Eur J Clin Nutr* 1996;50:115-120.
4. Laatikainen T, Puska P, Pokusajeva S, Uhanov M. International collaboration in CINDI (in Russian). *Vesti medizini* 1996(4):13-17.
5. Laatikainen T, Vartiainen E, Puska P, Pokusajeva S, Uhanov M. Self-reported alcohol use and drinking habits in the Republic of Karelia, Russia and North Karelia, Finland. In: Simpura J, Levin BM ed. *Demystifying Russian drinking: Comparative Studies from the 1990s*. Gummerus Kirjapaino Oy, Saari: STAKES, 1997:205-221. (Stakes Research Report 85/1997).
6. Puska P, Uhanov M, Laatikainen T, Pokusaeva S, Urjanheimo E, Gumina T, Tossavainen K, Panteleev V, Vartiainen E, Moiseeva N, Korpelainen V. Pitkyaranta Project: results and experiences with collaborative demonstration project for noncommunicable disease prevention and health promotion. *Profilaktika zabolevaniy i ukreplenie zdorovya* 1998(1):37-45.
7. Laatikainen T, Vartiainen E, Puska P. Comparing smoking and smoking cessation process in the Republic of Karelia, Russia and North Karelia, Finland. *J Epidemiol Community Health* 1999;53:528-534.
8. Laatikainen T. Cardiovascular risk in the Republic of Karelia, Russia: Comparison of major risk factors with North Karelia, Finland. Theses. Helsinki: HakaPaino Oy, 2000. 101 p. Publications of the National Public Health Institute A2/2000/2000.
9. McAlister AL, Gumina T, Urjanheimo E, Laatikainen T, Uhanov M, Oganov R, Puska P. Promoting smoking cessation in Russian Karelia: a 1-year community-based program with quasi-experimental evaluation. *Health Promotion International* 2000;15:109-112.
10. Heistaro S, Laatikainen T, Vartiainen E, Puska P, Uutela A, Pokusajeva S, Uhanov M. Self-reported health in the Republic of Karelia, Russia and in North Karelia, Finland in 1992. *European Journal of Public Health* 2001;11:74-80.
11. Laaksonen M, McAlister A, Laatikainen T, Drygas W, Morava E, Nussel E, Oganov R, Pardell H, Uhanov M, Puska P. Do health behaviour and psychosocial risk factors explain the European East-West gap in health status? *European Journal of Public Health* 2001;11:65-73.
12. Laatikainen T, DeLong L, Pokusajeva S, Uhanov M, Vartiainen E, Puska P. Changes in cardiovascular risk factors and health behaviours from 1992 to 1997 in the Republic of Karelia, Russia. *Eur J Public Health* 2002;12:37-43.
13. Laatikainen T, Alho H, Vartiainen E, Jousilahti P, Sillanaukee P, Puska P. Self-reported alcohol consumption and association to carbohydrate-deficient transferrin and gamma-glutamyltransferase in random sample of general population in the Republic of Karelia, Russia and in North Karelia, Finland. *Alcohol and Alcoholism* 2002;37:282-288.

14. Vlasoff T. Kuopion yliopisto 2001. Kohonneen verenpaineen ja korkean kolesterolin lääkkeetön hoito Pitkärannan piirin alueella, Karjalan tasavallassa vuonna 1997 – 1998.

15. Kumpulainen M. Kuopion yliopisto 2003. Pitkärantalaisten (Venäjän Federation Karjalan tasavallassa) seitsemäsluokkalaisten päihitteettömyyden oppiminen.

Project/programmes in Lithuania (Gelena Kriveliene)

Lithuania alcohol 1.

There is State Alcohol control programme in Lithuania and many stakeholders are responsible for its implementation. It has been implemented since 1998.

Ministry of Health could not support programs or projects done in municipalities financially only methodologically. In the Ministry of health there are no structures to monitor on-going projects/ programmes done by the municipalities or county administrations. NGOs are very weak and every year they have possibility to get grants for their project if different state institutions as Ministry of Education, Ministry of Health, Ministry of Security and Labour, Department on Drug Control, Youth Board and etc.

Lithuania alcohol 2.

Lithuania participates in some EC and WHO projects and programmes as Bridging the Gap, ELSA etc.

Project/programmes in EU (Kari Paaso)

EU alcohol 1.

Bridging the Gap; an alcohol policy expert network covering all the EU Member states, candidate countries, and EFTA-countries. This is a three-year project co-financed by the European Commission helping the Commission to implement the EU alcohol policy documents. The project comes to an end at the end of 2006. Centre for Health Promotion in Finland is the Finnish partner with Ms Ritva Varamäki as the contact person.

EU alcohol 2.

Enforcement of national laws and self-regulation on advertising of alcoholic beverages (Elsa -project) is also co-financed by the Commission and covers the same countries as Bridging the gap. It is two-year project with the end of this year as the deadline. The aim of the project is a) to map the legal situation in the participating countries, b) to assess their effectiveness, and to c) give recommendations for the future EU policy.

Tuotevalvontakeskus is the Finnish partner with Pentti Karhu as the contact person.

EU alcohol 3.

Pathways for Health -project is co-financed by the Commission with the end of this year as the deadline. The project collects best practices on information campaigns, preventing binge drinking and drink driving in Europe. Terveystieteiden tutkimuskeskus is the Finnish partner with Ritva Varamäki as the contact person.

EU alcohol 4.

Primary Health care European project on alcohol (PHEPA_project) is also co-financed by the Commission. First phase of the project ended at the end of 2005. second phase started this year and it lasts for two years. The project enhances skills, knowledge, attitudes and motivation of the PHC professionals facing the challenges posed by their patients who drink in a hazardous or harmful manner. Dr Kaija Seppä from the University of Tampere is the Finnish counterpart in this project.

Task 2: Alcohol sub-group stakeholder analysis:

Listing useful stakeholders:

From Dr. Evgeny Krupitsky/ Russian Federation:

- St. Petersburg Psyconeurological Research Institute, St Petersburg. Department of Addictions, Bekhterev Psychoneurological Research Institute, Bekhtereva Street 3, St Petersburg 192019.
- St. Petersburg State Pavlov Medical University, Departments of Psychiatry and Pharmacology
- Russian National Society for Addictions Medicine (Narcology)

From Dr. Boris Frolov/ Russian Federation:

- "Фонд Развития и совершенствования психиатрической службы". 197376, СПб, ул. Чапыгина д.13, Лит Н (Independent Non-Profit Organization)
- АНО "Центр независимых социологических исследований. (ЦНСИ), 190068 Санкт-Петербург, ул. Садовая, д.53 (Independent Non-Profit Organization)

From Gelena Kriveliene/ Lithuania

- Ministry of Health could not support programs or projects done in municipalities financially only methodologically. In the Ministry of health there are no structures to monitor ongoing projects/ programmes done by the municipalities or county administrations.
- NGO are very weak and every year they have possibility to get grants for their project if different state institutions as Ministry of Education, Ministry of Health, Ministry of Security and Labour, Department on Drug Control, Youth Board and etc.
- There is only one institution State Mental Health responsible directly for implementation of Alcohol Control Strategy under the Ministry of Health and few others as State Tobacco and Alcohol Service.

From Vesa Korpelainen/ Finland

- National Public Health Institute, Mannerheimintie 166, 00300 Helsinki. Contact person(s): Tiina Laatikainen, tiina.laatikainen@ktl.fi; fax +358 9-474488338; tel + 358 9 47448936.
North Karelia Center for Public Health, Siltakatu 10 A, 80100 Joensuu. Contact person(s): Vesa Korpelainen, vesa.korpelainen@kansanterveys.info; fax +358 13 254 6610; tel +358 13 254 6603; Tiina Vlasoff,

tiina.vlasoff@kansanterveys.info; fax +358 13 254 6610; tel +358 13 254 6604.
NKCPH Continues action and activities of North Karelia Project

- MoH of Republic of Karelia. Contact person(s): Ervant Hidisjan, social@onego.ru; tel +7 8142 79 29 00
Pitkäranta Hospital and City of Pitkäranta. Contact person(s): Mihail Uhanov, crbprofi@onego.ru; tel + 78 14 33 32302. Demonstration and pilot area
- See also list of references presented in “ongoing projects’ review” KTL.

From Marjatta Montonen/ Finland

Ministry of Social Affairs and Health
<http://www.stm.fi/Resource.phx/eng/index.htm>

Ministry for Foreign Affairs
<http://www.formin.fi/english/>

Ministry of the Interior
http://www.intermin.fi/intermin/home.nsf/pages/index_eng

Ministry of Transport and Communications
<http://www.mintc.fi>

State Provincial Office of Lapland
<http://www.laanhallitus.fi/lh/lappi/home.nsf/pages/indexeng>

State Provincial Office of Eastern Finland
<http://www.laanhallitus.fi/lh/ita/home.nsf/pages/indexeng>

State Provincial Office of Southern Finland
<http://www.laanhallitus.fi/lh/etela/home.nsf/pages/indexeng>

National Research and Development Centre for Welfare and Health
<http://www.stakes.fi/english/index.html>

National Public Health Institute
<http://www.ktl.fi/portal/english/>

Finnish Institute of Occupational Health
<http://www.ttl.fi/internet/english>

National Product Control Agency for Welfare and Health
<http://www.sttv.fi/>

Statistics Finland
http://www.stat.fi/index_en.html

Finnish Foundation for Alcohol Studies
http://www.stakes.fi/hyvinvointi/ats/index_english.htm

Nordic Council for Alcohol and Drug Research
<http://www.nad.fi/>

National Research Institute of Legal Policy
<http://www.om.fi/optula/2664.htm>

Police College of Finland
<http://www.poliisi.fi/poliisi/pakk/home.nsf/pages/indexeng>

Centre for Occupational Safety
<http://www.tyoturva.fi/english/centre/>

Finnish Centre for Health Promotion
http://www.health.fi/index_en.php

Finnish-Russian Network of Social and Health NGOs
<http://www.finrusngo.net/>

Liikenneturva – expert organization in traffic safety
<http://www.liikenneturva.fi/en/index.php>

Family Federation
http://www.vaestoliitto.fi/in_english/

Finnish Society of Addiction Medicine
<http://www.terveysportti.fi/paly>

<http://www.a-klinikka.fi/transdrug/partners/paly.html>

Finnish Federation of Nurses: The Addiction Nursing Network (Päihdehoitotyön verkosto)

<http://www.sairaanhoitajaliitto.fi/>

<http://www.a-klinikka.fi/transdrug/partners/ann.html>

National Council for Crime Prevention

<http://www.rikosentorjunta.fi/6749.htm>

Efeko Ltd

<http://www.efeko.fi/>

Action by Churches Together (ACT) International

<http://www.act-intl.org/>

TASK 3: Alcohol sub-group project ideas:

Idea 1 (alcohol)

Short interventions in health care and through occupational services (good projects from Finland and the EU)

Idea 2 (alcohol)

Alcohol, illegal drug use and unsafe sex: Implication for HIV epidemic and other sexually transmitted diseases

- survey on consequences of simultaneous hazardous drinking and drug use.
- promotion of use of condoms among risky alcohol users.

