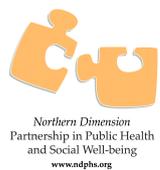


**NDPHS Strategy Working Group 2014  
Fourth Meeting  
Vilnius, Lithuania  
17 October 2014**



|                         |   |
|-------------------------|---|
| <b>Reference</b>        | SWG2014 4/3/1   |
| <b>Title</b>            | 2 <sup>nd</sup> draft of the NDPHS Strategy 2014-2020 |
| <b>Submitted by</b>     | SWG Consultant  |
| <b>Summary / Note</b>   | -   |
| <b>Requested action</b> | For discussion and decision                           |

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## NDPHS Strategy 2014-2020

Second working draft as of 3 October 2014

### Executive summary

*/The summary will be prepared at the later stage to accompany the final draft version of the strategy/*

#### A.1. Introduction

Following the expiration of the first NDPHS Strategy for the period of 2009-2013, the Committee of Senior Representatives (CSR) established an ad hoc Working Group for the development of a NDPHS Strategy 2014-2020 (Strategy Work Group 2014, SWG). The main task of the SWG has been to facilitate the development of a new NDPHS Strategy together with an Action Plan, to present the documents to the 11th Partnership Annual Conference, to be held in late autumn 2014.

The general content of the NDPHS Strategy 2014-2020 (vision, overall objective, priority areas, cross-cutting objectives and objectives) was approved by the CSR at the 23<sup>rd</sup> meeting in Berlin (April 2014), and through a written procedure in June 2014. The CSR also adopted an approach and timeline for developing an Action Plan implementing the Strategy in the three year's long time horizon (till 2017).

The SWG has had four */the number will be adjusted/* meetings: 16 December 2013 in Berlin, 25 March 2014 in Copenhagen, 10 June 2014 in Riga and 17 October 2014 in Vilnius. In these meetings the SWG has discussed the terminology, methodology and contents of the strategy, and proposed its consensus views to the CSR for approval. The recommendations rising from the Evaluation of the NDPHS in 2013 have also been addressed.

An external consultant was contracted to formulate the Strategy and the Action Plan in cooperation with the SWG. To provide inputs to the Action Plan in terms of expected results, indicators, baselines, planned activities and available resources, drafting teams were set up. By inviting representatives from various Expert Groups a comprehensive approach was sought in addressing the identified challenges. */more information on the number of the teams and the meetings held will follow/*

*/to be continued/*

The NDPHS Strategy 2020 has the following components:

- Vision
- Overall objective
- Cross-cutting objectives
- Objectives
- Operational results and indicators

Marja Anttila 7/10/2014 17:04

**Comment [1]:** We need to decide whether we keep the starting year in the heading or just call this NDPHS Strategy 2020

Marja Anttila 7/10/2014 17:02

**Comment [2]:** I think we need to number the paras somehow, this is my suggestion, we can discuss this in Vilnius

Wiktor Szydarowski 3/10/2014 10:16

**Comment [3]: (Secretariat):** I think it is enough to say that the strategy was developed during 2014, it was done through a wide, participatory process engaging all levels of the partnership as well as selected external actors, and with support of an external consultant. Lessons learn during the evaluation of the NDPHS and its first strategy covering years 2009-2013 have been taken into account. The strategy builds on the political level discussions and decisions concerning the future work of the partnership taken during the ministerial-level PAC held in 2013. Further, it takes into account and links to relevant global and regional policies and strategies. The work was facilitated by a NDPHS strategy working group. Just short messages, without further details...

Marja Anttila 7/10/2014 17:03

**Comment [4]:** I am in favour of the comment above, we can shorten this intro, but let us discuss further in Vilnius

Wiktor Szydarowski 3/10/2014 10:17

**Comment [5]: (Latvia):** It is important to mention that the overall priorities were firstly approved by the Ministers.

- Actions to produce the results and achieve the objectives

## A. 2. General background

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a concerted action of nine governments, the European Commission and eight international organisations to tackle shared challenges in health and social well-being in the Northern Dimension area.

