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Northern Dimension
Partnership in Public Health
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Reference	CSR 24/5.2/3
Title	WHO comments regarding the draft Action Plan accompanying the NDPHS Strategy
Submitted by	WHO
Summary / Note	-
Requested action	For reference

Action Plan accompanying the NDPHS Strategy 2020

Sixth working draft as of 30 March 2015

THE DOCUMENT CONTAINS CHANGES INTRODUCED TO THE DOCUMENT IN COOPERATION BETWEEN THE CONSULTANT AND THE EG/TG MEMBERS AFTER THE STRATEGY WORKING GROUP MEETING IN STOCKHOLM, 10 FEBRUARY 2015

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.

Acronyms and abbreviations

AI – Associated infections

AMR – Antimicrobial resistance

BARN - The Baltic Antibiotic Resistance Collaborative Network

BMI - Body Mass Index

BSN – Baltic Sea Network on Occupational Health and Safety

CAESAR - Central Asian and Eastern European Surveillance of Antimicrobial Resistance

CIHSD - Coordinated/Integrated Health Services Delivery

CSR – NDPHS Committee of Senior Representatives

EARS-Net - European Antimicrobial Resistance Surveillance Network

ECDC – European Centre for Disease Prevention and Control

EFPC - European Forum of Primary Care

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

ENETOSH – European Network Education and Training in Occupational Safety and Health

ENWHP - European Network for Workplace Health Promotion

ESBL - Extended Spectrum Beta-Lactamas

EUSBSR – EU Strategy for the Baltic Sea Region

FTA – Free Trade Agreement

GBD - Global Burden of Disease

HIV/AIDS - Human immunodeficiency virus infection and acquired immune deficiency syndrome

HSS - health systems strengthening (action plan)

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IALI - International Association of Labour Inspection

ILO – International Labour Organization

IOM/MHD – International Organization for Migration, Migration Health Division

LEGOSH - ILO Global Database on Occupational Safety and Health Legislation

NCD - Non-communicable diseases

ND – Northern Dimension

NDPHS – Northern Dimension Partnership in Public Health and Social Well-being

NGO - Non-governmental organisation

NIVA – Nordic Institute for Advanced Training in Occupational Health

NoDARS - Northern Dimension Antibiotic Resistance Study

OECD - The Organisation for Economic Co-operation and Development

OSH – Occupational safety and health

PAC – Partnership Annual Conference

PHC – Primary health care

PYLL - Potential Years of Life Lost

RARHA – EU Joint Action on Reducing Alcohol Related Harm

TB – Tuberculosis

TISA - Trade-in-Services Agreement

TTIP - EU-USA Transatlantic Trade and Investment Partnership

UNAIDS - Joint United Nations Programme on HIV/AIDS

UTI – Urinary Tract Infections

WHA – World Health Assembly

WHO – World Health Organization

WHO Europe – WHO Regional Office for Europe

1.1 Financial resources

Effective implementation of the Action Plan requires allocation of funds, necessary :

- for appointed delegates and experts to actively participate in the activities (working time to prepare for and follow up on the joint work, office expenses, travel costs for meetings etc.);
- to organise the required meetings, seminars and study visits;
- for research/mapping work and to produce guidelines, thematic reports and other publications highlighting the results of the NDPHS work;
- to initiate and implement projects and initiatives;
- to organise the dissemination of results of the Partnership work in the NDPHS Partner Countries by the respective ministries of health and public health institutes (e.g. national workshops, information campaigns and media events).

1.2 Challenges

The effective and successful implementation of the Action Plan is dependent upon several other factors:

- high commitment of the governments of the NDPHS Partner Countries to provide political, financial and practical support to the Partnership work towards the expected results in all objectives of the NDPHS Strategy 2020;
- clear understanding of a necessity to ensure financial resources for implementation of the planned activities and the risks related to limited and insufficient funding;
- continuous exchange of information between relevant actors within the NDPHS Partner Countries (including contacts between country senior representatives and NDPHS expert group members) and a good dialogue at a policy-making level to implement the Partnership results;
- selection of professional, motivated and committed representatives for the future NDPHS Expert Groups by all the NDPHS Partners;
- high interest and commitment of the nominated Partnership experts to take part in cross-cutting activities (exceeding the scope of one single objective of the NDPHS Strategy 2020).
- clear understanding of expectations, priorities and needs in the expert-level structures of the Partnership;
- clear understanding of cooperation goals and expected results among the involved stakeholders;
- involvement of relevant international organisations in the expert-level work;
- adherence to regional action frameworks to facilitate synergies and maximise impacts.

