NDPHS Strategy Working Group 2014
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Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

Reference	SWG2014 5/3/1
Title	Draft of the NDPHS Strategy 2020 and its Action Plan
Submitted by	Strategy Consultant
Summary / Note	This document contains the latest consolidated draft of the NDPHS Strategy 2020 and its Action Plan. The document has been edited following the feedback from the drafting team members. The Strategy Consultant would like to address the following to the SWG's attention: • The description of specific objectives in the first part of the document (discussed by the SWG at the meeting in Vilnius) contains some yellow-marked changes that are suggested by the EG/TGs following the work on the Action Plan. Also, this part has some comments on the very formulation of the objectives that would await reaction from the SWG members. • The second part of the document, dedicated to the Action Plan, presents – within each specific objective - a structured information on the context, policy/action deficiencies, purpose, expected results of the NDPHS work, measuring of progress, planned activities towards the expected results, target groups, resources, geographical coverage as well as assumptions/risks. It is based on the inputs received from the EG/TG and the newly formed drafting group, in response to the earlier distributed guidance. Individual inputs (written from a perspective of the given EG/TGs) have been processed to better match the strategic level of the document. • At this stage, the Action Plan is by far not ready, with substantial differences in approaches taken by the respective EG/TGs. Some areas in the document, which need to be better developed/clarified, contain green-marked text directed at the drafting group members. Further efforts are needed to harmonise the content and the ambition levels. SWG advice in that respect is sought. • The following outstanding issues are proposed to be discussed thoroughly by the SWG: - Designation of the prison health issues in the Action

	Plan – cf. separately enclosed file (Appendix) with the ideas coming from the prison health experts; Clearly, the ambitions are much higher than in case of the other specific objectives, while no resources/activities in that regard are planned. - Formulation of indirect results. As the inputs received from the EGs/TGs in that matter have been extremely diverse, instead of developing a table with indicators and targets for the indirect results, a plain description of the purpose of the NDPHS work has been made. - Imprecise delineation of activities under objectives: 3, 4 and 5 due to overlaps in the scope of work between NCD, ASA and PPHS EG/TGs. - Setting the targets. Some EGs/TGs tend to project the targets for the expected results for 2020 rather than for 2017. - Diverse understanding of deliverables. Under a few specific objectives the EG/TG group meetings are listed, which calls for a more general discussion if such meetings (with or without participation of external stakeholders) should be regarded a deliverable on its own. - Specification of resources (in connection to challenges, assumptions and risks). Shall these be estimated in monetary terms or just generally listed (as in the current form)?
Requested action	For discussion and decision

NDPHS Strategy 2020

Fourth working draft as of 2 February 2015, incl. Action Plan

Executive summary

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

0. Introduction

The NDPHS Strategy 2020 was developed in 2014 and early 2015 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 learned during the evaluation of the NDPHS and its first strategy covering years 2009-2013 have been taken into account.

The NDPHS Strategy 2020 builds on the political level discussions and decisions concerning the future work of the Partnership taken during the ministerial-level PAC held in 2013. It is based on the national priorities of the Partner countries. Further, it takes into account and links to relevant global and regional policies and strategies.

The development of the NDPHS Strategy 2020 was facilitated by a strategy working group.

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 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 NDPHS Strategy.

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

2. 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.

3. Cross-cutting objectives

The NDPHS Strategy 2020 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 cross-cutting objectives are:

3.1. Cross-sectorial action:

Whenever relevant, in all actions the approach should be as comprehensive as possible, crossing the traditional sectorial boundaries. In this respect, collaboration between expert groups is recommended. Activities which make use of collaboration between health and social, as well as between civil and penitentiary sectors, authorities and civil society etc. shall be promoted.

3.2. Health equity and social cohesion in all actions;

3.3. Innovative approaches and technologies, such as e-Health;

Wiktor Szydarowski 2/2/2015 18:45
Comment [1]: Interpretation to be given by Arnoldas

3.4. 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.

3.5. Inclusion of vulnerable groups in all actions of relevance:

In all countries there are vulnerable people who are in the greatest risk for contracting diseases or suffering from ill-health or losing their lives. They are one important focal group for the NDPHS, playing a key role in the way towards the Partnership's objectives. Most working areas for the NDPHS are focusing on these groups. Whenever relevant, these groups should always be taken into account when new actions are planned.

4. Objectives

The NDPHS Strategy 2020 contains six objectives that address the core challenges to the improvement of peoples' health and social well-being in the Northern Dimension area.

The Partnership will work towards accomplishing these objectives in cooperation with several other organisations and stakeholders, in particular taking into account the work done by the national governments, the WHO, other intergovernmental organisations and the EU.

The objectives follow the six political priorities approved by the 10th Partnership Annual Conference (PAC 10) to be implemented in the period up to 2020 within the framework of the NDPHS Strategy.

4.1. Objective 1: Reduced impact of HIV, TB and associated infections among key populations at risk, including prisoners, through strengthened prevention and access to treatment

Wiktor Szydarowski 2/2/2015 18:45
Comment [2]: A proposal to revise the formulation in order to match the heading of this objective to the other specific objectives of the NDPHS Strategy 2020

Wiktor Szydarowski 2/2/2015 18:45
Comment [3]: Comment by Mikko: Should we also add access to treatment as a means to achieve the objective? It is an equity issue

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, prisoners as well as persons released from prisons. The 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.

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 10th Partnership Annual Conference, Helsinki, November, 2013.

4.2. Objective 2: Contained antimicrobial resistance - through inter-sectoral efforts supporting the implementation of regional and global strategies and/or action plans

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, and inefficient hygienic routines in all sectors. 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. Control of bacterial communicable diseases such as chlamydia, gonorrhoea and syphilis will be hampered. Moreover, progress in medical interventions in transplantations, treatment for malignancies and the care for preterm children will be challenged since their success heavily relies on effective antibiotics.

Owing to the market mechanisms 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, 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 inter-sectoral efforts, effective surveillance, prevention, containment and research.

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

4.3. Objective 3: Reduced impact of non-communicable diseases (NCDs) - through strengthened prevention and 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, and cardiovascular diseases~~, accidents, violence and suicides~~, continue to result in high rates of premature morbidity, mortality and disability in the Northern Dimension area.

Mikko 2/2/2015 18:45

Comment [4]: Comment by Mikko: accidents, violence and suicides should be removed from here, because the present WHO view does not include them among NCDs. When this sentence originally was written in 2011 the concept was not yet fully clear.

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 lifestyles call for close dialogue between the public sector, business and community.

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.

This approach is in line with the NDPHS Statement on Implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases in the Northern Dimension Area in 2012 – 2016, approved by the 8th Partnership Annual Conference, Saint Petersburg, November, 2011.

4.4. Objective 4: Reduced social and health harm from alcohol, tobacco and illicit use of drugs - through strengthening and promotion of multi-sectoral approaches

Rationale

Harmful use of alcohol, 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 and growing 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 illicit use of injectable 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.

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 and tobacco and illicit use of 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: Adequately addressed health needs related to chronic conditions and demographic changes – through strengthened integration and coordination of care and prevention throughout life course at primary care level

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 shows that the countries with strong primary health care approaches cope better with increasing health care costs and health inequalities (cf. recommendations in the Alma Ata declaration, 1978).

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 NCDs 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 (cf. the cross-cutting objective). 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.

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: Strengthened occupational safety and health 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. Guiding principles

In implementing the NDPHS Strategy 2020 the Partnership will respect the principles of:

- **Added value** – which implies a focus on issues and actions where the work of the NDPHS can bring regional added value, in particular taking into account the work done by the national governments, the WHO and the EU;
- **Bottom-up processes combined with top-down approaches** - which implies that challenges and opportunities in the thematic areas are addressed by the experts through networking initiatives and projects involving professionals in the field; the outcomes are then presented to CSR members who may integrate proposals from the Expert Groups into national and international policies.
- **Co-financing** - which implies that NDPHS activities are implemented by various actors and financed from different sources, including the existing and future European Union financing instruments and programmes, national budgets, international regional organisations, international financial institutions, regional and local public organizations, other public bodies, such as universities, and private sources, including civil society.
- **Multi-sectorality** – which implies 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').

In line with the added value principle, the NDPHS Strategy 2020 is a guiding instrument directed at the Partner countries and organisations in their efforts to achieve improvement in the chosen priorities.

The NDPHS Strategy takes stock of relevant policies, strategies and political agendas existing in the Northern Dimension area in order to minimise duplicating of work, making contradictions and creating overlaps. The Partnership will, as far as possible and feasible, complement and support initiatives within relevant global and regional frameworks, such as the WHO's Health 2020 and the EU's Strategy for the Baltic Sea Region .

6. Action Plan

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

6.1. Objective 1: Reduced impact of HIV, TB and associated infections among key populations at risk, including prisoners, through strengthened prevention and access to treatment

Wiktor Szydarowski 2/2/2015 18:45

Comment [5]: A proposal to revise the formulation in order to match the heading of this objective to the other specific objectives of the NDPHS Strategy 2020

Wiktor Szydarowski 2/2/2015 18:45

Comment [6]: **Comment by Mikko:** Should we also add access to treatment as a means to achieve the objective? It is an equity issue

The context

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 10th Partnership Annual Conference in Helsinki on the 22nd of November 2013, underlines the alarming increase in the spreading of HIV/AIDS and other associated infections (AIs), especially tuberculosis, among the key populations at risk. These are vulnerable groups living under socially and economically distressing circumstances, particularly drug users, sex workers, men-having-sex-with-men, migrants, prisoners as well as persons released from prisons. In addition, these populations at risk may suffer from the consequences of harmful use of alcohol, social marginalisation and criminalisation, and human trafficking.