The NDPHS was instituted at a ministerial-level meeting on 27 October 2003, in Oslo, Norway. The declaration concerning the establishment of a Northern Dimension Partnership in Public Health and Social Well-being adopted by Ministers of Health and Social Affairs and other High Representatives of the founding partners (Oslo Declaration) lays the foundation for the Partnership's objectives, structure, role and practical functions, main priorities, financing methods and guidelines for future development.

The Partnership is composed of countries and organisations having either a **Partner** or a **Participant** status. In accordance with the Oslo Declaration, NDPHS eligible partners are: the founding partners, EU Member States and Northern Dimension partner countries, the European Commission and other relevant EU institutions, regional cooperation bodies, international organisations and financing institutions. Eligible participants are interested subnational administrative entities in the Northern Dimension area. The current actors in the Partnership are listed on the NDPHS website (<http://www.ndphs.org/?partners>).

The Partnership operates at several organisational levels, aspiring to intensify multilateral cooperation, to assist the Partners and Participants in capacity building and to enhance the extent of coordination between international activities within the Northern Dimension area.

The **Partnership Annual Conference** (PAC) is the main decision-making body of the NDPHS. It convenes once a year, holding its meetings at the ministerial level every alternating year. Being the overall mechanism for steering the NDPHS, the PAC formulates NDPHS policies, reviews progress made and provides high-level guidance to the Partnership.

The **Committee of Senior Representatives** (CSR) serves as the main coordinating body of the NDPHS, ensuring that decisions and recommendations issued by the PAC are carried out.

The **Meeting of the Parties** to the Agreement on the Establishment of the NDPHS Secretariat (MP) decides about financial, personnel and managerial issues relating to the NDPHS Secretariat.

At the expert level, **Expert Groups** and **Task Groups**, consisting of high-level experts appointed by national partners and organisations represented in CSR, provide policy advice and professional input to the preparation, coordination and implementation of joint activities carried out within the framework of the Partnership, including Work Programmes and projects.

Wiktor Szydarowski 3/10/2014 10:17

**Comment [6]: (Germany):** This is not the case for Denmark. Do we have to clarify this?

The main function of the **Secretariat** is to provide administrative, analytical and other support to the CSR in preparing and following up the PAC and CSR meetings. It also facilitates organisation of expert-level activities as well as preparation and implementation of projects.

The mission of the NDPHS is to promote the sustainable development of the Northern Dimension area by improving peoples' health and social well-being. This should lead to an increased political and administrative coherence between the countries in the Northern Dimension area, narrowed social and economic disparities, and improved peoples' overall quality of life.

To help achieve the above aims, the Partnership accepted an invitation from the European Commission to develop, lead and coordinate the Health Priority Area in the EU Strategy for the Baltic Sea Region Action Plan. The tasks include but are not limited to: coordination, engaging other actors and stimulating them to take up responsibilities, as well as monitoring and reporting on the progress in implementation.

In 2009 the Partnership adopted a NDPHS Strategy, which – *inter alia* – set the mid-term vision for the coming years of the NDPHS development and action; laid down policies, strategies and projects; presented goals, operational targets and indicators of the implementation state; and discussed organisational and financial matters.

That very first strategy of the NDPHS expired at the end of 2013. The commissioned evaluation of the Partnership's performance provided valuable insights on procedural and organisational matters and on the outcome of the past strategy.

A new NDPHS Strategy for 2014-2020 attempts to incorporate the experience of the first cooperation years and recommendations stemming from the evaluation process. It also needs to be in line with other regional strategies and policy frameworks to ensure an efficient coordination of activities by all relevant actors in the field of public health and social well-being.

### A.3. Scoping of the priorities

Based on the Oslo Declaration, the Partnership has two main priority areas, in which it aims to support cooperation and coordination.