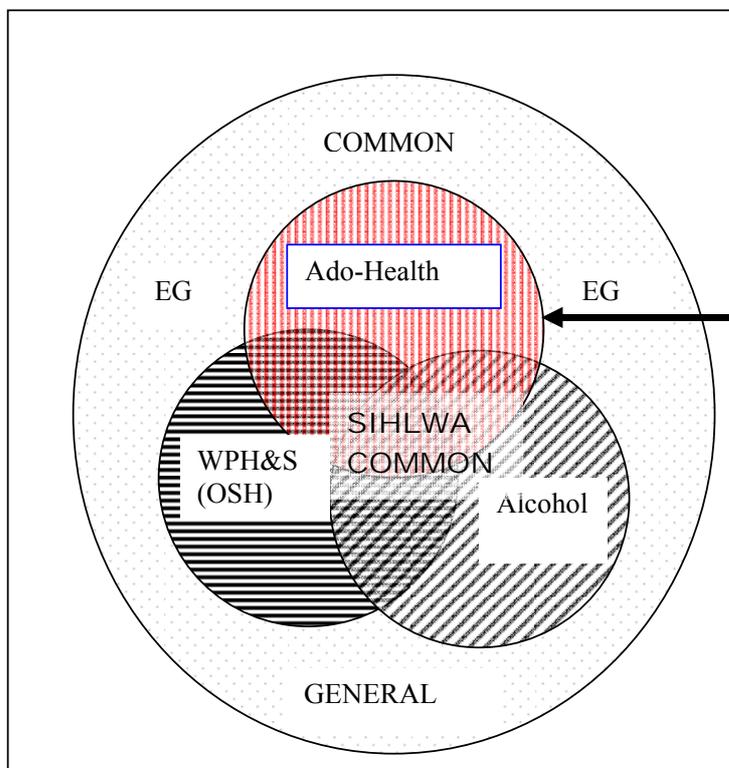
Idea 3 (alcohol)

Alcohol & pregnant women and early parenthood (best practices from Finland, Sweden and other countries).

Idea 4 (alcohol)

Measuring costs of alcohol /drinking on societies (based on a Swedish methodology first phase to be finalized in the summer of 2006)

3.B. SPECIFICS FOR Sub-GROUP on Adolescent Health & Socially Rewarding Lifestyles



Sub-group on Adolescent Health & Socially Rewarding Lifestyles

TOR/STRATEGY

- Table with categorization into 1) surveillance, 2) promotion of general awareness/advocacy, 3) Development of legislation & rules & regulations, and 4) prevention can be useful but not compulsory and not always suitable. This needs to be tested and developed further.

Ideas for social inclusion strategy:

- leisure activities;
- alternatives to alcohol, tobacco, drugs;
- physical activity, sport activities;
- better conditions for young people;
- prevention of trafficking;

Ideas for mental health strategy:

- suicide prevention;
- violence prevention;
- psychiatric services for adolescents;

Ideas for reproductive health strategy:

- sexual health;
- teenage pregnancy;

Ideas for nutrition/diet/prevention of obesity strategy:

- links with physical activity;
- school meals;

Methodological strategic element

- influencing legislative and regulative elements;
- health education/ information (school curricula, books etc.) with better health promotion;
- collecting, elaborating and disseminating best practices;
- improving services /youth friendly services, crisis centres (e.g. for victims of trafficking), counselling;
- healthy and safe environments for children and adolescents;
- ways to include parents and families;
- peer education, self help;

Sub-group on Adolescent Health & Socially Rewarding Lifestyles Work Programme & Projects 2006-2007

TASK 1: Adolescent health and socially rewarding lifestyles sub-group

Review of ongoing and past recent projects & programmes

Listing useful examples:

Nordic Council of Ministers Youth & Children Projects/Programmes

(NCM/ information from Carita Peltonen)

- **Action Plan on Social Wellbeing/** Coordinator Ms Maria Sagitova [total of 29 projects/ (about € 400.000) coordinated from NCM Office in St Petersburg 2006-08 focus on:
 - young persons and children
 - drugs (narcotics)
 - gender equality

Estonia Youth & Children Health Promoting Projects/Programmes (information from Ms Iisi Saame/ MoSA-EST/ e-mail: iisi.saame@sm.ee)

(Amount of funding not indicated).

- Youth counselling on reproductive health (17 centres, all in Estonia, Health Insurance as financing agency). Includes also web-based counselling. Ongoing project within HIV/AIDS national strategy. Very successful!
- Traffic safety campaigns within national traffic safety strategy. Target group: whole population. Project aims to be visible, promote use of reflectors, education on how to act safely in traffic. Included in school curricula and local projects in schools together with traffic police. Target group 7-year old children. Very successful!
- Older brother – older sister – peer education & peer counselling to give support against bullying/violence, to promote mental health for pupils.
- Health promoting schools & kindergartens (pre-school) creating healthier environment in schools (incl. risk analysis of physical environment, active work of health board, etc.).

- National strategy to prevent drug use. Activities, campaigns on national level, special web-site, cooperation/ involvement in activities with youth idols (pop-stars etc.).
- National strategy to prevent cardio-vascular diseases. Includes as target group also children and youth. focuses on healthy diet, physical activity, school canteens and school meals.

St. Petersburg Youth & Children Health Promoting Projects/Programmes

(information from Professor Boris. S Frolov and Irina Ovechkina/ MAPS/ SPb_ RF/ irina@io4259.spb.edu; child-psychiatry@rambler.ru; tel/fax +7-812-554 86 78)

(Amount of funding not indicated).

- Prevention & intervention of deviation, mental disorders, and their components among children and adolescents (suicide, aggression, drugs, alcohol, etc.).
- Evaluation, monitoring, and prognosis of mental health of adolescents in mass examination.
- Estimation of efficiency and productivity of actions directed on healthy lifestyles of children and teenagers. Definition of most effective ways and methods of influence on young population with the purpose of promotion of healthy lifestyles.
- Providing children at risk more timely (earlier) help (in cases of social, family dis-adaptation, violence, etc.).
- Training of school teachers and psychologists to methods of initial preventive maintenance and rendering the initial/first help to children at risk.
- Training teenagers to methods and monitoring and control of their own mental state and health and methods of self-control and coping strategy in different problem situations.
- Organization and psychotherapeutic aspect of providing assistance to parents of children and teenagers with mental and somatic disorders at different stages of their social life: training at school, searching work for teenagers, etc.
- Providing variants of psychotherapeutic services to handicapped/invalid children, and to children with serious/grave somatic and mental disorders

Lithuania Youth & Children Health Promoting Projects/Programmes

(information from Ingrida Skridailiene/ [State Public Health Service under MoH-LTU/ e-mail: ingrida.skridailiene@vvspt.lt](#))

(Amount of funding not indicated).

- Health Promoting Schools.
- Non-smoking classes in schools.
- National drug abuse prevention and control programme.
- Youth-friendly services in Lithuania.
- Support to coordinated and effective strengthening of young people's health and development.
- Injuries prevention in Kaunas city.
- Improvement and strengthening of children's mental health. Project will start in mid-2006.
- Outreach services for especially vulnerable young people ("Blue-Bus" project in Vilnius city).

Finland Youth & Children Health Promoting Projects/Programmes (information from Elina Savola/ [Finnish](#) Centre for Health Promotion. Email: elina.savola@health.fi)

(Amount of funding not indicated).

- Health and social welfare programme for schools (continues European network of health promoting schools programme in Finland/ [Finnish](#) Centre for Health Promotion.)
- Physical activity programme in schools: “Liikuntaseikkailu”/ (“physical activity adventure”). Implementing Agency: Nuori Suomi ry.
- Helping Phone/ Auttava Puhelin. Implementing Agency: MLL/ Manneheim League.
- Internet service on sexual health for youth. Implementing Agency: Väestöliitto/ Population Council/ FIN.
- Physical activity & nutrition programme (“Kasvatatko mukuloistasi sohvaperunoita?”/ ”Do you raise your children to be sofa-potatoes?”)/ Implementing Agency: Sydänliitto/ Heart Association.
- Prevention of youth smoking. Implementing Agency: Syöpäjärjestöt/ Cancer Associations.
- [Cartoon publication for 6/7 graders/ 12-13 year olds. Implementing Agency: Lasten Terveysfoorumi/ Children’s Health forum: a network of NGOs within health promotion of children].

Finland/STAKES / International Assistance Unit “near-area projects”

Consultancy assignments and technical assistance projects in health and social welfare by International Development Collaboration at STAKES since 1994 in the Russian Federation and the Republic of Karelia

Country	Project name • Financed by	Year
Republic of Karelia, Russian Federation	Republican Resource Centre for Development of Local Social and Health Services in Karelia • Ministry for Foreign Affairs and Ministry of Social Affairs and Health of Finland	2004–2006
	Promotion of Healthy Lifestyle and Social Wellbeing of Young People • Ministry for Foreign Affairs and Ministry of Social Affairs and Health of Finland	2004–2006
	Health Promotion and Disease Prevention in the Framework of Primary Health Care • Ministry for Foreign Affairs and Ministry of Social Affairs and Health of Finland	2004–2006
	The Updating Training of the Personnel in the Rehabilitation Centres for Disabled Children in the Republic of Karelia in Russia • Nordic Council of Ministers	2002–2004
	Evaluation of the Project on HIV prevention in the Republic of Karelia • Ministry for Foreign Affairs of Finland	2003
	Improving Communicable Disease Control in Rural Areas of the Republic of Karelia under Conditions of Primary Health Care’s Shift to General Practice • Baltic Sea Task Force (Norway)	2002–2004
	Development of Social and Health Care in the Republic of Karelia under Changing Conditions • Ministry for Foreign Affairs and Ministry of Social Affairs and Health of Finland	2001–2003
	Support to the Implementation of Social and Health Care Reforms in Republic of Karelia • EU Tacis	1997–1999
	Identification Report for the Development of Public Health Care Services on the Valaam Islands, Lake Ladoga • Administrative Board for County of Turku and Pori	1997
	Support to Implementation of Social and Health Care Reforms in the Republic of Karelia • Ministry for Foreign Affairs of Finland and Ministry of Social Affairs and Health of Finland	1995–2000
Russian Federation	Occupational Health and HIV/AIDS Perceptions Study • International Finance Corporation (IFC) Trust Fund	2006
	Development of Low Threshold Support Centre in Murmansk Region • Ministry for Foreign Affairs of Finland and Ministry of Social Affairs and Health of Finland	2005–2007
	Prevention of Social Exclusion of Children and Youth at Risk in Schools in Nevsky District, St. Petersburg • Ministry for Foreign Affairs of Finland	2005–2007
	Development of State Social Policy for Kaliningrad Region • EU Tacis (IBPP)	2004–2006
	Support to the School Health Education on St. Petersburg • Ministry for Foreign Affairs of Finland	2004–2006
	Development of Community Oriented Primary Health Care in St. Petersburg • Ministry for Foreign Affairs of Finland	2004–2006
	Planning of the Support to Children and Youth at Risk in St. Petersburg • Ministry for Foreign Affairs of Finland	2004
	Prevention and Control of Communicable Diseases in North West Russia • EU Tacis	2003–2005

	Social Protection Reform • EU Tacis	2003-2005
	Proposal for the Action Plan for Finnish-Russian Neighbouring Area Co-operation in Social Protection and Health (2003–2005) • Ministry for Foreign Affairs of Finland	2002
	Improving Public Health in North West Russia • EU Tacis	2001–2003
Country	Project name • Financed by	Year
Russian Federation	Boost to the Health Reform in Kursk, based on Russian Expertise • EU Bistro	2001
	Support to the Foundation of St. Petersburg School of Public Health • Ministry for Foreign Affairs of Finland	2000–2003
	Partnership in Education, Health and Social Assistance • EU Tacis	2000–2002
	Reform of Health Care Financing • EU Tacis	2000 – 2002
	Preventive Health Care Systems • EU Tacis	1998 – 2001
	Implementation of the Reduction of Infectious Diseases and their consequences in St. Petersburg and North West Russia • Ministry for Foreign Affairs of Finland	1996 – 2003
	Evaluation of the Inkeri Project, Housing for the Elderly • Ministry of Social Affairs and Health of Finland	1994 – 1995