The complexity and great variation in the epidemiological situation of these groups pose a substantial challenge for the social and health conditions within the Northern Dimension area and, consequently, for the human lives, societies and economies.

Policy and action deficiencies

The multiplicity of the HI/TB/AI situation is neither adequately recognised nor properly addressed within the traditional policy practices. Despite HIV/TB infections spreading beyond state boundaries and competences of individual sectors, the degree of international and multi-sectoral cooperation in the Northern Dimension area in this thematic field is insufficient. Primary health and psychological and social care measures are rarely combined in an effort to provide integrated prevention, diagnosis, treatment, care and support interventions, with due attention paid to counteracting the negative impact of harmful use of alcohol and drugs on adherence to HIV/AIDS and TB treatment regimens.

The potential of non-governmental organisations (NGOs) that work with the vulnerable groups is not utilised to a maximum extent in governmental actions to strengthen the prevention and control of TB and HIV/TB, and to decrease the harmful consequences of HIV and TB and HIV/TB co-infection.

The capacity of the national health care systems to respond to the burden of HIV, TB and AIs is unsatisfactory. The monitoring and provision of epidemiological information of key populations at risk in the Northern Dimension area is assessed as poor, with a diverse availability of data on the current status.

Purpose of the NDPHS work

To improve and coordinate preventive responses of the national health and social care systems in mitigating the impact of HIV/AIDS and associated infections in the Northern Dimension area.

Expected results of the NDPHS work

- Increased awareness and knowledge about the complexity, general epidemiological situation in HIV/TB/AI and their consequences among decision makers and other relevant actors in the Northern Dimension area
- Enhanced cross-sectoral and multidisciplinary stakeholder cooperation in the field of HIV/TB/AIs in the Northern Dimension area, with inclusion of NGOs and broader society representatives
- Improved effectiveness of HI/TB/AI prevention actions in the Northern Dimension area
- Improved monitoring and data collection on the epidemiological situation of risk groups concerning HIV/TB/AI in the Northern Dimension area

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible (organisation(s), EGs etc)[1]
1.	Increased awareness and knowledge about the complexity, general epidemiological situation in HIV/TB/AI and their consequences of the situation among decision makers and other relevant actors in the Northern Dimension area	No. of countries which integrate the HIV/TB action recommendations (cf. the NDPHS Statement) into national policies	To be estimated	2-3 more	EG/project reports	EG HIV/AIDS&AI National authorities
2.	Enhanced cross-sectoral and multidisciplinary stakeholder cooperation in the field of HIV/TB/AIs in the Northern Dimension area	No. of stakeholder platforms under the NDPHS auspices allowing the exchange of information and experience	To be estimated	To be estimated	EG/project reports	EG HIV/AIDS&AI Other EG/TGs CSD
3	Improved effectiveness of HI/TB/AI prevention actions in the Northern Dimension area	No. of national prevention actions supported and with disseminated results	1 (ongoing NDPHS ENPI project)	3-4 (by 2020)	EG/project reports	Project leaders EG HIV/AIDS&AI
4	Improved monitoring and data collection on the epidemiological situation of risk groups concerning HIV/TB/AI in the Northern Dimension area	No. of countries with updated situation data	To be estimated	To be estimated	EG reports	EG HIV/AIDS&AI

Planned activities towards the expected results

1. Increased awareness and knowledge about the complexity, general epidemiological situation in HIV/TB/AI and their consequences among decision makers and other relevant actors in the Northern Dimension area

   - Further development of an internal strategy document in the thematic area of HI/TB/AI based on the NDPHS Statement "Impact of the HIV/AIDS and tuberculosis on people and economies of the ND Countries – status quo and the way forward", the internal EG LFA process and information from WHO, ECDC and IOM

[1] a proposal pending the CSR decision about the future NDPHS expert-level structures

- Development of thematic reports containing policy advice for partner countries on following up the NDPHS Statement
- Dissemination of the thematic reports to the partner countries together with other relevant results achieved by NDPHS projects

Deliverables:

- Upgraded internal strategy document
- 3 thematic reports by 2020

2. Enhanced cross-sectoral and multidisciplinary stakeholder cooperation in the field of HIV/TB/AIs in the Northern Dimension area, with inclusion of NGOs and broader society representatives
   - Organisation of thematic joint meetings between EGs and relevant stakeholders (e.g. issues on HIV-TB-drugs-alcohol-prison-AMR-PHC etc.) to share experiences and knowledge
   - Animation of joint discussion about health systems development and links between specialized care and PHC concerning issues related to HIV & AIs
   - Arranging of cross-sectorial study visits for experts on prison health, infectious diseases, primary health care, alcohol and substance abuse and mental health

   Deliverables:

   - One joint meeting of EGs / 2 years in connection with other relevant gatherings
   - One study visit / year

3. Improved effectiveness of HI/TB/AI prevention actions in the Northern Dimension area
   - Identification of key areas in preventive actions where multi-stakeholder cooperation may bring the most visible added value – through EG discussions and analyses, documentation and recommendations, making also use of international information, such as ECDC and WHO
   - Development of mechanisms to make the joint NDPHS experience in the field of HIV and AIs better and more widely used by the partner ministries and organisations
   - Provision of training, advisory support and expertise in developing and implementing initiatives of the partner countries (e.g. HATBAI, EU Joint Action on HIV and harm reduction etc.)

   Deliverables:

   - Report describing current situation, needs and proposed activities within the partner countries, where the NDPHS could provide support (based on the updated internal strategy of the relevant expert group)
   - Mechanism to provide advisory support in the evaluation of project applications is developed
   - Three projects and initiatives are supported in planning and management by providing technical advise

4. Improved monitoring and data collection on the epidemiological situation of risk groups concerning HIV/TB/AI in the Northern Dimension area
   - Interfacing between national experts and benchmarking of good practices within the thematic issues

- Hosting of professional discussions between the experts of the partner countries about current policy, epidemiological and research issues etc., in connection to regular EG meetings
- Production of analytical conclusions and proposals of relevant actions

Deliverables:

- 2 EG meetings / year with invited professionals
- 1 extended gathering / year
- Document compiling actual statistical and analytical information within ND area, including conclusions and proposals for actions

Target groups

National authorities responsible for HIV/AIDS, TB and associated infections (Ministries of Health, Ministries for Social Affairs, sometimes Ministries of Justice etc.). The second target group is experts working in the field of HIV/AIDS&AI in national, regional and local administration and in NGOs. Some activities may have such target groups as media professionals, general population etc. the third target group is the risk (vulnerable) groups (see the context information)

Resources

The implementation of planned activities calls for various types of resources:

- working time of NDPHS actors
- compensation of working time, office and travel costs
- funding of planned activities
- meeting costs
- travel costs
- seminar costs
- publication costs etc.

Geographical coverage

Whole Northern Dimension area, with possible differentiation of specific activities in reflection of individual country needs.

Challenges/assumptions and risks

- Successful selection and nomination of professional, motivated and committed representatives for the future NDPHS Expert Groups by all the partners
- High commitment of the CSR, practical and political support from the partner ministries to achieve intended results and produce added value to partners
- Sufficient capacity and working preconditions are secured for the NDPHS Secretariat to provide necessary technical support to new Expert Groups
- Availability of funding and other resources
- Success of applications for funding
- Continuous exchange of information between relevant actors within partner countries
- Partners express clearly their needs, priorities and expectations to the new Expert Groups.

6.2 Objective 2: Contained antimicrobial resistance - through inter-sectoral efforts supporting the implementation of regional and global strategies and/or action plans

The context

Antibiotic resistance costs lives and money, and threatens to undermine modern basic health care and advanced medicine. The scale of the challenge grows through globalisation, with increased travel and worldwide food- and animal trade, and may be accelerated by international free trade agreements. A threat that knows no limitation by national borders requires both joint political commitment and research collaboration in the Northern Dimension area in order to reach adequate measures, leading to long-term sustainable results.

Several national, regional and global initiatives are ongoing. AMR surveillance systems, key indicators for AB use and guidelines for rational use are in place in most of the NDPHS countries. The NDPHS partner countries are included in the surveillance systems of either CEASAR or EARS-Net.

Policy and action deficiencies

Although the surveillance systems exist in the NDPHS partner countries, the stored data have a different coverage of the national participation and the variations in sampling practice. This makes the information hardly representative, which leads to difficulties in achieving comparable assessments of the actual problems and the respective national response strategies. There is also a lack of comparable data on the frequency of AMR-carriage and of resistance data in infections not normally cultivated. This results in a weak understanding of the antibiotic resistance situation in the Northern Dimension area, which hampers consistent intervention methods. It is therefore important to provide health-care professionals, authorities and policy makers with comparable data that accurately reflect antibiotic resistance levels and the penetration of antibiotic resistance in the healthy population to evaluate and suggest improvements for existing AMR strategies within the partner countries of the NDPHS.

The discrepancies between the NDPHS partner countries do not only affect the AMR surveillance, but also the two other cornerstones in the fight against antibiotic resistance i.e. the antibiotic use and the infection prevention and control rationales. Only a few partner countries have appropriate key indicators for the rational antibiotic use in place. Although the majority of the NDPHS countries have guidelines regarding rational use and infection prevention and control, there is no overarching view of the guidelines on combatting antimicrobial resistance (AMR) in the Northern Dimension area among health care providers and professionals.