The first area is to reduce the spread of major communicable diseases and prevent lifestyle related non-communicable diseases. These diseases include HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, cardiovascular diseases, cancer, diabetes, alcohol-related diseases, accidents and suicides, as well as other major public health problems that arise from the use of illicit drugs and socially distressing conditions. Main orientation of the Partnership in this area focuses on strengthening preventive health and social services of individuals, reforms of social and health systems, enhancing inter-sectoral collaboration at relevant levels of administration and co-operation in health surveillance, and combatting antimicrobial resistance.

The second area is to enhance peoples' levels of social well-being and to promote socially rewarding lifestyles. Here, an emphasis is placed on promoting healthy diet and physical activity, advocating safe sexual behaviour, facilitating good social and work environments, as well as preventing harmful use of alcohol, and supporting drug and tobacco-free life. The main orientation of the Partnership in this area is to develop public policies aimed to enhance

Wiktor Szydarowski 3/10/2014 10:17

**Comment [7]:** (Russia): This is important statement and the reference must be given as to when and at what level it was accepted.

Marja Anttila 7/10/2014 17:11

**Comment [8]:** Do we need the starting year, see my comment at the beginning

Wiktor Szydarowski 3/10/2014 10:17

**Comment [9]:** (Secretariat): This part should belong to the introduction

Marja Anttila 7/10/2014 17:05

**Comment [10]:** I think this is OK here, not in the intro

Marja Anttila 7/10/2014 17:06

**Deleted:** antibiotic

health and social well-being and to create supportive environments to re-orient the health systems and social care systems, and to empower and mobilise people and communities to take action.

In the context of the development of the new NDPHS Strategy 2014-2020, the Partnership Annual Conference (PAC) approved priorities for the implementation of actions in this specific period. They result from the analysis of serious challenges and opportunities for public health and social well-being done by the executive structures of the Partnership, and include:

- Antimicrobial resistance;
- HIV/AIDS and associated infections;
- Non-communicable diseases;
- Alcohol and substance abuse;
- Occupational safety and health and well-being at work;
- Primary health care.

Within the six priorities listed above, the Strategy identifies specific objectives, including cross-cutting issues, where the cooperation and coordination under the NDPHS can generate a regional added value, in particular taking into account the work done by the national governments, the WHO and the EU.

#### A.4. Working principles

Implementation of the Strategy within the chosen thematic priorities will respect the principles of:

- partnership – implying a close cooperation between the NDPHS stakeholders throughout the realisation, monitoring and evaluation of the Strategy and its Action Plan;
- added value – implying a focus on issues and actions where it can bring regional added value, in particular taking into account the work done by the national governments, the WHO and the EU;
- new approaches – implying an innovative way of addressing the challenges and opportunities in the work of experts and policymakers in their respective countries and organisations – based on inspiration derived from the Partnership activities;
- multi-sectorality – implying an exploration of topics and aspects originating from single thematic areas but taken in combination due to their interlinking influences on the situation in the chosen priority (see e.g. 'health in all policies' and 'life-course approach').

#### A. 5. Linkages with relevant global/regional strategies and policy frameworks

In line with the added value principle, the NDPHS Strategy 2014-2020 is a guiding instrument directed at the Partner countries and organisations in their efforts to achieve improvement in the chosen priorities. For that reason, the Strategy needs to take stock of relevant policies, strategies and political agendas existing in the Northern Dimension area in order to minimise a threat of duplicating the work, making contradictions and creating overlaps.

Marja Anttila 7/10/2014 17:08

**Comment [11]:** We need to discuss the text in this para further. The explanations for the principles may not now be clear to all and capture all aspects of working principles.

Wiktor Szydarowski 3/10/2014 10:17

**Comment [12]: (Germany):** In general this chart is a mixture of programmes and actors. These linkages should be shown in a different way. The risk is to forget one or more programmes and actors if you do it this way.

Vibeke R. Gundersen 3/10/2014 10:18

**Comment [13]: (Norway):** The question of whether to include national strategies or only multilateral strategies in the list should be discussed.