Ongoing projects marked with grey background

Finnish "Slot Machine Association/ RAY"* funded projects in 2003-2005, focusing on children, adolescents and their families. (Received from elina.savola@health.fi)
unofficial translation by Mikko Vienonen)

Classification of projects	Number in 2003-05
Health promotion • obesity • adolescent health • family physical activity	8
Prevention of alcohol and drugs • family oriented work (preventive) • early intervention/mental health (girls, pregnant women, addicted mothers)	99
Families belonging to special groups • immigrants • families in crisis • families during rehabilitation	54
Prevention of exclusion • prevention of homelessness • employment opportunities for unemployed adolescents and families • workshop activities	209
Support functions • Center for child information, creation of structures • family rehabilitation unit • home and school collaboration	172
Support to children and adolescents for their self-induced activities	39
Support to children and adolescents and their families	60

<ul style="list-style-type: none"> • support to growing-up into adulthood, support to growth and development • family work • community projects, networks of sisters/brothers and different generations • wellbeing of adolescents 	
Development of morning and afternoon activities <ul style="list-style-type: none"> • evening home for adolescents 	51
Strengthening of coping capacity of adolescents and their families <ul style="list-style-type: none"> • interaction skills • partnership skills for couples 	41
Mental health projects	13
Prevention of violence <ul style="list-style-type: none"> • prevention of violence against children and adolescents • prevention of violence against women 	14
Counselling for parents in the process of separation	13
Child protection, special youth activities	92
Supporting parenthood <ul style="list-style-type: none"> • models for being mother • models for being father • fathers and children together 	64

*The Finnish "Slot Machine Association" (RAY/ Raha-automaattiyhdistys) collects its funds through public lotteries and vending machines, which in Finland is a public monopoly since decades. It is a non-profit association that distributes all its profit to culture, sport and social needs. Promoting innovations and filling in gaps what public services have neglected/missed is one of their goals. The total amount spent under public control and transparency is in the range of hundreds of millions euro. In this context it may be interesting to look at the distribution and titles of social sector projects funded through this source. It needs to be mentioned, that the funds could not be used for activities outside Finland, and are therefore outside the scope of SIHLWA. however, sometimes it can be worthwhile to look more in depth what has been done and what was the outcome of a project that is becoming activated through SIHLWA on a similar topic.

Finland/ Public Health Institute- KTL/ Pitkaranta (Republic of Karelia/Russian Federation) School Intervention Project

Name of the project: School and community based project aiming at preventing the use of alcohol and tobacco among young people. Title in Finnish: Yhdessä päihteitä vastaan – koulu ja yhteisöpohjainen nuorten tupakoinnin ja alkoholin käytön ehkäisyohjelma)

Name of implementing institute: The implementing institute is Finnish National Public Health Institute, the institute is a governmental research institute.

Names of pilot locations and collaborating bodies/ partners: The intervention will be carried out in the district of Pitkäranta, in republic of Carelia, Russia. Four schools are taking part, one in each one of the following municipalities; Pitkäranta, Salmi, Läskilä and Räimälä. Collaborating bodies are University of Helsinki, University of Kuopio, Central hospital of Pitkäranta , Pitkäranta project and Public Health centre of North Carelia.

Address: Department of Health Promotion and Chronic Disease Prevention, National Public Health Institute, Mannerheimintie 166, 00300 Helsinki, Finland

Coordinates : tel. +358 9 4744 8327, fax. +358 9 4744 8980, e-mail: miia.mannonen@ktl.fi

Contact persons :

Miia Mannonen; Project co-ordinator, Department of Health Promotion and Chronic Disease Prevention, National Public Health Institute (KTL), Mannerheimintie 166, 00300 Helsinki, Finland, tel. +358 9 4744 8327, fax. +358 9 4744 8980, e-mail: miia.mannonen@ktl.fi

Anastasiya Rogacheva, Researcher, Department of Health Promotion and Chronic Disease Prevention, National Public Health Institute (KTL), Mannerheimintie 166, 00300 Helsinki, Finland, Tel. +358 09 4744 8807, e-mail: anastasiya.rogacheva@ktl.fi.

Dr. Tiina Laatikainen, Chief Physician, Head of the Chronic Disease Prevention Unit Department of Health Promotion and Chronic Disease Prevention, National Public Health Institute (KTL), Mannerheimintie 166, 00300 Helsinki, FINLAND, tel: +358-9-47448936, fax: +358-9-47448338, mobile: +358-40-5496682

Funding source: Finnish Foreign Ministry (Cooperation with neighbouring areas, sector minister is the Ministry of social affairs and health), Annual budget: 1st year 57 640 €, 2nd year 57 132 € and 3rd year 49 952 €.

Time frame: The project is carried out over a period of three years, beginning from May 2006 until May 2008.

Description of the project: The project is aiming at preventing the use of alcohol and tobacco among young people and also raising awareness and communal responsibility of issues related to a substance use of young people (i.e. implementation of tobacco and alcohol law and developing school policies). In the first year a group of core people is gathered from each school. A course will be held for these people in order to set the scene with relation to substance use of young people and methods of preventive work and potential interventions. Materials for the course will be produced along with the materials for the classroom interventions. The awareness raising will be realised by taking advantage of local media throughout the three years of implementation of the project.

In the second year of the project the classroom interventions will be started. The target group for the intervention are 6th and 7th grade. The intervention will concentrate on social skills (resisting peer pressure), media awareness and social normative beliefs and also on educating young people of the risks of substance use. The intervention will be done in an interactive manner and there will be different activities carried out in the community to support the classroom activities. One of the important goals of the project is to produce smoking policies within the schools.

In the third year the interventions will continue and at the end of the project a seminar will be held on the lessons learned. All the materials produced and used will be published and distributed within the republic of Karelia.

Short description of outcome: Not available yet.

Publications: Not available yet.

Relevance to SIHLWA: highly relevant.

Lithuania Youth & Children Health Promoting Projects/Programmes

(information from Ingrida Skridailiene/ Head of Sub-division of International Relations/ State Public Service under MoH/ LTU.

Email: ingrida.skridailiene@vvspt.lt)

Lithuania Ado 1 : Name of project. Youth Friendly Services in Lithuania.

Implementing organizations. National Executing Agency – Ministry of Health of the Republic of Lithuania, National Implementing Agency State Public Health Service under the Ministry of Health.

Location and collaborating bodies. Location – Lithuania (especially Akmene and Utena municipalities). Partners – United Nations Development Programme, United Nations Children’s Fund, United Nations Population Fund, World Health Organization.

Address. Kalvariju st. 153, Vilnius LT – 08221, Lithuania

Coordinates. E-mail: ingrida.skridailiene@vvspt.lt, phone: (+370 5)277 80 36, fax. (+370 5) 277 80 93, www.vvspt.lt

Contact person. Ingrida Skridailienė

Funding source. United Nations Development Programme, United Nations Children’s Fund, United Nations Population Fund.

Time frame. 2003 – 2005

Short description of what was done. During implementation of the project was done the mapping of YFS in six municipalities to see what services are available and friendly for youth. Completed and available on line age and gender disaggregated data on young people’s health as part of the Lithuanian Health Information Centre. Was completed National directory of health, social and psychological services young people can use. Completed and issued *Advocacy booklet* “**Peer Education: One Way to Promote Healthy Behaviour among Young People**”, a *Manual* „**Peer Education: Manual for Health Professionals on Working with Peer Educators**”, for public health specialists which is aimed to provide specialists working on youth health education issues with guidelines on how to involve young people as peer educators in health services, especially in the context of HIV/AIDS prevention among young people, *Translation of* “**Peer Education Training of Trainers Manual**”, UN IAG on YPHDP in Europe and Central Asia, 2003, “**Peer Education: Handbook with Field Activities on Youth Health Topics**” (for peer educators), a *Manual* for outreach practitioners (primary health care providers, social workers, etc.) “**Outreach Services for Young People Especially Vulnerable to HIV/AIDS**”. WHO “**Orientation Programme for health care providers on adolescent health**” was adapted for Lithuanian needs.

Short description of outcome. Improved young people’s health, conditions for development and protection in Lithuania through the provision of youth friendly services in selected municipalities, focusing specifically on the promotion of mental health, reduction of substance abuse and unsafe sex, and the prevention of HIV/AIDS/STIs, among young people.

Publications only in nationally and locally distributed newspapers.

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 2: Name of project. Support to the Effective and Coordinated Promotion of Young People’s Health and Development in Lithuania.

Name of implementing organizations. National Executing Agency – Ministry of Health of the Republic of Lithuania, National Implementing Agency State Public Health Service under the Ministry of Health

Location and collaborating bodies. Location – Lithuania. Partners – United Nations Development Programme, United Nations Children’s Fund, United Nations Population Fund, World Health Organization.

Address. Kalvariju st. 153, Vilnius LT – 08221, Lithuania

Coordinates. E-mail: ingrida.skridailiene@vvspt.lt, phone: (+370 5)277 80 36, fax: (+370 5) 277 80 93, www.vvspt.lt

Contact person. Kristina Motiejunaite, Ingrida Skridailiene

Funding source. United Nations Development Programme, United Nations Population Fund, Ministry of Health of the Republic of Lithuania.

Time frame. 2006

Short description of what was done. Capacity building consisting of health service providers competencies’ improvement in Young people health development, in adolescent health and provision of adolescent friendly health services, in youth health peer education and in delivering outreach services for young people especially vulnerable to HIV/AIDS within public and private health services, NGOs, youth health centres and other organisations active in the area. Development of framework for the implementation of the materials through training courses for national and municipal health practitioners to be included into basic, post- basic and in-service curricula. Assessment of the work of the two youth health information centres in Akmene and Utena (that were established by YFSL project). The assessment include user feedback on both qualitative and quantitative aspects including linkage to the personal health care service providers at the primary health care level or at other health service points. Training of young people to work as peer educators on different youth health topics, thus enabling them to actively participate in various interventions on youth health issues at national and/or local levels.

Short description of outcome. Multi-stakeholder leadership capacity developed at individual, institutional and societal levels to generate break through responses for reversing the course of the epidemic.

Publications only in nationally and locally distributed newspapers.

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 3: Name of project. State programme for promotion of nutrition of preschool and school age children.

Name of implementing organizations. National Nutrition Centre.

Location and collaborating bodies. Surveys cover whole country.

Address. Kalvariju g. 153, LT-08221 Vilnius.

Coordinates. Tel. (370~5) 2778919, Fax: (370~5) 2778713. E-mail. rmc@rmc.lt .

Contact person. Albertas Barzda, Director of National Nutrition Centre.

Funding source. State budget.

Time frame. Start on 2007. Duration 3 years.

Short description of what was done. The project designed to carry on surveys of preschool and school age children nutrition, evaluate it and propose of promotion means.

Short description of outcome.The survey is not yet started.

Publications. –

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 4: Name of project. Child and Adolescent mental health in enlarged European Union: development of effective policies and practices.

Name of implementing organizations. State Mental Health Centre.