Moreover, there is an insufficient depth of knowledge and awareness in the general public on the impact the AMR has on public health due to the inappropriate use of antibiotics in humans, animals and agriculture, and inefficient prevention and control routines in health care settings. This calls for studies addressing knowledge, attitudes and behaviour in relation to the AMR problems within the partner countries.

The variations in conditions and approaches between the NDPHS countries require a concerted action among health care providers, professionals and policy makers, on how to combat antimicrobial resistance in the Northern Dimension area.

Purpose of the NDPHS work

To achieve more rational use of antibiotics in all sectors (appropriate for relevant diagnose) in the Northern Dimension area based on a better assessment of the antibiotic resistance situation.

Expected results of the NDPHS work

- More representative and comparable AMR surveillance systems in the NDPHS partner countries
- Improved measurement and monitoring of antibiotic resistance in the Northern Dimension area
- Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible (organisation(s), EGs etc)[2]
1.	More representative and comparable AMR surveillance systems in the NDPHS partner countries	1.1 Population coverage of EARS-Net and CEASAR 1.2 No. of countries with data on ESBL carriage rate 1.3 No. of countries with data resistance levels in E. coli causing uncomplicated UTIs	1.1 See http://www.ecdc.europa.eu 1.2 Existing in: NO, SE, FI, DE Not existing in RU, EE, LT, PO, LV 1.3 Not existing; NO, SE, FI, GE, RU, EE, LT, PL, LV	1.1 At least 50% of the partner countries 1.2 To be in place 1.3 To be in place	CEASAR and EARS-NET webpages The NoDARS project The Baltic Antibiotic Resistance Collaborative Network (BARN)	AMR-TG
2.	Improved measurement and monitoring of antibiotic resistance in the Northern Dimension area	No. of countries with national key indicators for antibiotic use	Existing: NO, SE Not existing: FI, DE, RU, EE, LT, PL, LV	80% of the partner countries	ECDC National Public Health Authorities or an equivalent body	AMR-TG
3	Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken	No. of countries with a dedicated governmental budget where AMR prevention and control is acknowledged	To be estimated	80% of the partner countries	AMR-TG, ECDC, BARN, WHO and National Public Health Authorities or equivalent body	AMR-TG

[2] a proposal pending the CSR decision about the future NDPHS expert-level structures

Planned activities towards the expected results

1. More representative and comparable AMR surveillance systems in the NDPHS partner countries
   - Establishment of sentinel AMR surveillance sites to investigate the levels of specified antimicrobial resistance at the selected locations within the Northern Dimension area
     - Determining resistance levels in Escherichia coli bacteria from uncomplicated urinary tract infections (UTIs) collected from ambulatory care patients
     - Determining the carriage rate of ESBL- and carbapenemase-producing E. coli and K. pneumoniae in community carriers
   - Support in the development of methodology for CEASAR/EARS-NET and other sentinel systems/ network of laboratories, also in connection to ongoing global surveillance initiatives from the WHO and regional initiatives such as by the ECDC and WHO-Europe
   - Arranging a workshop with participants from NDPHS partner countries with an aim to improve methodology and exchange experience

   Deliverables:
   - Methodological workshop
   - Recommendations for harmonisation of sentinel surveillance systems in the partner countries

2. Improved measurement and monitoring of antibiotic resistance in the Northern Dimension area
   - Evaluation of existing key indicators for rational antibiotic use in the partner countries
   - Development of appropriate key indicators to accurately reflect rational antibiotic use in the partner countries

   Deliverables:
   - Key indicators for rational antibiotic use in place in national annual AMR reports

3. Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken
   - Assessment of current national guidelines for treatment of uncomplicated infections (whether they are based on data that are overestimating antibiotic resistance) and antimicrobial resistance strategies, where regional and national variations in resistance is taken into account
   - Arranging a workshop to present the results of the work with the guidelines, to inform on the variations and similarities in the region and what lessons can be learned. Dissemination of the results towards the target groups through already existing channels e.g. recommendations from public health agencies and scientific publications
   - Provision of advice to relevant authorities and professional societies in order to facilitate the revision of national treatment recommendations and antimicrobial resistance strategies

   Deliverables:
   - Guideline assessment report for the Northern Dimension area

- Workshop on a policymaking level
- Information campaigns (e.g. seminars, media releases etc.) towards the target groups

Target groups

Policy makers

Authorities

Governmental agencies

Health care professionals

Health care providers

Resources

Each country will have to contribute with funds necessary to let the appointed delegate participate in meetings. The delegate also has to have the support from its government to fulfil the requirements of preparatory and/or follow up work in conjunction with meetings.

The successful follow-through of most expected results are all more or less depending on the EU delegation to Russia funding of the NoDARS project. The results of the NoDARS project do not cover all of the AMR-TG expected results. We therefore foresee that other projects covering those areas have to be initiated by the NDPHS and accordingly more funding has to be sought.

Geographical coverage

Whole NDPHS area

Challenges/assumptions and risks

Difficult to disseminate and implement results and consensus reached within the group on a policy making level.

Lack of support from the political level i.e. lack of funding for the delegates.

Cutbacks in budgets of the institutions where the delegates work.

6.3 Objective 3: Reduced impact of non-communicable diseases (NCDs) - through strengthened prevention and addressing lifestyle-related risk factors

The context

As estimated by the WHO, non-communicable diseases (NCDs) currently cause about 80 - 85% of all deaths. They are mainly caused by four risk factors, namely: harmful use of alcohol, use of tobacco, unhealthy nutrition and low physical activity. International experiences (e.g. North Karelia Project/ Finland 1972–2002) have scientifically proven that most NCDs among the working age population (<65 years) would actually be preventable. In many European countries the reduction of preterm mortality already has been as high as 80%, and population have gained up to 10 years longer and healthier lives, mostly healthy and productive.

The unacceptably big differences in life expectancy, NCD morbidity and mortality still prevail in the Northern Dimension countries. Even in the countries with positive developments, there are big and

even growing differences among population groups: less educated and poorer people have shorter life expectancies and higher disease and death rates than the better off population.

An increasing phenomenon in all NDPHS countries is overweight and obesity – related to the excessive and unhealthy diet among the school age children and the deficit of physical activity. In tackling these challenges the general health education is not effective.

An integrated and multi-sectoral approach, based on the implementation of the Health-in-All-Policies (HiAP) principles approach, and through the involvement of local level stakeholders, is regarded the best method to address a wide range of unhealthy behaviour habits and their health consequences in the Northern Dimension area, also including their macroeconomic and poverty impact.

At the same time, free trade agreements between countries, for instance Transatlantic Trade and Investment Partnership (TTIP) or the Trade in Services Agreement (TISA), may have serious public health and financial consequences at the national and local level. It is believed that the arbitration mechanism of the free trade agreements will seriously risk public health policies aiming to limit alcohol and tobacco caused harm, healthy nutrition/food policies, evidence-based pharmaceutical services (including fight against antibiotic resistance), and health gain-oriented trade. The links with occupational safety and health can also be under threat.

Policy and action deficiencies

Stakeholders and decision makers in the Northern Dimension area often are not aware of the perils that non-communicable diseases bring not only to human health, but also to welfare aspects (poverty) and economic growth (loss of productivity). In addressing this challenge, they do not have enough evidence of the national NCD burden based on up-to-date information and the situation in neighbouring countries, despite an opportunity to draw lessons and inspiration. Standard morbidity (diseases) and mortality (deaths) statistics are not sufficient to assess premature, preventable causes of disease and death. There is a strong demand and pressure for a comprehensive health system response to reduce NCD burden, while lack of pragmatic policy analysis and advice on what such a response should include is a hampering factor.

The statistical information on the NCD development in Europe, compiled by WHO-EURO, covers 53 WHO-EURO Member States consisting of very diverse countries at different levels of development. In effect, it is not easy to retrieve this data and use it for analytical and national action-oriented goals.

Some countries even in the Northern Dimension area fail to report essential NCD risk-factor and disease-related information to WHO-EURO health data. Moreover, some useful indicators developed by international organisations (e.g. OECD, WHO and World Bank) to rate the premature losses of preventable deaths caused by NCDs, as exemplified by Potential Years of Life Lost (PYLL), are scarcely used by the NDPHS partner countries as the respective national institutes or statistical agencies do not systematically evaluate, benchmark (country-to-country comparison) and publicise PYLL values according to the OECD standard. Also, a mechanism is missing to provide this information systematically with analytical interpretation of the magnitude and causes of loss of human capital in the Northern Dimension area.

Such information, if retrieved and tailor-made for the NDPHS use, can serve as leverage to support health-improving measures for prevention, treatment and legislation. These, however, require concrete projects providing multi-sectoral support to local politicians, authorities and healthcare professionals in NCD prevention though better lifestyles and care, in line with the health-in-all-policies approach. Such multi-level and multi-stakeholder approach should also be beneficial in improving the eating habits and physical activity among school age children.

The impact of free trade agreements on people's health is hardly known among national public health decision makers and politicians as the health systems are not on the FTA negotiation agendas and the access to information regarding the ongoing negotiations is restricted. This requires action to increase the knowledge, understanding and capacity in order to react to the health-related consequences in regulative and legislative decision-making in the Northern Dimension area.

Purpose of the NDPHS work

To reduce premature mortality from NCDs in the Northern Dimension area (decrease by 25%). To

prevent economic losses from avoidable causes in the Northern Dimension area (decrease in overall potential years of life lost by 25%). To reduce the prevalence of behavioural risk factors of NCDs.