Wiktor Szydarowski 3/10/2014 10:18

**Comment [14]: (Latvia):** Taking into account the type of the documents mentioned in this table, I would propose to mention Europe 2020 as well as an "umbrella" document for EU MS's actions, especially when speaking of the social dimension of the societies.

Marja Anttila 7/10/2014 17:10

**Comment [15]:** Are the Health 2020 (WHO EURO) and the EUBSRS not enough? All partner countries are not EU Member States.

| Strategy/ policy framework   | Main characteristics   | Role of the NDPHS Strategy   |
|--|--|--|
| <p><b>Health 2020</b></p>  | <p>The new European health policy framework aimed to support action across government and society in order to significantly improve the health and well-being of populations.</p> <p>It proposes four priority areas for policy action based on the global priorities set for WHO by its Member States</p> <ul style="list-style-type: none"> <li>invest in health through a life-course approach and empower citizens,</li> <li>tackle Europe's major disease burdens of non-communicable and communicable diseases;</li> <li>strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies;</li> <li>create supportive environments and resilient communities.</li> </ul> | <p><i>Input from WHO/EURO?</i></p>   |
| <p><b>European Union Strategy for the Baltic Sea Region (EUSBSR)</b></p>               | <p>PA Health (Improving and promoting people's health, including its social aspects) features three specific thematic actions implemented, <i>inter alia</i>, by flagship projects:</p> <ul style="list-style-type: none"> <li>Contain the spread of HIV/AIDS and tuberculosis</li> <li>Fight health inequalities through the improvement of primary healthcare</li> <li>Prevent lifestyle-related non-communicable diseases and ensure good social and work environments</li> </ul>   | <p>The activities in the NDPHS Strategy and the Health Priority Area of the EUSBSR are closely correlated. Thus, the role of the NDPHS Strategy is twofold:</p> <ul style="list-style-type: none"> <li>By reducing fragmentation and duplication of efforts, achieve more efficient and targeted use of public resources in addressing health-related challenges;</li> <li>By building partnerships, collaborating with other regional actors and shaping the regional co-operation agenda, enhance the NDPHS' visibility and position in the region.</li> </ul> |
| <p><b>Russian Federation's Strategy for the Social and Economic Development of</b></p> | <p>The action plan of the Strategy includes a number of actions dedicated to the implementation of programmes in the following areas:</p> <ul style="list-style-type: none"> <li>modernisation of regional healthcare systems</li> </ul>   | <p><i>Input from Russia?</i></p>   |

Marja Anttila 7/10/2014 17:11  
**Comment [16]:** Is some text coming here from WHO?

Marja Anttila 7/10/2014 17:12  
**Comment [17]:** Is some text regarding the relevance of the NW Strategy and its Action Plan coming here from Russia?

| Strategy/ policy framework   | Main characteristics   | Role of the NDPHS Strategy   |
|--|--|--|
| <p><b>the North-West Federal District for the period up to the year 2020</b></p> | <ul style="list-style-type: none"> <li>• medical and preventive measures aimed at the improvement of health of the population, including women and children, reducing mortality from controllable reasons, limiting the speed of infectious and socially significant diseases</li> <li>• management training of human resources for healthcare organisations</li> <li>• reduction of the infant sickness rate and infant motility, prevention of childhood disability</li> <li>• improvement of medical aid for cancer patients</li> <li>• neonatal screening for genetic diseases with the development of medical genetic service</li> <li>• availability of primary health care, emergency medical and specialised medical care</li> <li>• maternal and child health</li> <li>• rendering obstetrical and gynaecological care for women</li> <li>• motivating citizens to personal responsibility for their health and cultivating of behaviour habits</li> <li>• preventing and improving the anti-proliferation of HIV and hepatitis B and C</li> <li>• training for specialists with higher medical and pharmaceutical education</li> </ul> <p>These actions, to be executed through legal acts by the executive bodies and/or to be reported to the Ministry of Health of the Russian Federation have diverse time horizons, with majority of them for 2015 or 2020.</p> |  |
| <p><b>UNECE Protocol on Water and Health</b></p>                                 | <p>International agreement aiming to protect human health and well-being by better water management, including the protection of water ecosystems, and by preventing, controlling and reducing water-related diseases</p>  | <p>To complement and support the implementation of national initiatives under the Protocol on Water and Health</p> |

## A. 6. Monitoring and Evaluation

Monitoring the progress of the Strategy implementation will be performed at two levels: (1) to assess an overall impact of the Partnership on the performance of the cooperating Partners and Participants; and (2) to measure an envisaged improvement in the chosen priorities.