Location and collaborating bodies. Location – Lithuania. Partners (from 17 countries) – The main beneficiary State Mental Health Centre, associated beneficiaries: Interuniversity Centre of Belgium on Health, Psychosocial and Psychobiological factors established in Belgium, Institute of Behavioural Sciences, Semmelweis Medical University established in Hungary, Vilnius University established in Lithuania, STAKES – National Research and Development Centre for Welfare and Health established in Finland, Lithuanian Welfare Society for Persons established in Lithuania, Institute of Psychiatry, London established in the United-Kingdom, Ministry of Health of Catalonia established in Spain, Mental Health Europe established in Belgium, Mental Health State Agency established in Latvia, Child Psychiatry Clinic, University of Turku established in Finland, Institute of Public Health of the Republic of Slovenia established in Slovenia, SINTEF Health Research Centre established in Norway, Bulgarian Centre for Human Relations established in Bulgaria, Voksne for Barn established in Norway, Academy of Special education established in Poland, University of Medicine and Pharmacy, CAP department established in Romania, Institute of Family Relations established in Lithuania, Global Initiative on Psychiatry established in Lithuania, Babes-Bolyai University, Expert Centre established in Romania, Youth Psychological Aid Centre established in Lithuania, Child Support Centre established in Lithuania, “For the good of child” established in Lithuania, Training Research and Development Centre established in Lithuania, Vilnius University Children Hospital established in Lithuania, Sagene District established in Norway, London School of Economics established in the United-Kingdom, UA, Medical School Centre for Research established in Greece, University of Ulm (Department of Psychiatry established in Germany), University of Athens Medical School established in Greece, Social Innovative Network established in Austria, European Health Policies I Deusto University established in Spain, Tartu University established in Estonia, Family Support Centre established in Latvia, Antakalnis Polyclinic Mental Health Centre established in Lithuania, Psychiatric Department of the University of Heidelberg established in Germany.

Address. Parko st. 15, Vilnius;

Coordinates. E-mail info@vpssc.lt; fax- +370 5 2670080; Phone: +37068685815.

Contact person. Jurgita Sajeveciene – chief specialist of State Mental Health center.

Funding source. EU Structural funds and partners funds

Time frame. 2006-2008.

Short description of what was done. Projekta numatoma pradėti įgyvendinti šiuo metų IV ketvirtį.

Short description of outcome.

Publications. –

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 5: Name of project. Social integration program for girls at risk “Up to 18”.

Name of implementing organizations. Lithuanian AIDS center Educational Department.

Location and collaborating bodies. Vilnius city. Project partners: NGO “Child House”, NGO “Missing Persons’ Families Support Center”, NGO Foster Home “Turn back to children”, NGO “Save the Children Lithuania”, Vilnius Municipality Social Support Center, Family Support Service, Vilnius Municipality Social Support Center Service “Support”, Social support center’s Family support service, “Emilija Pliateryte” primary school, “Petras Vileisis” primary school, “Baltupiai” primary school, Foster Home “Gile“, Second Foster Home of Vilnius, Children Special Education and Foster Home of Vilnius, Public police’s public orderliness service of Vilnius.

Address. Pasaku g. 1b, 10105, Vilnius, Lithuania.

Coordinates. Telephone: (5)2760370, Fax: (5)2300123, e-mail:

pasakulb@yahoo.com

Contact person. Dr. Saulius Caplinskas, the Director of the Lithuanian AIDS Center, Telephone: (+3705 2 300123), Mobile: (+3706 98 21173), fax : (+3705 2 300125), e-mail: saulius@aims.lt

Funding source. Funding source (donor agency, administrative strukt8re/budget, NGO, etc.). World Childhood Foundation, Lithuanian AIDS center.

Time frame. January 2003 – December 2006.

Short description of what was done. Participated about 450 girls at risk (30 groups); provided 420 individual consultations; 480 group sessions (preventive, emotion focused, according methodological material for girls ant teenagers at risk); organized workshops: 4 – “Volunteer work with teenagers at risk at day care centers”, 5 – project dissemination seminars “Project “Up to 18”: Successes and possibilities” and 4 workshops for specialists at day care center “Pasaka”; “Working according methodological material “About Elephants: Girls’ facilitator into the world of feelings”; workshop - “Working with girls group”; Created methodological materials: “About Elephants: Girls’ facilitator into the world of feelings” (63 p.), “Journey to Fairy Tale: methodological advises to specialists how to help teenager girl to feel happy” (50 p.); translated into the Lithuanian language methodological materials: “Girls’ Circle: The Journey into the Young Womanhood” and “About You and For You”; done research - “12-18 years old girls’ motivation to attend day center’s activity”.

Short description of outcome. Project (process and outcome) evaluation implementation is planned on September – November 2006.

Publications. Levickaite K., Zinkevic J., Stankutė A., Caplinskas S. Teenagers girls. Need for Support and Availability of Psychological and Social Programs // Family Doctor Practice, 2006, Vol. X, No. 6.

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 6: Name of Project. Development of the methodology for schools’ self-evaluation on health promoting school concept.

Name of implementing organization. State Environmental Health Centre.

Locations and collaborating partners. Lithuania. Partners - Moletai Educational Centre and 16 schools of general education of Moletai municipality, including three Health Promoting Schools.

Address. Kalvariju str. 153, LT-08221, Vilnius, Lithuania.

Coordinates. Phone: + 370 5 270 0107, fax +370 5 273 7397, <http://vasc.sam.lt>.

Contact person. Dr. Aldona Jociute, head of Bureau for the health Promoting Schools. Phone: +370 5 236 0496, e-mail: aldona.jociute@takas.lt

Funding source. In-kind funding sources of State Environmental health Centre, Moletai Educational Centre and schools of Moletai municipality.

Time frame. 2004 November – 2006 February.

Short description of the Project. Rationale: In March 1993, with ten schools in its network Lithuania joined the European Network of the Health Promoting Schools coordinated by WHO-EC-CES. The Lithuanian participation in this Network and scientific assessment of the pilot stage has shown that: the varieties and differences of schools taking part in the Health Promoting Schools (HPS) project refer to know-how ideas, organizational structures acceptable to them themselves. Since 1997 the process of dissemination of the HPS concept is started. Seeking to ensure quality of the development of HPS concept into more sustainable way and to promote the capacities of school's communities on improvement of the health promoting processes in schools, there was vital need to develop the system of evaluation. Secondly, available Internal Audit Methodology for Lithuanian schools of general education does not include the aspects of health education, learning environment, health services sufficiently. These considerations were the reason to starting with elaboration the methodology, which would be assigned to schools to help them to do self-evaluation. **Main aim of the project:** Development of the Methodology to Lithuanian schools for the self-evaluation the indicators of the Health Promoting Schools (HPS) concept.

Implementation of the project: The work was divided into three stages: preparatory stage, implementation stage (or main stage) and final stage. At the end of 2004 the pilot study on the elaboration the methodology was started in close collaboration with Moletai Educational Centre and schools of general education of Moletai municipality. Several discussions were organized among contacting partners to make common agreement on procedures of the project performance. Finally, an Agreement was signed by State Environment Health Centre and Moletai Educational Centre in January 2005 (2005-01-31, No. 2005/01/2) for one year. By this agreement there were assigned areas of responsibilities of the Contracting parties and estimated the sequence of actions. At the second stage of the project's implementation (main stage) group of specialists of the State Environmental Health Centre prepared first draft of the methodology approaching the Health Promoting School concept, where were presented the evaluation areas and possible indicators, as well as aims and objectives, which are the targets for the schools, what they should seek in appropriate area. Main work was performed during third stage of the project implementation by collaborating partners. Main task of the schools, involved in the project was – to give an illustrations for highest and lower level of evaluation the Health promoting activity in schools from the 4 level scale. Schools were free to choose areas to follow up their tasks. Herewith, partner had to be secure about the covering all areas of evaluation included into methodology. Material obtained from schools, as well as comments and proposals were analysed by core group of specialists of the State Environmental health Centre. There was made summing-up of findings and suggestions for the final version of methodology.

Short description of outcome. Main outcome – prepared methodology for the schools self-evaluation on the Health Promoting Schools. This methodology is prepared insomuch that it would be harmonized with methodology for internal auditing in education institutions and their both might be accomplished together and do not require large amount of extra resources. This aspect was kept in mind and takes into consideration schools' interest, as well as interest of social partners. Collaboration based on partnership between researches and practitioners is strong point, which allowed us to meet with success project task, especially as this partner has a great experience and was leading in the process of the development the methodology for internal

auditing in education institutions. Finally, thanks the ENHPS Technical Secretariat of Regional Bureau of World Health Organization, the Task Force group on practice of evaluation of the Health Promoting School Concept, indicators and evidence for the great input allowing us take forward the evaluation agenda into light.

Publications. –

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 7: Name of Project. Hip Hop Non Stop.

Name of implementing organization. Non-Governmental Public Organization „Krantas“.

Locations and collaborating partners. Project has covered all the Lithuania and we had partners (non-formal groups and NGOs) from Rietavas, Mažeikiai, Klaipėda.

Address. J.T.Vaizganto st. 85 A, LT-90160, Plunge, Lithuania;

Coordinates. Fax: +37044872155, Phone:+37060006576; E-mail:

nvo_krantas@one.lt

Contact person. Lina Vosyliute, tel.: +37067101230, +37067280432; e-mail:

lina_vosyliute@yahoo.com

Funding source. The ministry of culture fund, Governmental Board of Youth affairs of Lithuania, Private sector

Time frame. 2004-05-01 – 2004-09-01.

Short description of the project. We have contributed to solving these youth related problems: Youth with fewer opportunities (especially rural youth), Youth inactivity, Violence, alcohol and drugs abuse in the field of youth, Lack of information about alternative leisure activities and youth possibilities in Europe. In this project we have used hip-hop culture's elements like methodical tool as well peer education, non formal learning aspects, to promote communication and cooperation among youth which have less possibility and youth which have all possibilities - among rural and urban youth, and among youth and society – we have shown that youth is active part of community and want to solve problems themselves. Furthermore, we have talked about our problems and took actions against violence, alcohol and drugs abusing, other unhealthy as well antisocial movements. Moreover, we have shown alternative leisure activities, and informed youth about our organization's activities, about various funds, youth programs, and youth centers. What is more, we have involved youth in public activities, have promoted cooperation with foreign organizations, establishment of NGYOs (Non-Governmental Youth Organizations) in rural areas.

Short description of outcome. Youth with fewer opportunities was involved in all stages of project; therefore they got more confidence, knowledge and have met more young people from all over the Lithuania and abroad. Our project has increased youth activity, participation in public field. Moreover, it has promoted tolerance among various youth subcultures, and among youth in different socio-economical situations, as well it has expanded cooperation among society and youth. Youth has got acquainted with activities of our organization, as well with youth subcultures (such as hip-hop). Furthermore, through art we have involved youth in dialogue about their problems, this will help to find the best solution in future. What is more, we believe it has changed youth priorities and they have chosen healthy, constructive and productive way of spending time instead of violence, alcohol and drugs abuse. The members of NPO“Krantas” have improved their competence and organizational skills. Organization, itself, has become more relevant in national level. More new members have joined it, and some more organizations have been established in local level.

Publications. –

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 8: Name of Project. “Non – smoking class” in Kaunas region.

Name of implementing organization. Public health education center of Kaunas region.

Locations and collaborating partners. Kaunas region.

Address. J. Gruodzio 31, Kaunas, Lithuania.

Coordinates. svugdymas@takas.lt, tel./fax: +370 37 32 42 70.

Contact person. Ingrida Viliusiene.