Expected results of the NDPHS work

- Higher awareness and improved decision-making basis for addressing the NCD burden and economic losses in the partner countries
- Better implementation of health-in-all policies (HiAP) at the local level for more effective prevention of non-communicable diseases
- Strengthened stakeholder involvement in preventing overweight and obesity among school age children
- Better comprehensive national health system response to reduce NCD burden in the Northern Dimension area
- Better understanding on the impact of free trade agreements on the people's health among policy makers in the Northern Dimension area

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible (organisation(s), EGs etc)[3]
1.	Higher awareness and improved decision-making basis for addressing the NCD burden and economic losses in the partner countries	No. of countries introducing effective and evidence based health-improving measures for prevention, treatment and legislation	0	To be estimated	National health authorities	NCD-EG WHO-EURO WHO project on the prevention & control of NCDs/GDO/Moscow links with: ASA-EG PHS-EG OSH-EG
2.	Better implementation of health in all policies (HiAP) at the local level for more effective prevention of NCDs	No. of NDPHS linked pilot areas addressing lifestyle-related risk factors and health implications in local policies and strategies	0	To be estimated	Project reports	Project consortium NCD-EG Links with: ASA-EG, PHS-EG OSH-EG
3	Strengthened stakeholder involvement in preventing overweight and obesity among school age children	No. of new actors connected through joint work in the NDPHS linked pilot areas	0	To be estimated	Project reports	Project consortium NCD-EG

[3] a proposal pending the CSR decision about the future NDPHS expert-level structures

4	Better comprehensive national health system response to reduce the NCD burden in the Northern Dimension area	No. of countries introducing improvements in national policy analysis, development, and implementation following the principles of 2014 WHO-EURO assessment guide	0	To be estimated	Project reports Updated NCD country profiles	Project consortium NCD-EG WHO-EURO - Barcelona Office for Health Systems Strengthening Links with: ASA-EG, PHS-EG, OSH-EG
5	Better understanding on the impact of free trade agreements on the people's health among policy makers in the Northern Dimension area	Awareness rate of decision-makers (before and after) attending the NDPHS events	To be estimated	To be estimated	National health authorities	National and international NGO-networks mobilised around FTAs

Planned activities towards the expected results

1. Higher awareness and improved decision-making basis for addressing the NCD burden and economic losses in the partner countries
   - Review and screening of relevant WHO and OECD data of NCD indicators and PYLL-indicator in each NDPHS partner country, using e.g. the WHO NCD Country Profiles 2014 as a starting point;
   - Consultation with statistical agencies of the partner countries on the relevance and data use approach;
   - Drafting two short, concise reports (NCD and PYLL) with analytical comments of the progress and problems, incl. an annex with an NCD-fact sheet and an PYLL-fact sheet of each NDPHS partner country;
   - Dissemination of the thematic reports on the NDPHS website and through media
   - The PYLL analysis will be repeated every 3 years (in 2015 and in 2019) based on data from 2014 and 2017.

   Deliverables:
   - NCD thematic report 2015 - acting as a booster for development and improved data collection in the NDPHS partner countries
   - PYLL report 2016 and 2019, presenting the premature losses of preventable deaths in the 9 NDPHS countries caused by NCDs – as a valuable addition to the NCD Thematic Report in NDPHS countries

2. Better implementation of health in all policies (HiAP) at the local level for more effective prevention of non-communicable diseases (*via a project implemented at local pilot sites*)

- Setting up a project implementing consortium (with NCD EG in a facilitating and coordinating role) and a suitable funding source.
- Collection of experience gained through an EU-funded project in Saint Petersburg ''Healthier People – Management of Change through Monitoring and Action'' (realized in 2012 – 2014) and NDPHS-seed money project ''Healthification'' (realised in Northern Dimension area in Dec. 2013 – Feb. 2014)
- Use analysis of PYLL-indicator in identifying the magnitude of the problem, the cost of inaction, its force as a leverage for change and capacity to monitor progress in an unbiased way
- Identification of evidence-based interventions which are known to have proven effect to promote health, reduce avoidable premature mortality and loss of human capital
- Running a wide participatory process with local stakeholders and community representatives (e.g. via policy academy for local decision makers to deal with non-communicable diseases, evidence-based policy planning, whole-of-society approach; community-based workshops, trainings, seminars etc.), in order to create environment friendly for opinion and knowledge sharing and to allow for strategic planning which is evidence and community-based
- Lobbying for engagement of health systems (PHC, Health Centres) in improved NCD prevention, and introduction of evidence-based NCD prevention and management tools, including innovative e-health applications
- Dissemination and reporting of results to administration, NDPHS and media

Deliverables:

- Successful flagship-project implementation in at least 3 localities (cities and/or regions) in at least 3 NDPHS partner countries.

More precise deliverables will be defined in the project documents agreed by the funding agencies.

3. Strengthened stakeholder involvement in preventing overweight and obesity among school age children (*via a project implemented at local pilot sites)*
   - Setting up a project implementing consortium (with NCD EG in a facilitating and coordinating role) and a suitable funding source
   - Collection of experience gained through EU-funded nutrition and physical activity-related projects in in several European countries, also based on recommendations in the WHO European Food and Nutrition Action Plan (2015-2020) and the EU Action Plan on Childhood Obesity (2014-2020).
   - Identification of challenges in the pilot areas/countries by the representatives of the NDPHS NCD-EG (statistics, interview, media scanning etc.) Strong emphasis will be put on the identification of evidence based interventions which are known to have proven effect to promote health, reduce overweight and obesity and too low physical activity (BMI-rates, “screen time”, sufficient physical activity levels and quality)
   - Study on health behaviour in school-aged children in participating cities, and chosen localities
   - Study trip to the successful NDPHS countries to review well-functioning innovative best practices
   - Workshops with local stakeholders and community representatives, in order to create environment friendly for opinion and knowledge sharing and to allow for strategic planning which is evidence and community-based

- Implementation of best practices (interventions and campaigns in schools, neighbourhoods, cities)
- Cooperation with the NCM project ProMeal; Prospects for promoting health and performance by school meals in Nordic Countries www.utu.fi/promeal
- Potential: Advocacy work towards the industry
- Dissemination and reporting of results to administration, NDPHS and media

Deliverables:

- Successful flagship-project implementation in at least 3 localities (cities and/or regions) in at least 3 NDPHS partner countries.

More precise deliverables will be defined in the project documents agreed by the funding agencies.

4. Better comprehensive national health system response to reduce the NCD burden in the Northern Dimension area (*via a project implemented in a sample of the NDPHS partner countries)*
   - Setting up a project implementing consortium (with NCD EG in a facilitating and coordinating role) and a suitable funding source
   - Collection of information from the WHO-EURO Barcelona Office for Health System Strengthening Assessment Guide 2014 and adoption to the circumstances suitable in the 9 partner countries of the NDPHS
   - Analysis of the health system performance in each country in relation to NCD outcomes and the likelihood of meeting the target of 25% reduction in mortality by 2025, as set in the WHO Global Monitoring Framework and the NDPHS/NCD Action Plan 2015 – 2020; grouping of the countries in an innovative way (e.g. geographical vicinity, similarities or dissimilarities in economic and social development, similarities or dissimilarities in prevalence of lifestyle related risk factors and/or NCD outcome etc.) in order to demonstrate through peer experience the potential and means for health gain
   - Development of a score card for core population interventions and individual services, with linkages to health behavior and outcomes (and which are known to have proven effect to promote health, reduce avoidable premature mortality and loss of human capital)
   - Analysis of the health system challenges and opportunities that impede or facilitate the delivery of core services
   - Highlighting of good practices and innovations in the health system, with evidence of their impact on NCD-related core services and outcomes
   - Provision of policy recommendations for the country to address health system barriers and provide input into NCD and HSS (health systems strengthening) action plans
   - Dissemination and reporting of results to administration, NDPHS and media

   Deliverables:

   - score card for core population interventions and individual services in all 9 NDPHS partner countries
   - country assessment reports, aimed to: (1) produce pragmatic and implementable policy recommendations for strengthening the health systems in order to allow for faster improvements in key NCD outcomes; (2) synthesise knowledge and experience in the Northern Dimension partner countries on common health system challenges (in particular in

the sphere of primary health care) and promising approaches to overcome them; and (3) build capacity in policy analysis, policy development, and implementation through dialogue around health system strengthening and NCDs.

5. Better understanding on the impact of free trade agreements on the people's health among policy makers in the Northern Dimension area

   - Establishment of network of NDPHS partner countries' representatives (Task Force) to act as national counterparts regarding the free trade agreements from public health perspective
   - Preparation of country by country assessment reports of ongoing free-trade agreements and their risks to public health development
   - Preparation of a summary list of existing international examples of free trade and public health clashes globally
   - Organising workshops and seminars (national and international) for interested parties (politicians, public health leaders, NGO representatives, media, health industry, etc.) to discuss the findings and providing possible means to overcome the threat to health caused by FTAs for the Northern Dimension area
   - Dissemination and reporting of results to administration, NDPHS and media
   - Follow-up of public health consequences of existing FTAs in our respective countries

   Deliverables:

   - country by country assessment reports of ongoing free-trade agreements and their risks to public health development
   - analytical reports from seminars for interested stakeholders

Target groups

National, regional and local politicians and decision-makers (incl. ministries of finance)

Public health institutions, incl. doctors and nurses of PHC-clinics and health centres

Health insurance administrators

Employer and labour organisations

National NCD-related patient organisations

NGOs related with health and social development

School administration, catering organisations and food manufacturers, sports and leisure organisations, parents and school doctors/nurses, psychological and social services

Media

Resources

It is expected that the two thematic reports (deliverables in action 1 and 2) will be prepared by the established expert/task group to which NCD-related objectives are designated. WHO-EURO as the NDPHS partner organisation is expected to nominate a member to this group. Therefore, no direct financial resources beyond reasonable funding for NCD secretariat and time and travel input for NCD country representatives to provide their expertise are needed, as the members of the group should be nominated from among dedicated national civil servants who directly benefit from this type of work.