1.3 Horizontal actions

1.3.1 Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area

As stated in the ministerial-level Partnership Annual Conference (PAC 8 in 2011, and PAC 10 in 2013), health and social well-being have to be more widely recognised on the regional cooperation agenda in the Northern Dimension area. While the inclusion of health as a self-standing Priority Area in the EUSBSR Action Plan in early 2013 was met with satisfaction, further efforts are needed to convince the international, national and local policy- and decision makers of the need to grant health and the social dimension a status, which would be adequate to their role and importance for the region's societies and economies.

Planned activities towards the expected result

- Cooperate with relevant regional actors to include NDPHS-facilitated health and social well-being items on the regional cooperation agenda in the Northern Dimension area.
- Include provisions regarding health and social well-being, as well as the Partnership's role, in relevant high-level and other documents.
- Produce and disseminate information and PR materials regarding health and social well-being to international, national and local policy- and decision makers and other stakeholders.

Target (2017)

At least one prominent regional event per year includes a NDPHS-facilitated health and social well-being item on its agenda.

1.3.2 Strengthened support and involvement of external stakeholders in the NDPHS-facilitated activities

In the period of 2010-2013 the NDPHS was contacted for cooperation/advice by many international, national, sub-national and local health authorities or other actors. Broader support and involvement of external stakeholders in the NDPHS activities led to the increased importance and visibility of the NDPHS. This, in turn, put the Partnership in a better position to initiate and influence developments leading to the improvement of health and the quality of life in the Northern Dimension area. Therefore, the Partnership will continue its efforts to create synergies and develop cooperation with regional actors active in the health field.

Planned activities towards the expected result

- Work with other relevant stakeholders towards the achievement of the health-related actions and targets as spelled out in the NDPHS Action Plan.
- Identify existing actors, networks and organisations with co-operation potential and invite them to support/engage in the Partnership's activities.

Target (2017)

At least 10 new external organisations and/or authorities involved in NDPHS-facilitated activities, representing actors from the following sectors:

(i) international or regional (at least 1 actor);

(ii) national (at least 2 actors);

(iii) sub-national and local (at least 3 actors);

(iv) NGOs/civil society representatives (at least 3 actors).

1.3.3 Increased and strengthened project-to-policy cycle approach in regional cooperation in the area of health and social well-being

In order to be effective and to guarantee a broad and sustainable impact, relevant results and recommendations from projects need to be anchored at the policy level. The NDPHS is well positioned to help convey relevant results and recommendations of ongoing and completed projects to the policy level: the relevant conclusions and recommendations can be discussed by the NDPHS expert level bodies and be subsequently presented by the NDPHS expert groups for consideration by the NDPHS Committee of Senior Representatives and possibly by the ministerial-level NDPHS Partnership Annual Conference.

Planned activities towards the expected result

- Communicate, internally within the NDPHS, relevant results of NDPHS-facilitated or NDPHS-labelled projects to the policy level.
- Cooperate with relevant external stakeholders to communicate the results of NDPHS-facilitated or NDPHS-labelled projects to the policy level in the Northern Dimension area.
- Identify, approach and encourage external stakeholders to communicate, when relevant, the results of their regional projects to the policy level by using the NDPHS' structures.

Target (2017)

3 CSR/PAC events and three meetings of each NDPHS Expert Group used to help convey the results of NDPHS-facilitated or NDPHS-labelled projects to the policy level.

3 non-NDPHS events used to help convey the results of NDPHS-facilitated or NDPHS-labelled projects to the policy level.

Relevant results of 3 non-NDPHS projects run by external stakeholders communicated to the policy level by using the NDPHS structures.

1.3.4 Increased visibility of the NDPHS in the Partner Countries

Whereas other specific visibility-related actions of the Action Plan address the Partnership's outreach activities toward other stakeholders and the general public, this action area aims to further strengthen the commitment and involvement of the NDPHS Partner Countries. This should be done through an raising the awareness about the Partnership, its achievements, the role of the Partners and possibilities for the Partner Countries to benefit from the cooperation within the NDPHS framework.

The consultations would also provide an opportunity to discuss the issues that require support and action from the highest decision-making and political level, as well as to discuss how country representatives can enhance the NDPHS visibility at home.