Funding source. Drug control department, Kaunas city municipality.

Time frame. 2005- 2006.

Short description of the project. Project was dedicated to 8th form pupils. The target of the project – to rise pupils’ knowledge on tobacco influence to health, to frame right attitude towards smoking, to help them refuse smoking, to promote healthy lifestyle. At the beginning of the project, there was a selection of participants according to the motivation letters. There have been chosen 10 classes, which had to sign agreements on concourse laws. It included promise of non-smoking during the project, permission for organizers to be revised any time. These classes also participated in sport tournaments, knowledge and creativity concourses. Participants have implemented educative and prevention activities for theirs school society, during the time of project. Two the best classes were awarded with valuable prizes and represented Kaunas region in National level concourse.

Short description of outcome. Participants of the program gained more knowledge and skills, widened activities of prevention in their schools. In addition to this, pupils had opportunity to know better each other, to make new acquaintances and friendships, as well to express their abilities and evaluate competence.

Publications. –

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Lithuania Ado 9: Name of Project. Health Care Curriculum in education institutions.

Name of implementing organization. Klaipeda Public Health Centre.

Locations and collaborating partners. Klaipeda city and Klaipeda County (most) and other Lithuania Counties; Klaipeda university Institute of Continuing Studies.

Address. Liepų g. 17, LT92138 Klaipeda, Lithuania.

Coordinates. kvsc@klaipeda.omnitel.net; tel. +370 46 410334, faks. +370 46 410335.

Contact person. Jurgita Ciuvasoviene, Klaipeda Public Health Centre, The department of Public Health Education, Health Educology.

Funding source. The program was presented by Chicago Illinois university Nursing Faculty specialists. “Lithuanian Mercy Lift”, the charity organization of America Lithuanian *also* took part in implementation of this program in Klaipeda city. Currently this program is funded by Klaipeda Public Health Centre and Klaipeda university Institute of Continuing Studies.

Time frame. 1998 – 2000; 2004 – till now.

Short description of the project. In 1998 Chicago Illinois university Nursing Faculty specialists gave to Klaipeda Public Health Centre Health Care Curriculum, which consist of 9 parts, intended to children from kinder gardens till 8 classes. Klaipeda Public health Centre specialists organized the translation of this material. The main topics of this program: prevention of diseases, growing and evolution, prevention of

dependences, safety and first aid, information for users, family health, sex education, public health, psychic health, nutrition. Together with Klaipeda university Institute of Continuing Studies the books was potted to Lithuania schools and now there is organized trainings to teachers. In purpose to facilitate the implementation of Health Care Curriculum in Lithuania education institution there was organized the questionnairing of schoolchildren, parents and teachers of the primary grades. Presently we are organizing the analysis of this questionnaire.

Short description of outcome. Translated and potted books, questionnaire.

Publications. –

Relevance to SIHLWA. Adolescent health and socially rewarding lifestyles.

Task 2: Adolescent health and socially rewarding lifestyles subgroup stakeholder analysis:

Listing useful stakeholders:

Stakeholders from Finland:

From Elina Savola/ Finnish Centre for Health Promotion: some stakeholders working synergistically with SIHLWA in Finland are: 1) Children's Health forum (Lasten terveystoiminta) www.health.fi/LTF, which is presently a network consisting of 16 organizations and has grown recently; 2) STAKES, 3) Public Health Institute/ KTL; 4) National Institute for Occupational Health/TTL; UKK Institute. In Russia worth mentioning is also www.finrusngo.net (Mr Ossi Oinonen and Ms Hanna Koppelomäki);

Stakeholders from Lithuania:

(information from Ingrida Skridailiene/ Head of Sub-division of International Relations/ State Public Service under MoH/ LTU.

Email: ingrida.skridailiene@vvspt.lt)

Lithuania: Stakeholder 1

Name: Eating Disorder Center

Address: Oginskio st. 3, 10219 Vilnius, Lithuania

Coordinates: E-mail: ed@zenevos-iniciatyva.lt, phone/fax: +370 52715763, GSM: +370 5293608, www.valgymosutrikimai.lt

Contact person(s): Ieva Brukaite

Short description of their task(s): Cure of eating disorder; consultations and capacity building of specialists who are working with children, adolescents, youth, with the patients who have eating disorder; public relations about eating disorder; investigations in the eating disorder area; organizing of eating disorder prevention.

Funding sources: State social insurance fund (SODRA), sponsors – Embassy of the Kingdom of the Netherlands in Lithuania, MATRA projects (Ministry of the foreign affairs of the Netherlands Kingdom) et al.

International role and experience: –

Relevance to SIHLWA: Adolescent health and socially rewarding lifestyles.

Lithuania: Stakeholder 2

Name: State Mental Health Center**Address:** Parko st. 15, Vilnius, LT-11205**Coordinates:** E-mail: info@vpsc.lt, phone: +370 52671811, fax: +370 52670080,
www.vpsc.lt**Contact person(s):** Director Onute Davidoniene**Short description of their task(s):** Takes part and coordinates implementation of mental health prophylaxis program; takes part in implementation of state programs of alcohol, tobacco and drug control; gives proposals to governing institutions of districts and municipalities on development of mental health centres; carries out epidemiological research of mental diseases, alcohol abuse, drug abuse and other substance related abuse; organizes prevention of mental and substance-related disorders, maintains with public organizations; informs population about healthy life style and mental hygiene.**Funding sources:** State budget.**International role and experience:** –**Relevance to SIHLWA:** Adolescent health and socially rewarding lifestyles**Lithuania: Stakeholder 3****Name: Drug control department****Address:** Sv. Stepono str. 33, LT-01119, Vilnius**Coordinates:** E-mail: nkd@nkd.lt, phone: +370 5 2159130, fax: +370 5 2159096,
www.nkd.lt**Contact person(s):** Director Audrone Astrauskiene

The most important tasks of the Drug Control Department are: to implement drug prevention and drug control policy after an identification of the principal directions of the implementation of the said policy; to organize an implementation of the measures of drug prevention and drug control, to coordinate other activities of state and municipal institutions and organizations in the sphere of drug prevention and drug control.

Funding sources: State budget.**Short description of their task(s):** Collaboration: The United Nations Office on Drugs and Crime (UNODC), The United Nations Drugs Commission, ECAD, EMCDDA and other.**International role and experience:** ?**Relevance to SIHLWA:** Adolescent health and socially rewarding lifestyles.**Lithuania: Stakeholder 4****Name: Lithuanian Union of Healthy People****Address:** Kastycio str.15A, Palanga, Lithuania**Coordinates:** E-mail: sveikuoliai@pikuolis.omnitel.net, phone: +370 460 53612,
www.sveikuoliai.lt**Contact person(s):** President of Lithuanian Union of Healthy People Dainius Kepenys**Short description of their task(s):** Lithuanian Union of Healthy People propagate healthy lifestyle, healthy nutrition, physical activity, conditioning, hygiene for children, pupils, students, working people, pensioners, invalids etc; arranging wellness and sporting events, hols and camps, organizing conferences, seminars, competitions; establish health clubs, schools, healthy eating-house et al.**Funding sources:** natural and juridical bodies, municipalities funds.**International role and experience:** ?**Relevance to SIHLWA:** Adolescent health and socially rewarding lifestyles**Lithuania: Stakeholder 5****Name: Lithuanian Red Cross Society**

Address: Gedimino pr. 3A, LT – 01103 Vilnius, Lithuania

Coordinates: E-mail: info@redcross.lt, Phone: +370 5 2628037, Fax: +370 5 2619923, www.redcross.lt

Contact person(s): Chairman of Lithuanian Red Cross society Artūras Jonkus

Short description of their task(s): The Society carries out the following programmes: [Social work](#), [First Aid Training](#), [Tracing programme](#), [Youth programme](#), [Dissemination of International Humanitarian Law](#), [Refugee programme](#), [Disaster preparedness programme](#), [International cooperation](#), [Humanitarian aid](#).

Lithuanian Red Cross Youth is part of Lithuanian Red Cross Society uniting young volunteers in whole country, working according fundamental principles of the Red Cross and Red Crescent Movement. Lithuanian Red Cross youth carries out the following programmes: Social help for the vulnerable people, First aid training, Prevention activities at schools, Training of volunteers, fundraising, dissemination of Red Cross Principles, International cooperation and joint international projects, Disaster preparedness.

Funding sources: private persons, German Red Cross society, Swedish Red Cross society, Norwegian Red Cross society, Danish Red Cross society, Icelandic Red Cross society, International Federation of the Red Cross and Red Crescent Societies and IFRC Regional Delegation for Central Europe, International Committee of the Red Cross, Company “Berlin-Chemie” and other.

International role and experience: European Voluntary Service, various international projects.

Relevance to SIHLWA: Adolescent health and socially rewarding lifestyles

Lithuania: Stakeholder 6

Name: Union of Vilnius Health Clubs

Address: Kareivių st. 7, Vilnius, Lithuania

Coordinates: E-mail: algimantas@vsks.balt.net, Phone: +370 5 2774838, Fax: +370 5 2771994, <http://vsks.balt.net>

Contact person(s): President of Union of Vilnius Health Clubs Algimantas Ulickas

Short description of their task(s): In 2003 during constituent assembly Union of Vilnius Health Clubs was established uniting 8 independent clubs propagating healthy lifestyle. Meantime UVHC joins 1550 members. Basic objectives of the Union are – to strengthen physical and mental health of a human, forming positive attitude to healthy lifestyle, promote need of a human to living without maladies and medicines; as well as performing scientific research contributing to evaluating society's state of health and environmental ecology. By consolidating together clubs aim at complementing one another by cooperation and solving together the problems arisen, however each of the club holds its distinct image.

Funding sources: ?

International role and experience: –

Relevance to SIHLWA: Adolescent health and socially rewarding lifestyles.

Lithuania: Stakeholder 7

Name: Youth center „In Corpore“

Address: Pasilaicių st. 6-95, Vilnius, Lithuania

Coordinates: E-mail: info_in_corpore@yahoo.com

Contact person(s): Ruta Dukstaite - coordinator of youth center; ruta_dukstaite@yahoo.com; tel.: +37061491743 Neringa Puncėvičiūtė – coordinator of the projects; puncius13@yahoo.com, tel.: +37067456453

Short description of their task(s): In Corpore is an independent, voluntary, non-profit association uniting young and dynamic people who work according to peer- to-peer education method. Peer- to- peer education is the process well-trained and motivated young people organize informal educational activities with their **peers** over a period of time, aimed to develop their **knowledge, attitudes, beliefs and skills** and enabling them to be **responsible** for their own health. **The key objective is to protect children and youth from violence, abuse, exploitation, addiction and dependence and the related outcomes by using measures and methods of prevention, intervention, socialization and non-formal education. Also, to develop independence among the youth, the skills of life, responsibility, the public spirit, tolerance and respect of human rights in order to ensure safe and promising future of the youth as well as integration in the ever-changing world.**

Regular activities:

- Peer to peer education and information on following topics: self esteem, maturity, gender stereotypes, sexuality, contraception, prevention of STD, HIV/AIDS and human rights. Moreover, In Corpore organizes trainings of peer educators in local and regional dimension.
- In the frame of In Corpore young people organize youth initiatives, local and international youth exchanges and seminars, conference and training courses.

Funding sources: Temporary funding from the local governmental funds, EU “Youth” fund.