However, NCD/NDPHS should undertake discussions with national ministries of health that partner institutes responsible for the calculations and publications need to have necessary financial resources in that regard.

There should also be needed ministerial guidance and recommendations (methodological guidelines) as to the importance of monitoring NCD situation through preventable premature mortality and lost human capital.

The dissemination of the information in member countries will also require input from respective ministries of health and public health institutes. Such national workshops and media events should be included in regular operations of national bodies, rather than in NDPHS.

For the project activities it is envisaged that funding from external and national sources will be sought for eligible interested partners (representing at least 3-4 countries) from among the NDPHS member states. Implementing the action in one country is estimated to cost approximately 400.000 Euro for a 2 year period. Some of the actions can be implemented within the regular activities of the MoH, with the cooperation with the local authorities and NGOs. Intellectual support of the NDPHS NCD-EG would be vital in these activities.

For the assessment of country health systems it is envisaged that funding from external and national sources will be sought for eligible interested candidate countries from among the NDPHS partner countries. Implementing the action per one country is estimated to cost approximately 200.000 Euro for a 3-year period. The intellectual support of the WHO-EURO Barcelona Office for Health System Strengthening and NDPHS NCD-EG, ASA-EG, PPHS-EG and OSH-EG would be vital in these activities.

For the risk assessment on ongoing free-trade agreements it is expected that the planned actions will be prepared by the established *FTA & Public Health Task Force* acting jointly under all interested EGs (all to which NCD related objectives are designated). Therefore, no direct financial resources are necessarily needed, as the members of the group should be nominated of dedicated national civil servants who directly benefit from this type of work. Obviously their background organisations should be prepared to cover their travel (or teleconferencing) expenses and possibility to include their working time through their employer organisations. It will be essential that NDPHS senior representatives make an effort to identify the right experts who are dedicated enough and who have sufficient working time allocated for the job. However, the coordinating EG should undertake discussions with national ministries of health and partner institutes involved that funding for necessary publications and seminars held will be properly covered. High common interest in this topic and its huge potential economic impact, if not handled properly, should facilitate the identification of such necessary funds.

Geographical coverage

Whole NDPHS area for activities under expected results 1 and 5;

For the project-driven activities (expected results 2 and 3) the optimal coverage would be three-four regions from different NDPHS member states, preferably one Baltic State, one Nordic country, one from Central Europe, and a region from North-West Russia.

For the assessment of country health systems (expected results 4), the whole NDPHS geographical area would potentially be the possible target but practical implementation limitations would probably restrict the number of participating countries. Firstly, the interest of NDPHS 9 partner countries would need to be systematically and comprehensively mapped. Then feasible synergies through identifying suitable country groups should be explored. By doing so, probably about half of the NDPHS partner countries could take part in the activity during 2015 – 2017. The results and experience could be shared with all countries in the partnership (and beyond?), and in 2018-2020 the remaining countries could participate.

Challenges/assumptions and risks

The nominated NCD-group national experts need to be well motivated and must have sufficient time allocated to provide their input. The assumption is that NDPHS senior representatives make an effort to identify the right experts, provide them with alternates and with sufficient funds for attending meetings and developing publication texts.

A partner country can prevent the two thematic reports from being published, if it considers the information as politically sensitive or revealing embarrassing facts of public health situation.

For the project activities:

- the commitment from participating countries needs to be strong. A competitive process for participating countries/cities helps to test their genuine willingness to participate.
- Practical implementation of the HiAP requires a lot of information campaigning and workshops for relevant parties.
- The local level should feel support from the national level in the HiAP implementation
- The PYLL counting requires reliable statistics. The representatives of the NDPHS NCD-EG should have a strong position and network in the country in order to lead the actions within an EU-funded project or within the regular activities of the MoH. The policy lobbying could be used here.

For the assessment of country health systems:

- The commitment from participating countries needs to be strong. Willingness to participate in the countries may fade out when it becomes obvious that own effort is also needed
- The stakeholders should understand well the ultimate goal of the action and be united by it.
- Health systems have a strong inbuilt resistance to change.
- Health professionals and administrators are not very used to deal with citizens as clients, but rather as patients who should be happy with what they get. Therefore, 3rd sector (NGO) involvement and media interest can be difficult to accept.

For the risk assessment on ongoing free-trade agreements, the ministries of health, ministries of foreign affairs, and ministries and trade and industry may have different priorities and points of view concerning the risks and threats created by FTAs. If health is not fully understood as a prerequisite for the economic productivity, then health argumentation is seen as a complicating nuisance of economic activity.

Objective 4: Reduced social and health harm from alcohol, tobacco and illicit use of drugs - through strengthening and promotion of multi-sectoral approaches

Zaza Tsereteli 2/2/2015 18:45

Comment [7]: Comment by Zaza: This is the version, which was not discussed and agreed by the CSR. So, we would like to stick to the old version: **Strengthen and promote multisectoral approaches to reduce social and health harms from alcohol, tobacco, and illicit drugs**

The context

According to the Global Burden of Disease (GBD) report of 2010 the leading causes of premature death and disability have evolved dramatically over the past 20 years. Data on potentially avoidable causes of health loss show that many risks associated with non-communicable diseases have grown, with tobacco and alcohol now being two of the four biggest risk factors. Smoking increases the risk of chronic respiratory diseases, cardiovascular and circulatory diseases, and cancer. Alcohol use contributes to cardiovascular and circulatory diseases, cirrhosis, and cancer, among many other diseases and ill health conditions. In addition to being a contributor to non-communicable diseases, alcohol increases the risk of violence, suicides and injuries. In 2012, of all global deaths 5.9% were attributable to alcohol.

One geographically widespread feature of drug use behaviour in recent years has been the increase in poly drug use. The most frequent combination is that of alcohol and various drugs (both illicit and legally prescribed). A major concern with regard to poly drug use is that it tends to enhance both the intended effects and the side effects of drugs and compound the impact of those drugs on the body. This can have serious health consequences.

The substance abuse varies substantially between countries within the same geographical regions. That includes differences in consumption patterns (ex: heroin injections vs smoking) and the prevalence of the use of illicit drugs.

Policy and action deficiencies

The Northern Dimension area faces common concerns related to the impact of harmful use of alcohol, tobacco and illicit drugs on the health status of the ND population. A lot of research has been done over the years resulting in vast knowledge on what is the proven effective preventive work. Still, the understanding of the challenges and the ability to develop and implement effective and sustainable community-based interventions for preventing and reducing the harmful use of alcohol, tobacco and drugs at the local level is weak.

In all NDPHS partner countries alcohol is, together with other psychoactive substances, prevalent among patients treated in hospitals. In particular, diseases of the liver, but also infections, hypertension and stroke, are observed more often in patients with alcohol dependence. A hospital admission could be seen as an opportunity to intervene towards patients with problematic drug and alcohol use. However, the assessment of problematic alcohol use among hospital patients is inadequate and hampers the outcomes of the treatment of patients with somatic diseases.

Continuous monitoring of alcohol consumption is necessary both for the development of evidence based policy responses, and assessment of the impact of proposed interventions. It is important to obtain comparable data both for monitoring progress in reducing alcohol-related harm at the national and the ND level and for benchmarking national developments against wider trends. Still, comparison of monitoring results across the ND is difficult, if possible at all, due to the lack of standardised methodologies. Better use of standardised approaches across ND countries will lead to more informed and evidence based policy making to reduce alcohol's health and economic burden to ND and to its monitoring as well as evaluation. In addition, the involvement of Russian Federation in RARHA (EU Joint Action on Reducing Alcohol Related Harm) and analysing alcohol situation in this country will have vital role for understanding alcohol situation in the Northern Dimension area as well as in whole Europe. This will also contribute to the prevention of harmful use of alcohol both for Russia and for the whole Northern Dimension area. Similarly, there is a need in assessing needs for improvement of response to problem use of cannabis and cannabis dependence in ND countries. Cannabis is by far the most frequently used illicit drug in all Europe, including the ND area. Although dependency potential of cannabis is lower than most of other illegal drugs, the long history of cannabis use leads to the increase of prevalence of problem cannabis users and dependents, which poses a challenge for treatment system and early intervention service.

Cross-border trade of alcoholic beverages is a common phenomenon in the NDPHS area and poses a significant problem for countries that seek to adopt effective national alcohol control policies. Several factors determine the magnitude of cross-border trade in alcoholic beverages: the level of price differences, existence of import quotas, severity of border control, number of annual border crossings, traffic infrastructure, the size of the population residing near the border, motives for crossing the border, etc. There is a need to provide policy makers with a better knowledge base when taking relevant policy measures, based e.g. on more in-depth researched affordability of alcohol beverages.