Planned activities towards the expected result

- Arrange a series of meetings and consultations between the NDPHS Chair Country and each remaining NDPHS Partner Country to help (i) improve the visibility of the Partnership in the capitals of the Partner Countries; and (ii) help advance the implementation of the NDPHS Strategy and Action Plan.
- Continue dialogue with the NDPHS Partner Countries and Organisations to highlight the information on the NDPHS work on home websites.

Target (2017)

9 dedicated meetings and consultations held with all NDPHS Partner Countries to help improve the visibility of the Partnership in the capitals of the Partner Countries.

18 NDPHS Partner Countries and Organisations that have included/updated links to the NDPHS website/database/project pipeline on own website.

1.3.5 Ensured coherence and mutual support in addressing regional challenges and opportunities in the area of health and social well-being through a successful leadership of the EU Strategy for the Baltic Sea Region's Health Policy Area

The NDPHS role as the Policy Area Coordinator in the EUSBSR (PA Health – Improving and promoting people's health, including its social aspects) allows for a making the regional cooperation in health more integrated and inclusive. In particular, by providing a common reference point, it has contributed to increased interfacing between relevant stakeholders at various levels and across the thematic sectors, and a better division of labour among the existing networks. At the same time, most of the EUSBSR-related activities are coherent with the NDPHS mission as spelled out in the Oslo Declaration or contribute to the strategic aims of the NDPHS, such as: increased visibility and better influence in processes related to allocation of funding for regional cooperation.

Through the instrument of the EUSBSR the Partnership is able to strengthen the message that improving and promoting people's health, including social aspects, is an important precondition for ensuring sustainable and healthy societies enjoying economic growth, and for containing future health and social care- related costs.

Planned activities towards the expected result

- Facilitate the development and implementation of actions and flagship projects defined in the Health Policy Area.
- Monitor and report the implementation progress within the Policy Area.
- Review regularly the relevance of the Policy Area as described in the Action Plan. Propose necessary updates, including the addition, modification or deletion of actions and flagship projects to the European Commission.

Targets (2017)

- At least 1 EUSBSR Health Policy Area flagship project implemented or ongoing.
- Biennial EUSBSR Health Priority Area progress reports submitted to the European Commission, as requested.
- Revised EUSBSR Health Priority Area in the Action Plan approved by the relevant NDPHS governing body for submission to the European Commission.

1.4 Implementation of activities to achieve the objectives in the period of 2015-2017

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

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 (AI), especially tuberculosis (TB), among the key populations at higher 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 higher risk may suffer from the consequences of harmful use of alcohol, social marginalisation and criminalisation, as well as stigmatisation and discrimination.

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 needs

Complex and cross-sectoral character of the HIV/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 a 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 key populations at higher risk for HIV-infection is not utilised to the maximum extent in governmental actions to strengthen the prevention and control of TB and HIV/TB co-infection, 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. The collection of data concerning key populations at risk in the NDPHS Partner Countries is not sufficient, neither is the reporting of such data to UNAIDS.

Treatment of HIV, TB and AIs is not always provided in an integrated and patient-focused manner. There are several barriers in the access to treatment which need to be assessed. Recommendations for updating national programmes are needed. EU Joint Action on HIV and co-infection prevention and harm reduction will be launched in 2015. One of its components will focus on mapping of barriers to treatment as well as recommendations for updating national programmes. NDPHS shall deliver expertise to the planning and mapping activities.

Footprint of the NDPHS work

- To contribute to improved and better coordinated preventive responses of the national health and social care systems as well as to an equal access to treatment to mitigate the impact of HIV/AIDS and associated infections in the Northern Dimension area.

Expected results of the NDPHS work

- Increased awareness and knowledge among relevant decision makers and other actors in the Northern Dimension area about the complexity of the epidemiological situation of HIV/TB/AI and their consequences.
- Enhanced international and multi-sectoral stakeholder cooperation on HIV/TB/AI-related issues in the Northern Dimension area, with inclusion of NGOs and broader society representatives.
- Improved effectiveness of HIVTB/AI prevention actions in the Northern Dimension area.
- Improved monitoring, data collection and reporting of the situation of HIV/TB/AI among key populations at risk and policy/action response in the Northern Dimension area.