International role and experience

Youth Center “In Corpore” is involved in Y-PEER network (www.youthpeer.org) also closely cooperates with European Network of Animation (ENOA www.enoa.de). Experience:

In Corpore has organized international Action Training “Give an Opportunity” the main aims of this training course were: to improve methods and techniques used by the social/youth workers in the field of youth activation/animation; to stimulate young people from Vilnius district to take an active role in the community life.

Relevance to SIHLWA: Adolescent health and socially rewarding lifestyles.

Lithuania: Stakeholder 8

Name: Youth Narcology Aid Center of Kaunas

Address: Eivenių st. 4, 426 kab., Kaunas LT-50009

Coordinates: El.p. aurel@centras.lt, GSM: +370 614 05997

Contact person(s): Dr. Aurelijus Veryga

Short description of their task(s): The mainly activity is addictive disorders prevention (especially smoking prevention). This center with the other organizations take part in coordination and in implementation of projects “Non smoking class”, “Don’t start and win, stop and win”, “Youth for youth”, “I was born nonsmoker”, “City without tobacco”. Specialists of Youth Narcology Aid Center of Kaunas helps adolescent, who wants to leave off smoking. **Funding sources:** Temporal funding from the local governmental funds.

International role and experience: –

Relevance to SIHLWA: Adolescent health and socially rewarding lifestyles.

Lithuania: Stakeholder 9

Name: Youth Psychological Aid Centre

Address: Rasu st. 20; Vilnius LT-11351, Lithuania

Coordinates: E-mail: info@jppc.lt, Phone/fax: +370 5 2313437, www.jppc.lt

Contact person(s): Dr. Kristina Ona Polukordiene

Short description of their task(s): Youth Psychological Aid Centre activity is mainly based on volunteer work (a part of administration, development and coordination of most projects, maintenance of inventory and premises, management, secretarial work, reception of incoming calls for Youth Psychological Aid Centre and "Youth Hotline" phone service. There are over 100 volunteers working in different programs at the moment ("Youth line" – 38, training courses of "Youth line" – 30, Information Program – 23, and others). Work done by professionals at Youth Psychological Aid Centre (a part of administration, lectures, seminars, coordination of large projects, accountancy) are covered from funds specially provided by projects. Staff consists of 7 persons doing administrative work and running the programs (full time and part time), 4 psychologists (part time) and 2 social workers. **Funding:** Carnegie Social Initiative, Stock company "Lithuanian Telecom" ("Lietuvos telekomas"), Vilnius Old Town Rotary Club, Non-Governmental Organization Information and Support Centre, ŠVIESA Publishers, The Baltic-American Partnership Program, The Ministry of Social Security and Labour of the Republic of Lithuania, The Ministry of Education and Science of the Republic of Lithuania, State Council for Youth Affairs, Vilnius City Municipality ect.

International role and experience: –

Relevance to SIHLWA: Adolescent health and socially rewarding lifestyles.

Lithuania: Stakeholder 10

Name: Lithuanian Council of Youth Organizations (LiJOT)

Address: Didzioji str. 8-5, LT-01128 Vilnius, Lithuania

Coordinates: E-mail: lijot@lijot.lt, Phone/fax: +370 5 2791014, www.lijot.lt

Contact person(s): President of Lithuanian council of youth organizations

Miroslavas Monkevičius, prezidentas@lijot.lt

Mission of LiJOT: We are a platform for dialogue, we are representing the interests of numerous Youth Organizations in Lithuania; and therefore we're observing the daily political changes for the young people. **Vision of LiJOT:** A self-confident young person, aware of her civil rights, living in an open, successful Lithuania, based on democratic and civil values. **The interest of LiJOT:** voluntary, service, citizenship, franchise, responsibility, cooperation, democracy, initiative. **Funding sources:** Vilnius city municipality, natural and juridical persons.

International role and experience: LiJOT collaborate with World Youth Assembly, with the youth organizations from Central and East Europe.

International role and experience:

Relevance to SIHLWA: Adolescent health and socially rewarding lifestyles.

TASK 3: Adolescent health and socially rewarding lifestyles sub-group project ideas

Idea 1 (adol. health group/ de Palo, Peltonen, Vienonen, Vaittinen)

PROJECT “CHILDREN AT RISK”

Objective of the project would be to improve measures on how to provide more assistance to individuals at risk, and to increase their knowledge about their rights to care and assistance (e.g. legal counseling)

Target issues:

- child abuse (links with alcohol and other substance abuse)
- sexual abuse (links with prostitution and prevention of trafficking)
- Violence against women
- street children (links with prevention of trafficking and drugs and HIV/AIDS and STIs)
- working children (links with “workplace health & safety”)
- bullying (links with suicide prevention)

Potential activities:

- Developing youth friendly low-threshold services/ activities
- Developing/upgrading counseling services
- Providing training to existing service providers
- Providing training and discussion forum for administrators and political decision makers
- Involvement of local media

Potential pilot-regions:

- St. Petersburg and Kaliningrad (already existing 12 counseling centers supported by EU [?])
- Estonia, Latvia, Lithuania
- Murmansk (there will be in the city of Apatit a workshop on “social orphans” 8-9/10/06/ Dr Konova);
- others?

Potential official partners:

- health sector (PHC, pediatric polyclinics & hospitals, narkology units, psychiatric care units)
- day-care services and schools
- social-workers/services
- police
- Russian Children’s Fund

Potential partners in the NGO and organizational sector, and society at large:

- youth clubs and groups
- national and international NGO
- international organizations (UNICEF, UNFPA, WHO, ILO, UNAIDS IOM)
- International support partners: Nordic School of Public Health/Gothenburg, Public Health Institutes in Nordic countries (Finland already involved and others will be consulted/requested to join)

Methods:

- improving provision of cross sectional services (school, police, health, social, psychological) through better coordination (establish coordination mechanism, and on-the-job training);

- Preventive measures (primary prevention/schools etc., and secondary prevention/crisis centres;
- Development of methodologies to assess who are children at risk;
- Provide guidelines as to how to work and collaborate with NGOs;
- Provide methods of assessment of NGOs as to their role;

Previously ongoing activities and material available:

- WHO/EURO (Dr Inge Baumgartner): Alcohol and Violence;
- NCM: The voices of the silent;
- UNICEF/ Russia: Street children;
- ILO/ Russia: Working children;

Potential financing agencies:

- NCM, but matching funds are needed (SWE, FIN, LTU, EU?)

Idea 2 (adol. health group/ Petzold, Laatikainen)

PROJECT “HEALTH MONITORING AMONG CHILDREN”:

How to monitor children’s health”

Name of problem:

Comprehensive, comparable information on children’s health (risk factors, lifestyles, nutrition etc.) is lacking in most countries. Some data exist through the WHO HBSC survey, but that does not cover all areas in Northern Dimension and provides only self-reported data mainly on lifestyle issues. There are some projects in Europe that have made proposals to define common indicators for child health (such as CHILD – Child Health Indicators for Life and Development), but not very many countries have yet implemented comprehensive data collection. This gap has been realized in many countries and there are different approaches established (for example e-health project - the development of PHC data collection in Estonia, Health Monitoring among Children project in Finland etc.). Stakeholders in different countries/areas could benefit from collaboration and at this point even be able to develop systems that data between countries could be compared.

Objectives:

a) Review of:

- existing surveys and registers on children’s health
- projects trying to develop common health indicators
- suggested information to be collected:
 - what is relevant in terms of special health problems among children
 - what is relevant in context of SILHWA

b) Define core health indicators for children

c) Evaluate the validity and comparability of existing information

d) Create suggestion for methods of data collection

Potential target regions: All areas in ND.

Methods:

Building up a network of stakeholders already involved with:

- definition of health indicators among children

- projects developing e-health systems for comprehensive data collection
- projects developing special health monitoring systems/surveys among children

Project carrying out reviews of existing surveys and projects and defining common indicators.

Time-frame: Can not be defined at this point.

Funding needs: Funding needed for networking and for special projects carrying out reviews and defining indicators. Countries however should be responsible for their own data collection.

Expertise needed in:

- collecting epidemiological data
- defining health indicators
- utilizing register information
- organizing surveillance
- conducting population surveys
- e-health systems

Idea 3 (adol. health group/ Vienonen and through telephone consultation Dennis Wardman/CIDA-Canada)

PROJECT “IMPROVEMENT OF SOCIAL WELLBEING IN INDIGENOUS POPULATIONS”

Initiative from Canada/ First Nations and Inuit Health Branch Pacific Region Health Canada

There could be potential to discuss with relevant representatives from Finland, Norway, Sweden and Russia (Nenets Autonomic region and Murmansk indigenous population groups) about joint intervention). The project would specifically focus on alcohol prevention, drugs and violence prevention. There would be a strong gender focus (women at risk).

Proposed Objectives

1. Alcohol policy experts support a northern First Nation or Inuit community for the development and implementation of appropriate alcohol policies, which may involve the linkage with neighboring communities.
2. Develop and implement an alcohol policy strategy for the community.
3. Build alcohol policy capacity within the project community.
4. Develop alcohol policy resource materials to be used by other communities.
5. Complete an evaluation of the impact the strategy.

Proposed Outcomes

1. Two 3-day meetings/training sessions held in Canada involving alcohol policy experts from the partnership, the project community, the federal government (i.e., FNIHB, representation from Health Canada’s reference group, RMO group) and Aboriginal organizations (i.e., NAPF, ITK, AFN) for purposes of obtaining outcome #3.
2. Training sessions related to alcohol policy.
3. Hiring of a part-time local alcohol policy coordinator.
4. Develop and implement an alcohol policy strategy.
5. Develop a manual that describes the approach utilized for outcome #3 and will

be shared with other First Nation and Inuit communities.

6. Project community to modify alcohol policy strategy as required without the support of the expert alcohol policy group.

Timeline

2006 initial phase

- Teleconference call involving alcohol policy experts from the partnership, federal government partners (i.e., FNIHB, representation from Health Canada's reference group, RMO group) and Aboriginal organizations (i.e., NAPF, ITK, AFN) to discuss project and being formulation of project objectives and outcomes, and selection of project community.
- Teleconference call with selected community and the above group. This group will form the steering committee.
- Hire a local project coordinator.
- Completing of an environmental scan within the local community context.
- Steering committee's first meeting held in Canada (i.e., Montreal, Ottawa, Toronto) that will focus on alcohol policy training
- Steering committee to begin planning of alcohol policy strategy and project evaluation.
- Establish communication processes for the steering committee during the life of the project.

2006 end of year

- Implement strategy
- Continuous communication (i.e., written communication, teleconference calls) between community and steering group for purposes of providing support and updates.
- Second meeting held in Canada (i.e., Montreal, Ottawa, Toronto) that will focus further on alcohol policy training as needed
- Updates provided to steering committee in relation to implementation of alcohol policy strategy and modification as needed.
- Continued planning for project evaluation.

2007

- Continuous implementation of strategy
- Develop alcohol policy manual by consultant in close collaboration with steering committee.
- Communication among steering community as required and support provided to community as needed.
- Begin and complete project evaluation.
- Completion of first draft of alcohol policy manual and share with steering committee for purposes of obtaining feedback.
- Evaluation report completed and disseminate.
- Project officially ends.
- Final draft of alcohol policy manual completed and disseminated.
- Alcohol policy work continues within community as needed without support of steering committee.

Idea 4 (adol. health group/ Konova, Frolov, others)

**PROJECT “IMPROVING CHILDREN’S SOCIAL CONDITIONS/
WELLBEING AND MENTAL HEALTH”**

This project idea started first as two projects [1)mental health and 2)social well being]. However, it soon became obvious that there could be several synergistic lines in trying to identify and help children, whose “side-tracking” starts early. Those who become alienated develop smoking and alcohol and even drug/sniffing problems, become depressed and even suicidal.