Purpose of the NDPHS work

To contribute towards the reduction of alcohol-related harm in the Northern Dimension area (at least 10% decrease in death rates for alcohol attributable liver cirrhosis and at least 10% decrease in death rates for alcohol related road traffic accidents). To contribute towards the decrease of the total consumption of alcohol in the Northern Dimension area (Recorded adult (15+ years) per capita consumption (in litres of pure alcohol)). To curb the growth trend of cannabis use among 15-16 year old population.

Expected results of the NDPHS work

- Improved knowledge of effective community based interventions targeting use of alcohol, tobacco and drugs at the local level
- Improved implementation of early identification and brief intervention programmes/measures in health sector (to reduce harm from alcohol, tobacco and drug use)
- Strengthened knowledge base for the planning of public health policies on alcohol and drugs

- Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible (organisation(s), EGs etc)[4]
1	Improved knowledge of effective community based interventions targeting use of alcohol, tobacco and drugs at the local level	No. of countries with national guidelines for implementing effective community based interventions	0	3 (by 2020)	National policy documents NDPHS Project reports National surveys	Each Partner Country Partner organisations Project leaders NDPHS ASA EG
2	Improved implementation of early identification and brief intervention programmes/measures in health sector (to reduce harm from alcohol, tobacco and drug use	No. of countries with national guidelines on early identification and brief intervention	0	4 (by 2020)	NDPHS Project reports National policy documents National surveys	Each Partner Country Partner organisations NDPHS ASA EG
3	Strengthened knowledge base for the planning of public health policies on alcohol and drugs	No. of countries with available and comparable data on: (a) drinking habits and patterns (b) responses to illicit drug challenges	0 (a) 0 (b)	4(a) 2(b)	National statistics NDPHS Projects reports NDPHS Thematic Report NDPSH Web page RARHA/ surveys WHO EMCDDA	Each Partner Country Partner organisations Project leaders NDPHS ASA EG
4	Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages	No. of countries with relevant policy measures	To be estimated	To be estimated	NDPHS Thematic Report WHO	Each Partner Country Partner organisations Project leaders NDPHS ASA EG

Zaza Tsereteli 2/2/2015 18:45
Comment [8]: The EG targets were developed for the period of 2020, not 2017

[4] a proposal pending the CSR decision about the future NDPHS expert-level structures

Planned activities towards the expected results

1. Improved knowledge of effective community based interventions targeting use of alcohol, tobacco and drugs at the local level
   - Arranging a series of multilateral seminars on common concerns relating to cross-border trade of alcohol and tobacco products – to facilitate exchange and increase common understanding in how to tackle illicit trade and, in particular, its implications for alcohol, tobacco and drug use, in particular among young people
   - Setting up a project to exchange approaches in mobilising and supporting municipalities in the planning of community based action to reduce the harmful use of alcohol, tobacco and drugs

   Deliverables:

   - Seminars on challenges related to the illicit cross-border trade of alcohol and tobacco products
   - A modular handbook with fact sheets, made available through the NDPHS website and relevant national websites

2. Improved implementation of early identification and brief intervention programmes/measures in health sector (to reduce harm from alcohol, tobacco and drug use)
   - Discussion on the priorities for a joint project on somatic disease and alcohol between Norway and Russia (in the first stage) to estimate the impact of problematic alcohol and drug use on patients treated for somatic illnesses
   - Identification of financial resources and work on research protocols
   - Organising at least two meetings where aims and objectives from both partners are discussed and where the partners can come to an agreement on collaborative projects in the two countries
   - Developing a large-scale project aimed to generate new knowledge on the association between somatic health and drug or alcohol use. This knowledge may be used to prevent problematic use of alcohol and drugs.

   Deliverables:

   - At least two meetings and/or workshops to complete applications and research protocols in 2015
   - Launched large scale project (2016-2017) with designed study protocol , for the large scale research in order to gain the data to describe the impact of problem drug and alcohol use on patients treated for somatic illnesses

3. Strengthened knowledge base for the planning of public health policies on alcohol and drugs
   - Preparation of a project on Reducing Alcohol Related Harm (RARHA) in Russia
     - Literature review on the alcohol situation in Russia
     - Focus group discussions and adaptation of survey instruments
     - Finalisation of comparative survey methodology
     - Implementation of the survey
     - Organising of Expert Group meetings

- Development of a final project report and dissemination through the NDPHS website

- Preparation of a project on cannabis usage in the Northern Dimension area
  - Conducting of in-depth epidemiological analyses
  - Analyses of treatment and early intervention offers
  - Sharing the experiences looking for best practices
  - Analyses of drug policy context
  - Collection of feedback from national experts, professionals and activists, to be discussed within the ASA EG
  - Formulation of policy recommendations for improving cannabis policy including treatment and early intervention offers
  - Development of a final project report and dissemination through the NDPHS website

- Development of the thematic report on Alcohol Policy
  - Desk Review
  - Participatory discussions with the stakeholders
  - Analyse of information received from the partner countries
  - Organizing of sub-working group meeting
  - Development of a final report and dissemination through the NDPHS web page
  - Presentation of the report findings at the NDPHS side event

- Arranging of a PAC Side event

Deliverables:

- Thematic report on survey findings in Russia with possible policy recommendations to reduce alcohol-related harm
- Thematic report on cannabis usage in the Northern Dimension area with policy recommendations on improving treatment and early intervention offers
- Thematic Report on Alcohol Policies in the ND Northern Dimension area
- PAC Side event report, including conclusions and recommendations. Possible declaration/statement to be adopted by PAC

4. Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages
   - Desk review of inventory of affordability changes over time in the NDPHS countries
   - Review of inventory of the size, structure and dynamics (including trade routes) of the region's market in smuggled alcohol
   - Review and screening of relevant WHO and national data on total consumption per capita in each NDPHS partner country;
   - Consultation with NDPHS partner countries on policy measures
   - Arranging of Expert Group meetings

- Development of a final report and dissemination through the NDPHS website

Deliverables:

- Expert Group meetings
- Thematic report on the state of play of alcohol affordability and cross-border trade in alcohol in the NDPHS countries, with recommendations for policy

Target groups

Policy makers

Local authorities

Hospital authorities

Public health specialists

Patients treated for somatic illness in hospitals

NGOs related with health and social development

Police and customs

General population

Resources

No resources available at this moment. It is foreseen that project proposals will be developed and the NDPHS partner countries will assist in finding necessary resources for the implementation of the planned activities

Geographical coverage

Whole NDPHS area for activities under expected results 3 and 4;

For the project-driven activities (expected results 2 and 3) the optimal coverage would be three-four regions from different NDPHS member states, preferably one Baltic State, one Nordic country, one from Central Europe, and a region from North-West Russia.

For expected result 1 - Finland, Estonia, Russia, Sweden, Lithuania, Norway. First seminar will be organised in 2015 in Finland, targeted to authorities (including health authorities as well as customs and police) and civil society actors in Eastern Finland and in the Republic of Karelia.

For the project-related activities (expected results 2) - Norway and Russia in the initial stage. It is foreseen that some other partner countries will join project in a later stage through the assistance of the WHO – Geneva.

Challenges/assumptions and risks

Commitment from the partner countries

Lack of resources

Non-existence of the specific EG

6.5 Objective 5: Adequately addressed health needs related to chronic conditions and demographic changes – through strengthened integration and coordination of care and prevention throughout life course at primary care level

The context

The changing health needs of the society due to aging, spread of NCDs and increasing multi-morbidity require adequate primary health care (PHC) approaches and action to ensure a more equal accessibility to high quality PHC services in the Northern Dimension area. The Strategy for Continuous Professional Development of Primary Health Care Professionals in order to better respond to changing health needs of the society developed in the frame of the Imprim project with high contribution of PPHS EG members have emphasized recent challenges in primary health care.

Also the WHO calls for Action towards Coordinated/Integrated Health Services Delivery (CIHSD) and has 2013 developed ROADMAP Strengthening people-centered health systems in the WHO European Region (A framework for action towards Coordinated/Integrated Health Services Delivery).

Policy and action deficiencies

In order to respond to the challenge of the changing health needs and expectations of the patients, new innovative approaches are needed. In that regard, strengthening the competences of primary health care professionals, in order to improve a patient centered, well-coordinated and integrated primary health care is of importance. However, despite widely recognised evidence, the partner countries still lack the application of NCD early preventive tools and measures in PHC.

One specific policy area that calls for strenghened international cooperation is the integrated care for older people with multiple illnesses. In that connection, experience exchange and joint solutions are needed to help the health systems in a more cost-effective way address recent challenges related to aging and spread of NCDs.

Also, a broader dialogue among decision-makers is needed to work out effective methods aimed to achieve a higher commitment among patients of the primary health care to the own health care process, including self-monitoring. In that respect, the role of patients and their families is not yet sufficiently recognised in the integrated care plans, e.g. in case of chronic illnesses.

Another improvement area is the efficiency of the health and social care systems in the Northern Dimension area, as the resource allocation and incentives are not geared towards supporting an integrated and coordinate care for patients with multi-morbidity.

Introduction of adequate preventive measures could be most cost-effective in case of young patients. Still, many partner countries continue to apply biomedical approaches in preventive check-up of children and adolescents, while nowadays it is the psychosocial domain that obtains due recognition as the most actual one for identification of risky behaviour and also for the recent most common health problems, (obesity, hypertension, depression, diabetes, cardiovascular disease etc). The primary health care to a wide extent could be used as the best arena for primary prevention for children and adolescents, while continuous relation with children and their family members allows a better understanding of the psychosocial context.