For each of the two levels, a set of accomplishment targets and indicators has been defined.

*/comment: the February 2013 version of the Action Plan for the EUSBSR claims that 'a comprehensive system for the design, the monitoring and the follow-up of indicators and targets will be set up in 2013, under the responsibility of the priority area coordinator. A limited number of indicators that translate what the main objectives of the priority are about will be defined. They will be accompanied with relevant targets and deadlines, baseline and statistics/information sources'.*

*Has this system been created?*

A mid-term review of the progress achieved in the implementation of the NDPHS Strategy (checking the advancement rate towards the set targets) will be scheduled in 2017.

## NDPHS STRATEGY 2014-2020

### 1. 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 Northern Dimension area**

The above vision outlines a role (in addressing the shared challenges) and perception (recognition by Partners, Participants and external stakeholders) that the Partnership would like to be identified with at the end of the Strategy period.

The vision statement serves as a point of departure for choosing objectives and actions for the coming years.

### 2. Overall objective

The overall objective of the Partnership in the 2014-2020 period is to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing.

### 3. Cross-cutting objectives

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Wiktor Szydarowski 3/10/2014 10:18

**Comment [18]: (Secretariat):** This system has been created for some Priority Areas. The Priority Area Health targets and indicators, adopted by the CSR, were submitted to the European Commission in mid-2013 and subsequently discussed with the European Commission during a bilateral meeting in February 2014. Given the currently ongoing review of the EUSBSR, this issue has been postponed

The NDPHS Strategy promotes a number of cross-cutting objectives, which accommodate broader themes and which lie at the core of all actions under the specific objectives. These are:

*/comment: each of the cross-cutting objectives needs to be given a brief clarification in a dialogue with the EGs/TGs, incl. relation to the work of other bodies; to exemplify: the objective on promotion of inclusion of vulnerable groups should contain health and migration issues – input from ILO is welcome!*

| 3.1. Cross-sectorial action

| 3.2. Inclusion of vulnerable groups

| 3.3. Health equity and social cohesion in all actions

| 3.4. Innovative approaches and technologies, such as e-Health

| 3.5. The 'Health in All Policies' approach

A Health in All Policies (HiAP) approach emphasises that recognising, protecting, and developing the health and well-being of citizens is a shared responsibility of all sectors of society and government.

A HiAP approach seeks to:

- Integrate health considerations into public policies in sectors other than health (e.g. transport, agriculture, education, employment etc.),
- Provide information and evidence from a health policy perspective at the level of governance where policies are shaped,
- Ensure all sectors and levels of government are more accountable for policy decisions affecting health and health systems,
- Improve the mechanisms and tools for taking account of health implications,
- Generate and facilitate inter-sectoral action for health and solutions for improved health impacts,
- Analyse how policies and interventions are linked to impacts on health determinants, risk/protective factors, health outcomes and on health systems, as well as the distribution of these effects across various population groups,
- Inform the policy-makers working in and across all sectors, politicians and the public about how policy decisions affect health and health systems, including the distribution of health and equity in health systems.

HiAP is a strategic tool for policy makers and administrators in all sectors to help identify and minimise negative and maximise positive health impacts. HiAP focuses on impacts on citizens' health, but it can also be used to anticipate how policies can affect the financing and regulation of health systems.

## 4. Objectives

Objectives of the NDPHS Strategy address the core challenges to the improvement of peoples' health and social well-being in the Northern Dimension area. They are in line with the future direction and political priorities chosen by the Partners to be followed within the framework of the NDPHS Strategy in the 2014-2020 period.