Several organizations and groups have been active in developing intervention programmes and tried to study the problem:

- Nordic Academy of Mental Health of Children and Adolescents/ Nordic School of Public Health (focuses also on northern Russia)
- Lithuanian Mental Health Centre (children’s mental health promotion)
- Russia’s Children Fund
- Duma/Russia Committee for Northern Territories
- MoH&SD/ Moscow

St. Petersburg and Krasnoyarsk/ Siberia were mentioned as potential participants on the Russian side.

There would need to be a strong cross-sectional approach (health sector, social sector, education sector, police, etc.) and on review of best practices. In Russia the natural partners would be paediatric units and clinics, which already have developed many clinical approaches to overcome the problems of adolescents. Yet, community approach would need strengthening. In addition to “risk-youth” approach and screening, a holistic health promotion “wellness” component would need to be elaborated focusing on physical activity, free-time, healthy environments in schools, nutrition/diet/obesity prevention, etc.

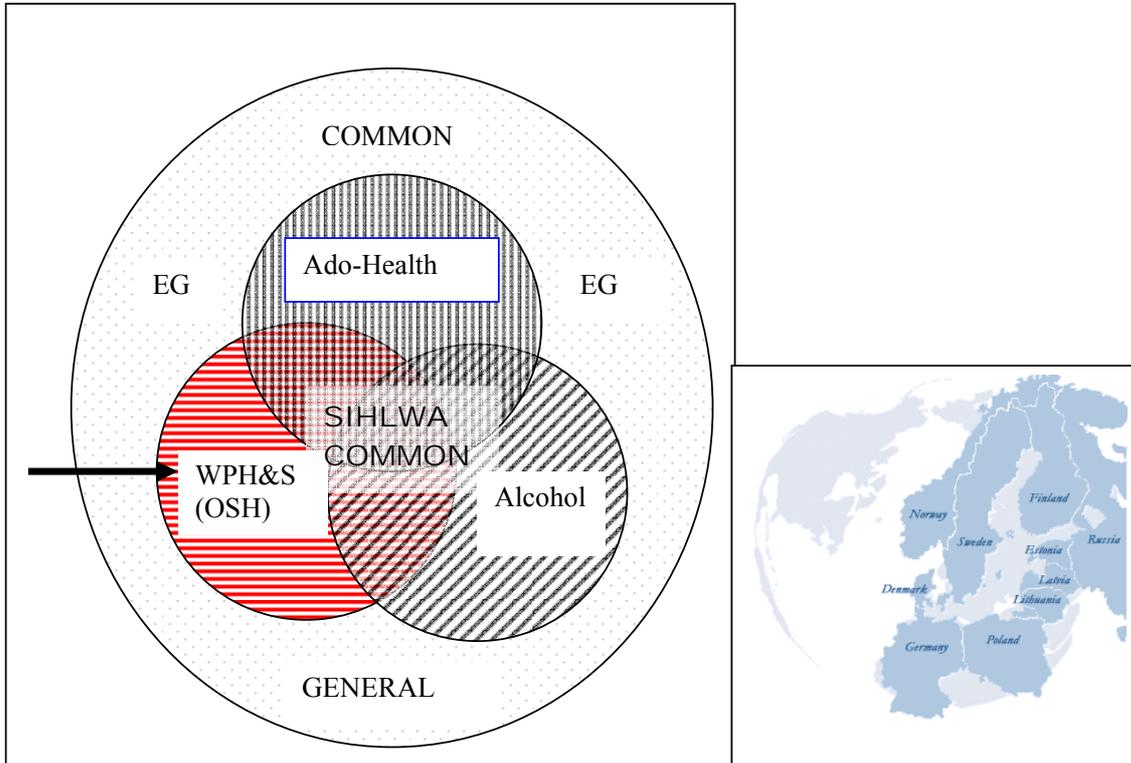
[a smaller group continued elaborating the idea further (Konova, Frolov, ... & others) and we would need to get their additional comments still].

ANNEX 3 C

SPECIFICS FOR Sub-GROUP on Occupational Health & Safety (OSH)¹⁵

Sub-group on Workplace Health & Safety

TOR/STRATEGY



The expert group of Occupational Safety & Health (OSH) will work through the existing Baltic Sea Network (BSN), which is a well established base for cooperation and collaboration in OSH in Baltic Sea countries. The the Sub-group and BSN will liaise with the national, regional and international activities and organisations including the ILO, the WHO and the EU to identify common areas across the boarders, between different sectors and disciplines in order to:

- promote the awareness of OSH among politicians, stakeholders and the public;
- identify needs, priorities and issues;
- share information, coordinate and evaluate activities;
- make OHS profiles (national, local and sectoral profiles);
- strengthen the infrastructure, expertise and capacities in OSH;
- develop models, practices and tools that are effective and

¹⁵ synonym for “workplace health & safety (WH&S) as is sometimes referred to. In the future the terminology must be standardized.

- evidence based;
- facilitate recruitment of external funding.

Work Programme 2006-2007

Priority area 1: Defining OSH situation and building of profiles

- Situation with the national, local and sectoral profiles
- Implementation of the ILO OSH Framework Convention (2006) – it starts with the preparation of a National OSH profile and continues to the preparation of a National Programme on OSH
- Needs assessment of the countries is done in order to form a basis for preparing project proposals and fund raising

Priority 2: National, local and sectorial networking

- Establishment of national and local networks
- Strengthening collaboration with other Networks

Priority area 3: Advocacy and information

- Annual Meetings of the BSN
- Updating the Information Strategy of the BSN
- Updating the web strategy and the information content of national web sites
- Preparing a brochure of the BSN
- Informing the Ministries, OSH Inspectorates and other stakeholders
- Increasing awareness of economic aspects of OSH
- Learning from on-going projects in the BSN countries

Priority area 4: Development of infrastructures

- Situation analysis of occupational health services (legislation, provision models of services, competent personnel)
- Programme on implementation of OSH-MS 2001 (ILO)
- Building of capacities in OSH
- Promotion of Basic Occupational Health Services (BOHS)

Priority area 5: Good practices and toolboxes

- Assessing needs for OSH guidelines and support materials
- Developing Good Occupational Health Practices (GOHP)
- Contacts to the WHO Collaborating Centres' Network Work Plan: Activity Area 3: Development of tool boxes
- Utilization of existing tools from ILO.

Baltic Sea Network meeting in Tartu, 14-15 September 2006 will define the work priorities and review OSH project proposals relevant to SIHLWA. The following Baltic Sea Network meeting will be in 2007.

TASK 1: PROJECT/ PROGRAMME DRAFT REVIEW

It was stated that a lot of information is already available on the website of the BSN (www.balticseaosh.net). Also, the annual meetings of the BSN provide an established forum for exchange of information concerning ongoing and starting projects and programmes.

The BSN Secretariat will send out a letter to all BSN members to ask for information on 3–5 ongoing significant projects/programmes, which can be governmental programmes, PHARE projects, or any other to be deemed important and relevant. This survey will be carried out by the next Annual Meeting in mid-September 2006.

Further information on OSH project can be found at the EU OSH Agency, Bilbao web page (<http://osha.eu.int/OSHA>) and at the EU EuropeAid web page (Eastern Europe and Central Asia) (http://ec.europa.eu/comm/europeaid/projects/tacis/index_en.htm).

TASK 2: DRAFT STAKEHOLDER ANALYSIS

The BSN has identified the national focal points and made an exercise on stakeholders several years ago when the BSN was started. It is important to know both regionally and nationally who are the actors in occupational safety and health. This information creates a basis for networking and bringing about win-win situations. It was recognized that there are two levels of stakeholders: main stakeholders in all collaboration and focused stakeholders that have interests in specific issues. The BSN stakeholders are found at <http://www.balticseaosh.net/participants.shtml>.

It was stated that collaboration with the Bilbao Agency Network is of importance in order to avoid duplication of work. Further information on OSH stakeholders can be found at the EU OSH Agency, Bilbao web page (<http://osha.eu.int/OSHA>).

It was agreed that the structure for the general organizational profiles of the stakeholders is relatively easy to define. When it comes to specific projects, more detailed and in-depth information is needed as to which organizations and stakeholders are willing and able to contribute to the specific projects/programmes.

For the sub-group on Workplace Health and Safety, state agencies, employers' and employees' organizations, support institutions, such as research institutes and universities, as well as certain NGOs are important.

It may also be worthwhile to print the directory describing the stakeholders. It can be utilized as a source of information.

It was agreed that the BSN Secretariat will amend the structure of the institutional profiles and ask all BSN members to update the stakeholder information on their webpages by the next Annual Meeting mid-September 2006.

TASK 3: PROJECT IDEAS

The sub-group discussed how the project proposals could be made in order to involve several BSN members.

Programme proposal 1: Establishment of sectoral networks (model building) and preparation of sectoral profiles

- Using a systems approach
- Taking the Estonian Agricultural OH&S Network as a model, stepwise approach
 - Identifying the members of the network
 - Organizing workshops
 - Preparing a directory

- Making an inventory of training activities and information materials
- Preparing an information strategy
- SWOT analysis
- Defining priorities for future activities
- Preparing an action plan
- Agriculture (Estonia and Finland) could be one sector of common interest in several countries, other potential sectors construction, wood-working industries (Lithuania, North-West Russia) – a combined project proposal on these two will be prepared by mid-September
- Other countries where this approach could be interest: to be discussed in the BSN Annual Meeting
- Identification of national priorities
 - the Baltic countries are different, requiring different approaches and using appropriate solutions
 - preparation of matrix of national/regional/local priorities
- A first draft of the proposals to be circulated before the Tartu meeting mid-September 2006

Project proposal 2: Continuation of the North-West Russia OSH Project

- A draft project proposal is under preparation
- This proposal will be based on
 - extensions of the on-going areas of work, both geographically and more in-depth
 - new areas requested by the Federal Ministry of the Russian Federation (unified occupational accident reporting system, development of individual tariffs for occupational accident insurance, etc.)
- A sectoral profile approach could be included in this project proposal, e.g. wood-based industries in the Republic of Karelia.

