

## Contents of the NDPHS Strategy 2014-2020

### **The NDPHS Strategy 2014-2020 will have the following levels**

- Overall objective
- Cross-cutting Objectives
- Objectives
- Expected results and indicators
- Actions to produce the results and achieve the objectives

*The levels have been agreed upon by the CSR during its 23<sup>rd</sup> meeting. The only change proposed by the SWG is the replacement of the term “operational targets” with “expected results” in the last two bullet points.*

### **VISION 2020**

The NDPHS, as a highly valued and innovative regional network, significantly contributes to the improvement of peoples' health and social well-being in the ND area.

*The Vision 2020 has been agreed upon by the CSR during its 23<sup>rd</sup> meeting. The SWG has not introduced any changes.*

### **OVERALL OBJECTIVE**

The overall objective of the Partnership is to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing.

*The Overall Objective has been agreed upon by the CSR during its 23<sup>rd</sup> meeting. The SWG has not introduced any changes.*

### **CROSS-CUTTING OBJECTIVES**

- Promote cross-sectorial action;
- Promote the inclusion of vulnerable groups;
- Promote health equity and social cohesion in all actions;
- Promote innovative approaches and technologies, such as eHealth;
- Promote a Health in All Policies approach.

*The cross-cutting objectives have been agreed upon by the CSR during its 23<sup>rd</sup> meeting. The only change proposed by the SWG is the addition of the 5<sup>th</sup> cross-cutting objective “Promote a Health in All Policies approach”. The HiAP is a cross-cutting issue, relevant to all objectives, however, in the proposal agreed upon by the CSR 23 the HiAP was included in one NCDs-related objective only.*

## OBJECTIVES

1. Strengthen prevention and reduction of impacts of HIV, tuberculosis (TB) and associated infections among key populations at higher risk, including prisoners.
2. Support the implementation of regional and global strategies and/or action plans to contain antimicrobial resistance through intersectoral efforts.
3. Strengthen prevention and reduce impact of non-communicable diseases (NCDs) through addressing lifestyle-related risk factors.
4. Strengthen and promote multisectoral approaches to reduce social and health harms from substance abuse.
5. Strengthen the integration and coordination of care and prevention throughout life course at primary care level, to adequately address health needs related to chronic conditions and demographic changes.
6. Strengthen occupational health and safety and well-being at work through information and reporting systems, workplace activities and occupational health services.

*Please see the table summarizing the original text agreed upon by the CSR 23, the revised proposals by the SWG, as well as justification, explanation and background for the revisions proposed by the SWG.*

<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
1. Strengthened prevention and reduction of rates and impacts of HIV, TB and associated infections among key populations at risk, including prisoners.	1. Strengthen prevention and reduction of impacts of HIV, TB and associated infections among key populations at higher risk, including prisoners.	The deletion of “rates and” is based on the HIV/AIDS&AI groups’ concern that the word “rate”, if used, needs clarification what rate is meant (prevalence, incidence, diagnosis).  The DG SANCO was against the use of “prisoners”, and indicates that if prisoners are mentioned, we need to list all population groups. The SWG 3 Meeting stressed the importance of explicit reference to prisoners and agreed to include an explanatory note regarding this issue in the background section of the Strategy document.
<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
2. Support the implementation of regional and global strategies and/or action plans to contain antimicrobial resistance through intersectoral efforts.	No revision needed	No comments or revisions received.

<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
<p>3. Increased awareness of unhealthy diet, physical inactivity, harmful use of alcohol and tobacco use, and strengthened support for Health in All Policies approach and core interventions to address these lifestyle related risk factors for non-communicable diseases.</p> <p>4. Established commitment to the agreed WHO voluntary global NCD targets and indicators for 2025, and actual progress of reduction of NCDs caused by alcohol, tobacco, unhealthy diet and physical inactivity.</p>	<p>3. Strengthen prevention and reduce impact of non-communicable diseases (NCDs) through addressing lifestyle-related risk factors.</p>	<p>The proposal addresses the request of several partners to reduce the number of objectives and combine, as much as possible, the NCDs-related objectives. The Health in All Policies approach has been included as a new cross-cutting objective, as it is relevant for all objectives, not only the NCDs-related.</p>
<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
<p>5. Strengthen the health systems' response and promote multisectoral approaches to reduce social and health harm from alcohol, tobacco and illicit drugs.</p>	<p>4. Strengthen and promote multisectoral approaches to reduce social and health harms from substance abuse.</p>	<p>Minor revisions.</p>
<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
<p>6. Improve the health systems, including the integration and coordination of care at the primary care level, to adequately address health needs related to chronic illness and demographic changes.</p>	<p>5. Strengthen the integration and coordination of care and prevention throughout life course at primary care level, to adequately address health needs related to chronic conditions and demographic changes.</p>	<p>This is a combination of proposals from SE, EG NCD and WHO/EURO.</p>
<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
<p>7. Promote international and regional dialogue on migration and health, and adequate responses of health systems.</p>	<p>Delete as a self-standing objective.</p>	<p>The SWG agreed that the issue of health and migration is a cross-cutting issue and should be addressed accordingly. This issue will be further elaborated in the Strategy document when explanation is given on cross-cutting objectives on vulnerable groups and health equity and social cohesion.</p>

<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
8. Strengthen occupational safety and health systems through addressing safety, workplace health activities, and information systems.	6. Strengthen occupational health and safety and well-being at work through information and reporting systems, workplace activities and occupational health services.	This is a combination of comments received from the OSH TG and discussions during the SWG 3 meeting.
<b>Original text from CSR23</b>	<b>Proposal by the SWG after its 3<sup>rd</sup> meeting</b>	<b>Justification, explanation, background</b>
9. Raise awareness and strengthen implementation of health related water quality activities in collaboration with the relevant actors in the ND area.	Delete as a self-standing objective	The majority of the SWG members proposed to address the issue in the context of linkages with global and regional strategies and action plans and developing new approaches for cooperation.