*/comment: the rationale part for each of the objectives below needs to be reviewed by the EG/TG representatives in the SWG, taking into account the following questions:*

- Does the description cover the right scope of the objective?
- Have the challenges and the added value response from the NDPHS been adequately phrased?
- Should any other peer organisations and their work in that thematic area be referred to?/

### 4.1. Objective 1: Strengthen prevention and reduction of impacts of HIV, tuberculosis (TB) and associated infections among key populations at higher risk, including prisoners

#### Rationale

The spreading of HIV/AIDS and other infections associated with it continues to pose challenges to the social and health conditions within the Northern Dimension area. As the extent of policies towards HIV/AIDS varies among the Partner Countries, the need to share experiences and expertise in prevention, harm reduction, health education, case management, counselling and testing is considerable. The spreading of HIV and associated infections, especially tuberculosis, is especially prevalent within key populations at higher risk. These are marginalised or special groups living under socially and economically distressing circumstances. The groups include e.g. drug users, sex workers, men-having-sex-with-men, migrants, and especially prisoners. Prisons have a key role in the prevention of the spread of HIV and TB.

The scope of the work of the current Expert Groups on HIV/AIDS and Associated Infections (HIV/AIDS&AI), on Alcohol and Substance Abuse (ASA) and on Primary Health and Prison Health Systems (PPHS) are closely connected with one another. Therefore, good collaboration and cross-sectoral approaches are necessary also in the future between all actors implementing interventions and supporting policies that are relevant in the field of preventing HIV and associated infections and giving support to those infected and affected by these diseases, in order to ensure the highest possible effectiveness of the work of the NDPHS and the added value to partners.

The NDPHS can in that respect work towards elevating HIV/AIDS and associated infections to a priority issue on political agendas and contribute to the development of relevant national policies. Through enhancing expert-level collaboration, the Partnership can support coordinated and collaborative efforts with a wide variety of stakeholders, particularly with representatives of the society and NGOs, to prevent the spread of HIV/AIDS and associated infections in the Northern Dimension area.

Wiktor Szydarowski 3/10/2014 10:18

**Comment [19]:** (Latvia): Not only risk groups – drug users, those involved in prostitutions a.o. – are likely subjects of being imprisoned, but one must take into account that persons released from prisons, becoming again a full member of the society and unfortunately – HIV along with him/her.

Marja Anttila 7/10/2014 17:24

**Comment [20]:** I would not speak of “these EGs” since we do not know what the future NDPHS EGs will be

Marja Anttila 7/10/2014 17:23

**Deleted:** these EGs

This approach is in line with the NDPHS Statement on HIV and Tuberculosis ('Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward'), approved by the 10<sup>th</sup> Partnership Annual Conference, Helsinki, November, 2013.

#### **4.2. Objective 2: Support the implementation of regional and global strategies and/or action plans to contain antimicrobial resistance through inter-sectoral efforts**

##### Rationale

Antimicrobial resistance (AMR) in microorganisms is a growing global health problem. Especially antibiotic resistance has had an increasing impact on public health worldwide due to the inappropriate use of antibiotics in humans, animals and agriculture in the community, and inefficient hygienic routines in health care settings. As stated by the WHO Regional Office for Europe, bacterial infections in health care settings are causing a growing concern, with some hospital-acquired infections becoming very difficult to treat. Standard medical interventions (such as arthroscopy, hip transplants and colon surgery) that can normally take place safely under antibiotic prophylaxis are becoming dangerous procedures, leading to increasing mortality, morbidity and related economic costs.

Owing to the market mechanism and very high development costs, very few new antibacterial drugs are being developed. To enable improvement of human and animal health it is of utmost importance to have future access to effective treatment of microbial infections. Concerted action to respond to the AMR is therefore vital, requiring a wide range of stakeholders in many sectors (incl. policy-makers, pharmacists, prescribers, veterinarians, farmers and the general public etc.) to develop, guide and monitor national action plans to address the problem. National, regional and global policies should address the complex factors driving antimicrobial resistance, based on public health principles such as surveillance, prevention, containment and research.