ANNEX 4. Programme: 1st DAY: Tuesday 16 May 2006

TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ORGANIZATION	Comments
11:30-12:00 REGISTRATION with COFFEE/TEA and SANDWICHES (replace lunch)				
12:00 - 13:00	Opening	1) Ms Seija Saana 2) Dr Mikko Vienonen 3) Dr Pavel Semenov 4) Prof. Erkki Vartiainen 5) Mr. Mikko Pellinen	Ministerial Adviser, International Affairs Unit, MoSA&H/ Finland NDPHS/ EG SIHLWA Coordinator NDPHS Senior Adviser/St. Petersburg Information Office of NCM National Public Health Institute/ Finland Head of Department, Finnish Centre for Pensions/ Finland	Welcome by hosts What are the trends/hard facts and where are we heading if nothing is done.
13:00- 13:45	Sub-group chairs' opening remarks	1) Mr Wiking Husberg 2) Dr Mikko Vienonen 3) Mr Kari Paaso	1) Workplace Health & Safety 2) Adolescent Health & Socially Rewarding Lifestyles 3) Alcohol	Welcome by sub-group chairs and starting remarks
13:45 – 14:30	Opening discussion on the tasks of the meeting (with special emphasis on the three first tasks, see below)	Facilitated by Dr Mikko Vienonen	NDPHS/ EG SIHLWA Coordinator	Joint session with all participants (plenary discussion with sub-group Chairpersons and Co-Chairpersons)
14:30 – 15:00 COFFEE BREAK (refreshments will be available throughout the afternoon during the work of 3 sub-groups)				
15:00 – 16:30	parallel sub-group sessions: 1. Alcohol 2. Work Place Health & Safety 3. Adolescent Health	Facilitated by sub-group Chairpersons, Co-Chairpersons and registered by selected Rapporteurs	Background material: Document on Mandate, TOR/Strategy & Workprogramme 1 st task of document on <u>project/programme template</u> (& stakeholder analysis & project template)	1) Mandate; 2) EG Terms of Reference/Strategy 3) Workprogramme for 2006-07; 4) Review of projects/programmes;
16:30 – 17:30 PLENARY	Feed-back from sub-groups (1-2-3)	From each sub-group Rapporteur Facilitated by Dr Mikko Vienonen	Facilitated by sub-group Chairpersons and Co-Chairpersons	Discussion
19:00-21:00 DINNER HOSTED BY MINISTRY OF SOCIAL AFFAIRS AND HEALTH				

2nd DAY: Wednesday 17 May 2006

TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ORGANIZATION	COMMENTS
09:00 – 10:00 PLENARY	Agreement on: 1) Mandate; 2 TOR/Strategy 3) Workprogramme for 2006-07; 4) Agreement on project/programme review template	From each sub-group Rapporteur Facilitated by Dr Mikko Vienonen and sub-group Chairpersons		Sufficient material for secretariat to finalize: 1) Mandate 2) TOR/ Strategy 3) Workprogramme for 2006-07; 4) Project/programme review template
10:00-10:30 PLENARY	Opening discussion on the tasks of the 2 nd day (see briefing document)	Facilitated by Dr Mikko Vienonen	Backgroun material: 2 nd and 3 rd task of document on (project/programme template) & stakeholder analysis & project template	1) Review of stakeholder analysis template; 2) 1-2 (general) project ideas for each sub-group;
10:30 – 11:00 COFFEE BREAK				
11:00-12:30	parallel Sub-group sessions: 1. Alcohol 2. Work Place Health & Safety 3. Adolescent Health	Facilitated by sub-group Chairpersons, Co-Chairpersons and registered by selected Rapporteurs	2 nd and 3 rd task of document on (project/programme template) & stakeholder analysis & project template	1) Review of stakeholder analysis template; 2) Elaboration of project ideas;
12:30-13:30 LUNCH				
13:30 - 15:00 PLENARY	FEED BACK FROM sub-groups (1-2-3)	From each sub-group rapporteur Facilitated by Dr Mikko Vienonen and sub-group Chairpersons and Co-Chairpersons		Sufficient material for secretariat to finalize: 1) Stakeholder analysis template; 2) Elaborate further of project ideas;
15:00-16:00 PLENARY	Final conclusions Discussion on future meetings and work in between	Facilitated by Dr Mikko Vienonen and all sub-group Chairpersons and Co-Chairpersons and Rapporteurs		
16:00 Closing of the meeting				

ANNEX 5: List of Participants:

Meeting of the Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability Helsinki, 16-17 May 2006

	Name	Address	Alcohol	Adoles.	Work.
1.	Elina Savola Planning officer	Finnish Centre for Health Promotion Karjalankatu 2 C 63 00520 Helsinki, FINLAND Tel: +358 9 7253 0362 Fax: +358 9 7253 0320 elina.savola@health.fi		FIN	
2.	Bernt Bull Senior Adviser	Royal Ministry of Health and Care Services Post Box 8011 Dep N-0030 Oslo, NORWAY Tel: +47 22247684 Fax: +47 22248656 Bernt.bull@hod.dep.no	NOR		
3.	Evgeny Krupitsky Chief, Department of Addictions	Research Laboratory Leningrad Regional Center of Addictions Novo-Deviatkino 19/1 Leningrad Region 188661, RUSSIA Tel/Fax: +7-812-296 9905 kru@ek3506.spb.edu	RUS		
4.	Boris Frolov Scientific adviser	Saint-Petersburg Medical Academy of the Postgraduate Education (MAPE), Department of Clinical Psychology; Psychoprophylactic centre of the institution "Child psychiatry" 194017, yl. Gdanskaja 19,36 197376 Saint-Petersburg, RUSSIA Tel: +7 812 3476252 Fax: +7 812 5548678 irina@io4259.spb.edu child-psychiatry@rembler.ru		RUS	
5.	Irina Ovechkina Assistant	Saint-Petersburg Medical Academy of the Postgraduate Education (MAPE), Department of Clinical Psychology; Psychoprophylactic centre of the institution "Child psychiatry"		RUS	

	Name	Address	Alcohol	Adoles.	Work.
		194017, yl. Gdanskaja 19,36 197376 Saint-Petersburg, RUSSIA Tel: +7 812 3476252 Fax: +7 812 5548678 irina@io4259.spb.edu child-psychiatry@rembler.ru			
6.	Roman Litvyakov OSH Expert	ILO/Moscow Petrovka str., office 23 107031 Moscow, RUSSIA Tel: +7 494 9330810 Fax: +7 494 93308820 litvyakov@ilo.org			ILO
7.	Lolita Melke Senior Officer	Ministry of Health Brivibas Street 72 LV-1011 Riga, LATVIA Tel: +371 7876101 Fax: +371 7876071 lolita.melke@vm.gov.lv		LVA	
8.	Inita Avotina Senior Officer	Ministry of Health Brivibas Street 72 LV-1011 Riga, LATVIA Tel: +371 7876100 Fax: +371 7876071 inita.avotina@vm.gov.lv		LVA	
9.	Timo Leino Assistant chief medical officer	Finnish Institute of Occupational Health (FIOH) Topeliuksenkatu 41 a A 00250 Helsinki, FINLAND Tel: 030 474 2396 Fax: 030 474 2015 timo.leino@ttl.fi			FIN
10.	Vesa Korpelainen Executive manager	North Karelia Center of Public Health Siltakatu 10 A 80100 Joensuu, FINLAND Tel: +358 (0) 13 2546603 +358 (0) 500 273 258 Fax: +358 (0) 13 254 6610 vesa.korpelainen@kansanterveys.info	FIN		
11.	Mika Pyykkö Executive Director	Finnish Centre for Health Promotion Karjalankatu 2 C 63 00520 Helsinki, FINLAND Tel: +358 9 7253 0300 Fax: +358 9 7253 0320 mika.pyykkko@health.fi		FIN	

	Name	Address	Alcohol	Adoles.	Work.
12.	Tiina Laatikainen Chronic Disease Prevention Unit Head of the Unit	National Public Health Institute Mannerheimintie 166 00300 Helsinki, FINLAND Tel: 358 9 4744 8936 Fax: +358 9 4744 8338 Tiina.laatikainen@ktl.fi		FIN	
13.	Karin Nilsson- Kelly	Ministry of Health and Social Affairs, SWEDEN karin.nilsson-kelly@social.ministry.se	SWE		
14.	Regina Montell Senior Expert	The National Research and Development Centre for Welfare and Health (STAKES), FINLAND regina.montell@stakes.fi	FIN		
15.	Sirje Vaittinen Project Assistant	The National Research and Development Centre for Welfare and Health (STAKES), FINLAND sirje.vaittinen@stakes.fi		FIN	
16.	Salme Ahlström Research professor	The National Research and Development Centre for Welfare and Health (STAKES), FINLAND salme.ahlstrom@stakes.fi	FIN		
17.	Wiking Husberg Senior OSH Specialist	ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA husberg@ilo.org			ILO
18.	Pavel Semenov Senior Advisor / Project Coordinator	Nordic Council of Ministers Information Office in St. Petersburg, RUSSIA ps@norden.ru		NDPHS	
19.	Natalia Markhel The main expert of the department of human well-being	The Ministry of Health and Social Development of Russian Federation, RUSSIA nataly21@fromru.com			RUS
20.	Svetlana Konova Chief of the dept. of the organization and development of medical aid to mothers and children	The Ministry of Health and Social Development of Russian Federation, RUSSIA		RUS	

	Name	Address	Alcohol	Adoles.	Work.
21.	Pia Rosenqvist Head of Secretariat	NORDIC COUNCIL OF MINISTERS/ Nordic Council for Alcohol and Drug Research NAD 00100 Helsinki, FINLAND +358 9 6948082 +358 9 6949081 nads@nad.fi	NCM		
22.	Kari Kurppa Senior Advisor	Finnish Institute of Occupational Health, FINLAND kari.kurppa@ttl.fi			FIN
23.	Suvi Lehtinen Chief, International Affairs	Finnish Institute of Occupational Health, FINLAND suvi.lehtinen@ttl.fi			FIN
24.	Kari Paaso Regional Adviser	WHO/Euro Copenhagen, DENMARK kpa@euro.who.int	WHO		
25.	Gelena Kriveliene, Chief specialist,	MoH, Division of Public Health, Vilnius, LITHUANIA Tel: +370 5 2661465, Gelena.kriveliene@sam.lt	LTU		
26.	Ingrida Skridailiene Head of Subdivision of International Relations	State Public Health Service under the Ministry of Health Vilnius, LITHUANIA ingrida.skridailiene@vvspt.lt		LTU	
27.	Dr.Remigijus Jankauskas, Director of Occupational Medicine Center	Institute of Hygiene under the Ministry of Health Vilnius, LITHUANIA jank@dmc.lt			LTU
28.	Iisi Saame Chief Specialist on Child and Adolescence Health	Ministry of Social Affairs of Estonia Tallinn, ESTONIA iisi.Saame@sm.ee	EST		
29.	Carita Peltonen Senior Adviser	Department of Culture, Justice and Gender equality Nordic Council of Ministers Copenhagen, DENMARK cp@norden.org		NCM	

	Name	Address	Alcohol	Adoles.	Work.
30.	Maria-Pia de Palo Senior Adviser	Department of Welfare Services Nordic Council of Ministers Copenhagen, DENMARK mpp@norden.org		NCM	
31.	Dr. Max Petzold	Nordic School of Public Health, Gothenburg , SWEDEN max@nhv.se		SWE	
32.	Marjatta Montonen Co-ordinator, Alcohol Programme	Ministry of Social Affairs & Health, Helsinki, FINLAND marjatta.montonen@stm.fi	FIN		
33.	Seija Saana Ministerial Adviser	Ministry of Social Affairs and Health International Affairs Unit, Helsinki, FINLAND seija.saana@stm.fi	FIN		
34.	Mikko Tawast Senior Officer	Ministry of Social Affairs and Health International Affairs Unit, Helsinki, FINLAND mikko.tawast@stm.fi		FIN	
35.	Mikko Vienonen Coordinator of EG SIHLWA/NDPHS	m.vienonen@kolumbus.fi Sysimiehenkuja 1 00670 Helsinki, FINLAND		FIN	

Countries	Number of Participants	Alcohol	Adoles.	Work.
SUM total.	35 participants	12	16	7
DENMARK	0	-	-	-
ESTONIA	1	1	-	-
FINLAND	14	5	6	3
LATVIA	2	-	2	-
LITHUANIA	3	1	1	1
NORWAY	1	1	-	-
RUSSIAN FED.	5	1	3	1
SWEDEN	2	1	1	-
ILO/Russia	2	-	-	2
NCM	3	1	2	-
NDPHS/St. Petersburg	1	-	1	-
WHO/EURO	1	1	-	-

END OF ANNEXES