Purpose of the NDPHS work

To enhance people-centred, integrated care for specific groups of patients in the Northern Dimension area. To empower patients and their families in the care of their own health.

Expected results of the NDPHS work

- Better awareness of increasing prevalence of multi-morbidity in the elderly population and of effective policy response by national health policy-makers

- Strengthened role of patients and their families in the implementation of integrated care plans
- More in-depth knowledge among health and social care providers on the resource allocation and incentives to support integrated and better coordinated care
- Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible (organisation(s), EGs etc)[5]
1	Better awareness of increasing prevalence of multi-morbidity in the elderly population and of effective policy response by national health policy-makers	No. of countries with approved policy documents addressing multi-morbidity	To be estimated	At least 3 more	National data	Each Partner Country PPHS EG
2	Strengthened role of patients and their families in the implementation of integrated care plans	No. of countries with active role of patients and their families stated in the care plans	To be estimated	At least 6	National data	Each Partner Country PPHS EG
3	More in-depth knowledge among health and social care providers on the resource allocation and incentives to support integrated and better coordinated care	No. of countries with revised resource allocation and introduced incentives	To be estimated	To be estimated	National data	Each Partner Country PPHS EG
4	Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents	No. of countries introducing new methodologies and/or models for identification of psychosocial causes	To be estimated	To be estimated	National data	Each Partner Country PPHS EG

Planned activities towards the expected results

1. Better awareness of increasing prevalence of multi-morbidity in the elderly population and of effective policy response by national health policy-makers
   - Establishment of effective channels from providers of knowledge based care to policy makers, with strengthened coordination and networking between the WHO, European Forum of

[5] a proposal pending the CSR decision about the future NDPHS expert-level structures

Primary Care and national stakeholders in the Northern Dimension area working with people-centred, integrated care for patients with multi-morbidity

- Arranging of a thematic workshop involving key international stakeholders to plan additional activities in the Northern Dimension area (particular attention to the countries not eligible for the funding from the EU BSR Programme)
- Collection and dissemination of evidence from good practices on integrated care for patients with multi-morbidity
- Development of a report on experiences and solutions on how to improve integrated care (2016)
- Arranging of an NDPHS International Workshop linked to EFPC conference in Riga in 2016 with an aim to share experiences of integrated care

Deliverables:

- Thematic workshop
- Synthesis report with experiences and solutions on how to improve integrated care
- NDPHS International Workshop to share experiences of integrated care and newsletter

2. Strengthened role of patients and their families in the implementation of integrated care plans
   - Collection of experience from the Northern Dimension partner countries on how the peer groups education is used to cope with diseases for different groups of patients and to include the role of the patients and their family members in the care plans
   - Development of policy guidance on how the role of patients and families in the management of chronic illness should be included in the care plans

   Deliverables:

   - Policy guidance report on most effective methods to achieve a higher commitment among patients of the primary health care to the own health care process, including self-monitoring.

3. More in-depth knowledge among health and social care providers on the resource allocation and incentives to support integrated and better coordinated care
   - Development of a report on knowledge-based experiences and solutions on how to more cost-effectively allocate health and social care resources towards the needs of patients with multi-morbidity

   Deliverables:

   - Thematic report

4. Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents
   - Arranging of an NDPHS workshop on the issue during EFPC Conference in Riga in 2016
   - Arranging of a side event or a conference with the purpose to raise awareness among policy makers on psyhosocial courses of risky behaviour, particularly related to body image and appearance issues
   - Development of a report on knowledge-based experiences and solutions on how to more cost-effectively allocate health and social care resources towards needs of a particular population

Deliverables:

- NDPHS workshop during EFPC Conference in Riga in 2016.
- NDPHS PAC Side event – Conference

Target groups

The ultimate target is the population with multiple chronic illnesses who need more adequate care, specially the elderly population. Also the young generation (children and adolescents) needs special attention in form of more comprehensive and more holistic preventive action against NCD-related risky behavior.

Direct target group: ministries, health professional associations and organizations involved in health systems development and improvement of health and social services.

Resources

Resources will be needed to cover the work of experts to attend the meetings and additional activities in between of the meeting. Additional resources are required for the arrangement of the workshops, meetings, including travel and living costs.

As mentioned above, results could be achieved if the IntegBalt project application will be successful and funding from EU BSR Program for the implementation of project activities participating in the project ND countries: Estonia, Finland, Latvia, Lithuania, Poland, Sweden.

Additional projects will be needed to have results achieved in Belarus and Russian Federation (not eligible for the first call of EU BSR Programme)

Geographical coverage

ND countries, actively involved in NDPHS activities: Estonia, Finland, Latvia, Lithuania, Poland, Russian Federation, Sweden and Belarus as associated member.

Expected results 1-3 within the IntegBalt project could be achieved only in countries which are eligible for the funding from EU BSR Programme. Additional funding sources should be detected to implement activities in the Russian Federation and Belarus.

Challenges/assumptions and risks

- Resources should be available for the work of EG members, time of experts not only during the meetings, but also between the meetings
- Seed money funding should be available for the small scale projects, initiatives and/or thematic policy papers
- Ministries from most of ND countries assign to the EG competent experts in the field
- Country senior representatives in between the CSR meetings should find time to meet with EG members and facilitate dissemination of results and decisions at national level, when needed.
- Achievement of the results 1-3 would be possible only in case of a successful initiated by PPHS EG INTEGBALT project application and/or additional funding sources will be found. If the IntegBalt project becomes a flagship NDPHS project, it would contribute to accomplishment of the goals. If the application will not be approved, then the NDPHS Primary Health care (PHC) Expert group would need to find other sources of funding. The European Social Fund could be an alternative.

6.6 Objective 6: Strengthened occupational safety and health and well-being at work - through information and reporting systems, workplace activities and occupational health services

The context

Improvement of working conditions is a long-term process, involving government, employers and trade unions. The Promotional Framework for Occupational Safety and Health Convention, developed in 2006 by the International Labour Organization, recognises the global magnitude of occupational injuries, diseases and deaths, and the need for further action to reduce them. The Convention urges each ratifying member to develop, in consultation with the most representative organisations of employers and workers, a national policy, national system and national programme for occupational safety and health (OSH).

The national system for occupational safety and health shall include, among others: the legislation (laws and regulations, collective agreements), the organisational structures (OSH-responsible authorities and bodies, cooperation arrangements between management, workers and their representatives and a national tripartite advisory body/bodies), the services (information and advice, training, research) and support mechanisms (collection and analysis of data, collaboration with relevant insurance or social security schemes, aid on progressive improvement of occupational safety and health conditions in micro-enterprises, in small and medium-sized enterprises and in the informal economy).

Policy and action deficiencies

A strengthened coordination of actions, capacity building, information and promotion of safety, health and well-being at workplaces and among individuals is needed to address the OSH challenges. The step-wise approach in pursuing the Promotional Framework for Occupational Safety and Health Convention in the Northern Dimension area is, however, impeded due a number of drawbacks.

In resourcing and targeting the OSH action the occupational accident statistics is frequently used, in spite of the fact that is highly unrepresentative and presents a considerable depth of discrepancy in occupational accident reporting between the NDPHS countries. Consequently, it does not provide a sound basis for reliable long-term strategic planning.

There is a lack of national OSH programmes to steer the joint efforts towards the improvement of working conditions. Within this framework, particular attention shall be paid to the tackling of the most dangerous hazards at work in the sectors and branches of economy at highest risk (e.g. elimination of asbestos hazards, safety in transport, OH&S of health care workers and compliance issues

The observed challenge of the ageing OSH doctors and specialists in the Northern Dimension area calls for training of new staff based on the best experience shared in that respect.

Purpose of the NDPHS work

To reduce the number of occupational accidents in the Northern Dimension area through a coordinated national system response

Expected results of the NDPHS work

- Better decision-making basis for addressing OSH challenges in the Northern Dimension area
- Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being
- Higher national commitment to combatting the most dangerous hazards at work
- Strengthened training framework for OHS staff in the Northern Dimension area

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible (organisation(s), EGs etc)[6]
1	Better decision-making basis for addressing OSH challenges in the Northern Dimension area	No. of countries with developed/ revised national OSH profiles	To be estimated	At least 6	National data	OSH TG possible depositories: ILO LegOSH, BSN
2	Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being	No. of countries with developed / updated programme documents	To be estimated	At least 6 (2020)	National data	Each Partner Country OSH TG
3	Higher national commitment to combatting the most dangerous hazards at work	No. of countries reporting high-risk sector actions/ campaigns	To be estimated	To be estimated	National data	Each Partner Country PPHS EG
5	Strengthened training framework for OHS staff in the Northern Dimension area	No. of organised multi-country events and/or developed curricula	0	To be estimated	PPHS EG	EUMS, ENETOSH, ENWHP, NIVA, IALI

Planned activities towards the expected results

1. Better decision-making basis for addressing OSH challenges in the Northern Dimension area
   - Recollection of the problem scope based on the comparative summary of the fatal and non-fatal accident rates for the NDPHS countries, accompanied with a first analysis of the reasons for the huge discrepancies in occupational accident reporting between the NDPHS countries (presented to the NDPHS PAC 21 Nov 2013).
   - Development of a thematic report on the organisation and methodologies in occupational accident recording, with recommendation for improved registration and reporting
   - Presentation of the report to decision makers and EU institutions (EU OSHA, Eurofoundation and EUROSTAT) in order to develop improved reporting and recoding strategy and methods with the aim to provide more realistic occupational accidents statistics
   - Dissemination of the report though the existing information channels (e.g. NDPHS website, Baltic Sea Network on Occupational Health/Safety www.balticseaosh.net, Barents Newsletter on OH&S, other newsletters, publications, other media

[6] a proposal pending the CSR decision about the future NDPHS expert-level structures

Deliverables:

- Thematic report on the organisation and methodologies in occupational accident recording, with recommendation for improved registration and reporting

2. Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being

- *Please describe what kind of activities should the NDPHS conduct by 2017 in that field, in order to see that the programmes (specified below) are in place in 2020?*

Deliverables:

- Draft national policy/programmes for the development of work life, health and safety at work and the accomplishment of working conditions conducive to health and well-being
- Draft special national programmes for the development of occupational health services for all working people

3. Higher national commitment to combatting the most dangerous hazards at work

- *Please describe what kind of activities should the NDPHS conduct by 2017 in that field, in order to see that the programmes (specified below) are in place in 2020?*

Deliverables:

- Launched special joint and national targeted actions for the reduction of the most dangerous hazards at work in the sectors and branches of economy at highest risk, incl. elimination of asbestos hazards, safety in transport, OH&S of health care workers and compliance issues

Wiktor Szydarowski 2/2/2015 18:45
Comment [9]: Will the NDPHS be animating/organising them or be involved?