The NDPHS can address this challenge by strengthening coordination of activities to counteract the increasing resistance to antimicrobial agents in the Northern Dimension area. Bringing together high-level experts from national ministries and agencies of Partner Countries and Organisations, medical institutions, the research community, NGOs and other relevant parties, the Partnership can contribute to the monitoring of antimicrobial resistance trends and the AMR epidemiology, to communicating the need to use antibiotics cautiously to the medical profession and the general population, and to the development of an appropriate policy response in the Partner Countries.

#### **4.3. Objective 3: Strengthen prevention and reduce impact of non-communicable diseases (NCDs) through addressing lifestyle-related risk factors**

##### Rationale

A wide spectrum of unhealthy behaviour habits resulting, inter alia, from some severe social and economic problems, manifest themselves in: tobacco use, harmful use of alcohol, low

fruit and vegetable intake, high intake of salt, sugar and unsaturated fats, consumption of junk food containing trans-fats, lack of physical activity. The health consequences, e.g. overweight and obesity, high blood pressure, high blood cholesterol, respiratory diseases, diabetes, cancer, cardiovascular diseases, accidents, violence and suicides, continue to result in high rates of premature morbidity, mortality and disability [in the Northern Dimension area](#).

Marja Anttila 7/10/2014 17:29

**Deleted:** in the Northern Dimension area

The addressing of lifestyle-related risk factors happens best through an integrated and cross-sectoral approach, which combines efforts from such sectors as public health, social care, education, land and infrastructure planning, business actors, culture, church, etc. In addition to the cross-sectoral work, the [healthier public lifestyles](#) call for close dialogue between the public sector, business and community.

Marja Anttila 7/10/2014 17:32

**Comment [21]:** What does the term "healthier public lifestyles" mean?

The NDPHS can offer a cooperation platform for interdisciplinary experts, interested national and local stakeholders and international organisations to promote healthy lifestyles in the communities and to help reduce the burden of lifestyle-related non-communicable diseases. The 'Health in All Policies' ('every minister is a health minister') approach is instrumental in achieving that.

The Partnership can also promote better awareness of decision-makers, professionals and public of the NCD-related trends, threats, and innovative solutions, disseminate best practices, and facilitate the development and promotion of evidence-based and effective health and disease prevention campaigns, pilots, actions, including screening and monitoring.

#### **4.4. Objective 4: Strengthen and promote multi-sectoral approaches to reduce social and health harms from substance abuse**

##### Rationale

Harmful use of alcohol, illicit drugs, tobacco and other psychoactive substances is one of the major public health concerns in the Northern Dimension area and has severe impact on public health systems. The burden of psychoactive substance use is enormous not only for the affected individuals, but for the whole society, generating huge cost for national health systems. As the hazardous and harmful use of alcohol and other psychoactive substances have now become one of the most important risks to health, there is a need to share experiences and expertise in the field of preventing those negative impacts and to take concrete steps to mitigate harmful impact of substance abuse. There is a necessity to address the link between the HIV/AIDS epidemic and the use of injectable illicit drugs. Harm reduction (needle exchange) and substitution therapy are evidence-based methods to limit the HIV/AIDS epidemic, but still not universally accepted in the Northern Dimension region.

Wiktor Szydarowski 3/10/2014 10:18

**Comment [22]: (Norway):** Replace with revised text agreed at Chairs & ITA meeting in Helsinki

Marja Anttila 7/10/2014 17:38

**Comment [23]:** Did the meeting agree on new text for the title of this objective, already agreed by the CSR?

The NDPHS can deliver a concerted action aimed at the containment of the alcohol and substance abuse-related harm. The Partnership's strengthened cooperation of high-level experts from national ministries and agencies of Partner Countries and Organisations, the research community, NGOs and other relevant parties can formulate, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol, tobacco and illicit drugs in the Northern Dimension countries. This has to be linked with health systems and upgrading smoking cessation as well as with an early identification and brief intervention programmes on the harmful use of alcohol.

#### **4.5. Objective 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**

##### Rationale

An increase in the prevalence of non-communicable diseases (NCD) and increased need for health care services, especially for the ageing population, is a challenge for all countries in ND region. International experience has brought an evidence that countries that neglected the recommendations of Alma Ata and have not introduced strong primary health care face more problems due to the increasing health care costs and health inequalities.

Wiktor Szydarowski 3/10/2014 10:19

**Comment [24]:** To be specified by the EG

Economic crisis and cuts in health care budgets are key reasons to rationalise health care systems and to search for better responses at the primary care level, closest to the community health. Expectations of patients towards the health care system also changed due to an increased market of medical technologies, accessibility of information about health and health care.

As these challenges are spread in all Northern Dimension countries, there is a pending need to animate a dialogue and mutual learning in the Partnership networks on how to address the changing health needs related to chronic conditions in a most rational and efficient way. One of the improvement areas is the reorientation and efficiency of the health and social care systems. In social care community based and preventive social services are to be enhanced. Patients with NCD should get better coordinated and high-quality primary health care, well integrated with social care and/or with specialised services when needed. Evidence based prevention measures should be better incorporated in the primary health care, addressing also needs of individuals from **vulnerable groups**. Patients themselves should become more active actors of care process, include self-monitoring and self-care. Quality outcome (health gain) of health and social services needs to be better managed and e-health applications wisely implemented and used.

Marja Anttila 7/10/2014 17:37

**Comment [25]:** An explanation what the vulnerable groups are, is needed.

The NDPHS can activate a broad dialogue between experts from national ministries and agencies of Partner Countries and Organisations, the research community, NGOs and other relevant parties aiming at a better recognition of social and health concerns in the broader society, and reformulation of relevant policies. The Partnership can also work together towards the development of positive attitudes towards professionals in health care, social services and penitentiary systems. It can be supportive to governmental and other bodies in planning, implementing and monitoring programmes to scale up primary health care systems for all citizens.

#### **4.6. Objective 6: Strengthen occupational health and safety and well-being at work through information and reporting systems, workplace activities and occupational health services**

##### Rationale

Health at work concerns 125 million working people in the Northern Dimension area.

Therefore, achieving and keeping high standards of occupational safety and health (OSH) is an important task for the respective authorities in all countries in the region. Rapidly changing work environment and introduction of new technologies often constitute a challenge for the governmental policies in this sector. A coherent and holistic approach is indispensable for reducing health hazards, improving the productivity and the level of social well-being of every employee.

Through enhancing the collaboration of high-level experts from several countries, organisations, research institutions and the non-governmental sector, the NDPHS can contribute to a strengthened coordination of actions, capacity building, information and promotion of safety, health and well-being at workplaces and among individuals. The Partnership can assist in formulating policies on occupational safety and health systems and occupational health services. Workplace health services can be an important and efficient channel to pursue the reduction of lifestyle related risk factors, which also directly affect working capacity and productivity, such as harmful use of alcohol, tobacco, nutrition, physical activity and mental health.

## 5. Action Plan

The Action Plan contains information on expected results and their indicators, planned activities and available resources in the implementation of the NDPHS Strategy 2014-2020. The results presented in the Action Plan are valid throughout the whole strategy period, i.e. 2014-2020. The activities are planned to cover a three year period of 2015-2017, taking into account the changing context where the Partnership works.

In 2017 a mid-term review of the progress achieved in the implementation of the NDPHS Strategy (checking the advancement rate towards the set targets) will be performed. It will determine whether the paths to achieve the Strategy objectives need to be revised on account of internal and external circumstances, or the work may continue as planned.

Wiktor Szydarowski 3/10/2014 10:19

**Comment [26]: (Germany):** In general I'd like to change the word Action plan into Implementation plan