4. Strengthened training framework for OHS staff in the Northern Dimension area

- *Please describe what kind of activities should the NDPHS conduct by 2017 in that field, in order to see that the programmes (specified below) are in place in 2020?*

Deliverables:

- region-wide joint seminars
- courses/symposia for sharing experiences
- curricula development
- BSN Annual Meeting

Target groups

Decision makers

OSH specialists

Statisticians

Resources

EU Seed Money Facility (42 432 euro) for the first background and project development phase. Additional funding needed for development of recommendations, improved registration and increased reliability and comparability

Geographical coverage

All NDPHS partner countries; actively interested: Estonia, Finland, Germany, Latvia, Lithuania, Norway, Russia (and Volgograd region)

Challenges/assumptions and risks

Increased awareness of the limitations of national accident statistics is needed, in spite of possible negative impact on perceived positive trends. It is assumed that the PAC decision to develop better and comparable statistics apply in all countries. The work will be prolonged, if needed funding cannot be secured.

Healthy Lifestyles at Healthy Workplaces

The project concept is still in planning stage, due to non-delivery of expected funding. Close cooperation with EG NCD is foreseen.

7. Monitoring and Evaluation

Monitoring the progress in the implementation of the Action Plan to the NDPHS Strategy 2020 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 six chosen objectives.

For each of the two levels, the Action Plan contains targets and indicators related to the accomplishment of results.

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

Annex: General information on the NDPHS

Composition

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).

Operational bodies

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 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 decides upon 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.

Expert Groups and **Task Groups**, consisting of high-level experts appointed by national partners and organisations represented in CSR, provide policy advise 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.

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. Following the entry into force of the *Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being* on 31 December 2012, the NDPHS Secretariat was established as an international legal entity in 2013.

Mission and strategy

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.

In realising the mission, the NDPHS, at the 6th Partnership Annual Conference, appreciated the European Commission's invitation for the NDPHS to take the role of Lead Partner for the coordination of the health sub-area of Priority Area 12 of the EU Strategy 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.

Priority areas

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 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.

Appendix

Input to the NDPHS Action Plan accompanying the NDPHS Strategy 2014-2020

Submitted by: PPHS prison health experts

Date submitted: Jan,2015

I. Objective(s): Implement adequate health protection in prisons correctional facilities (additional objective proposed by prison health experts of the PPHS EG)

II. Expected results

No.	Expected result	Indicator	Baseline	Timing (deadline)	Data source	Responsible (organization(s), EGs etc)	Cross-cutting objectives[7]
1.	**Improved infections disease control, esp. regarding HIV, TB and HIV-TB.**	1. Incidence of HIV, TB and HIV+TB in Prisons and correctional facilities in accordance to rate of testing of HIV/TB Expected: After increased testing period increased incidence, then	To be added	2020	National data	Relevant National authorities	1,2,3,5,

[7] The expected result is contributing to the achievement of which cross-cutting objective(s)

		continuous decrease till the end of strategy. 2. Rate of patients completed diagnostic process of TB and HIV on admission according to int. Standards according to all new admissions. Expected: Increase to 100% 3. Fulfilled diagnostic process for TB resistances within 4 weeks after TB diagnosis. Expected: Increase 4. Rate of cases of TB with detected resistances (MDR or XDR) according to all TB cases. Expected: Decrease of MDR XDR 5. Rate of TB and/or HIV cases treated regarding individual resistance situation according to international					

		standards (medication, isolation, development of resistance and follow up) Expected: Increase 6. Rate of HIV and or TB positive inmates covered with social and psychological counselling to improve compliance and therapy adherence. Expected: Increase 7. Established and followed routine of detection of contact persons for TB positive cases. Expected: Fulfilled qualitative Indicator 8. Established and followed through care situation for HIV TB Patients. Expected: Fulfilled qualitative Indicator					
2.	**Reduced harm on**	1. Rate of imprisonment,	To be	2020	National data	Relevant nationals	1,2,3,4,5

	health from imprisonment	divided male, femal, juveniels Expected: Decrease 2. Everage duration of stay Expected: Decrease 3. Suicide rate Expected: Decrease 4. Use of Istanbul protocol of WHO Expected: qualitative Indicator 5. Rate of overcrowding Expected: Decrease 6. CPT standards are achieved Expected qualitative Indicator 7. WHO/HIPP standards are achieved Expected qualitative Indicator	added			authories	

3	**Partnership has contributed to building more healthy conditions in prisons**	"Number of states with procedures in increasing health per year Number of conferences held	To be added	2020	National data	Relevant nationals authorizes	1,2,3,5
4		1. Rate of fulfilled Through-care for TB cases at release Expected: increase 2. Established and followed routine of Through-care Expected: qualitative Indicator	To be added	2020	National data	Relevant nationals authorizes EG PPHS	1,2,3,4,5

III. Planned Activities for 2015-2017[8]

1. Background

In general prison health experts support HIPP and CPT standards to be basic of health care in prison.

As far as no resources are given to the EG Groups and only meetings are held twice a year there are no general actions to be planned by the group.

The main task of the expert group is to point out the importance of the health of prisoner with a high burden of medical problems and which is affecting all crosscutting issues of health like addiction, NCDs, AMR-problems and infections. Also e-health projects can implemented in prisons successfully. In general prison health care is a form of primary health care. The main risk is the spread of infectious diseases within the community of the inmates and also in the whole population.

Prisoners come out of the community and will go back after their sentence.

[8] Where possible information in this section should be provided using subheadings consistent with the numbering of the expected results, e.g., 1.1, 1.2 … (referring to Result 1); 2.1, 2.2 … (referring to Result 2); etc.

1. Planned actions

The main task of the expert group will be to advice actions which can and should be taken the countries to improve situation. In case of concrete plans the expert will support with there expertise. They will support and advice those who plan and start projects.

The participating countries can take several actions to improve health in the field of prison medicine. The following details can be given:

Implementation of particular instruments / model solutions for TB control adjusted to specific local conditions. Special focus on MDR and XDR TB and prevention and detection of resistance development, if detected – provision of relevant treatment.
Implementation of instruments for HIV control adjusted to specific local conditions. Development for strategies for improvement of other co-infections, e.g. STIs

Reduce imprisonment that the overall number of inmates decreases.
Therefor increase the use of alternative forms of punishment
Collect and distribute information about good practice using alternative forms of punishment

Revise the terms of imprisonment
Collect and distribute scientific information on social economic factors regarding harmful effects from imprisonment
Evaluate and balance punitive level for drug addiction relative to prevention, treatment and rehabilitation
Projects to increase early intervention to prevent criminal behavior, drug addiction, antisocial behavior, prevent discrimination, social exclusion, mobbing, good education, low socio- economic differences should be launched ,

Politicians and policy makers must be avere of harm from imprisonment, economic cost of imprisonment compared with alternatives,
To use the economic argument for changes policy papers to calculate/estimate costs for imprisonment must be developed
The risk of harm from imprisonment must be described, and the information be distributed.
Principle of normalization – to prevent institutionalization must be introduce
Seminars on prison health throughout the ND area for decision makers must be arranging
Political awareness for the harm from imprisonment as a public health challenge must be increased

Overcrowding needed to be reduce
he principle of normalization must be introduced
Implement minimum standards COE/CPT
Healthy prison – following WHO recommendations for prison health have to be built up.

Roles of through-care regarding ethic aspects, medical confidentiality and needs must be defined and upset.

Meetings with relevant national authorities to promote the idea of Through-care can be held.
Exchange of relevant information between civil and prison health systems is needed as a routine.
Minimum standard of necessary information which must be requested from former service must be regularly transferred in case of admission and discharge.
Ways of exchange of information (actual medication, needed treatment, planned therapies) regarding the urgency must be set up.

2. Target group(s)

Main target group are prison inmates including remand prisoner and personas in detention camps.
Secondary target groups are prison staff and general society

4. Resources

see above,

5. Geographical coverage
In general whole NDPHS area, specially covering countries and regions with high incarceration rate and increased prevalence of HIV and TB in Prison.

6. Challenges/assumptions and risks
To work in a new strategy the role of EGs muss be defined. EGs or members should not be those developing projects.
As far as members in EGs are just for meeting time officially working in the field there is a lack of resources.