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible organisation
1.	Increased awareness and knowledge among relevant decision makers and other actors in the Northern Dimension area about the complexity of the epidemiological situation of HIV/TB/AI and their consequences	No. of countries which have integrated the HIV/TB action recommendations (cf. the NDPHS Statement) into national health policies	To be estimated as part of activities	2-3 more	National HIV and TB programmes Expert group reports	Expert-level structures National authorities
2.	Enhanced international and multi-sectoral	No. of HIV/TB/AIs stakeholder cooperation	*2 (ECDC and Barents*	2-3 more	Project reports	Expert-level structures

	stakeholder cooperation on HIV/TB/AI-related issues in the Northern Dimension area	platforms involving NGOs and representatives of other sectors	*Health meetings)*		Expert group reports	National authorities
3	Improved effectiveness of HIV/TB/AI prevention actions in the Northern Dimension area	No. of national prevention actions supported	1 (ongoing NDPHS ENPI project)	3-4 (by 2020)	Project reports Expert group reports	Project leaders Expert-level structures
4	Improved monitoring, data collection and reporting of the situation of HIV/TB/AI among key populations at risk and policy/action response in the Northern Dimension area	No of monitoring and best practice reports produced and disseminated to decision-makers	*2* *(Integrated care for PLHIV and HATBAI epid report)*	2 more	Expert group reports	Expert-level structures

Planned activities towards the expected results

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

   - Assess the current state of how many countries and to what extent implement the recommendations of the NDPHS Statement "Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward".
   - Continue work on identification of policy response areas and optimum measures based on the NDPHS Statement "Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward" and information from WHO, ECDC and IOM.
   - Develop and disseminate advice for the national ministries and public health institutions of the NDPHS Partner Countries on integrating the HIV and TB recommendations of the NDPHS Statement into the national health policies and programmes.

   Deliverables:

   - Thematic report containing advice on integrating the HIV and TB recommendations of the NDPHS Statement into the national health policies and programmes.

2. Enhanced international and multi-sectoral stakeholder cooperation in the field on HIV/TB/AI-related issues in the Northern Dimension area

   - Identify and approach relevant NGO and representatives of other sectors as well as stakeholder cooperation platforms dealing with HIV/TB/AI issues in the NDPHS Partner Countries.
   - Stimulate joint meetings between thematic experts and relevant stakeholders, incl. NGOs and broader society representatives, to share experiences and knowledge on the cross-cutting issues of HIV-TB-drugs-alcohol-prison-AMR-PHC etc.

- Facilitate joint discussion about health systems development and links between the specialised care and the public health care, concerning issues related to HIV & AI.
- Arrange cross-sectoral study visits for experts on prison health, infectious diseases, primary health care, alcohol and substance abuse and mental health.

Deliverables:

- Periodical reports (1 per year) summing up outcomes of the joint dialogue, with recommendations to improve policy and action effectiveness in addressing the cross-cutting issues of HIV-TB-drugs-alcohol-prison-AMR-PHC etc.

3. Improved effectiveness of HIV/TB/AI prevention actions in the Northern Dimension area
   - Identify key areas in HIV/TB/AI 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, WHO and UNAIDS.
   - Develop a mechanism to make the joint NDPHS experience in the field of HIV and AI better and more widely used by the ministries and organisations in the NDPHS Partner Countries.
   - Provide training, advisory support and expertise in developing initiatives of the NDPHS Partner Countries (e.g. 'HATBAI' seed money project, EU Joint Action on HIV and harm reduction etc.).

   Deliverables:

   - Report on the added value of multi-stakeholder cooperation in HI/TB/AI preventive actions.
   - Assistance delivered to the ministries and relevant organisations of the NDPHS Partner Countries in the evaluation of project applications and other issues requiring HIV/TB/AI expertise.
   - Technical advice provided to 3 projects and initiatives in the planning and management stage.

4. Improved monitoring, data collection and reporting of the situation of HIV/TB/AI among key populations at risk and policy/action response in the Northern Dimension area
   - Arrange information exchange and benchmarking between the experts of the NDPHS Partner Countries about current epidemiological situation within the HIV/TB/AI, national response policies and good practices solutions.
   - Produce and disseminate (via the NDPHS website, newsletter and/or media events) analytical conclusions and action proposals towards the national authorities responsible for HIV/AIDS, TB and AI.

   Deliverables:

   - 1-2 reports / 2 years, compiling actual statistical and analytical information on the epidemiological status of HIV/TB/AI risk groups in the NDPHS Partner Countries and containing conclusions and proposals for action based on outcomes of the discussion in the group of cross-sectoral experts.

Target groups

- national authorities responsible for HIV/AIDS, TB and AI (Ministries of Health, Ministries for Social Affairs, Ministries of Justice etc.).
- experts working in the field of HIV/AIDS & AI in national, regional and local administration and in NGOs

- media professionals, general population etc.
- higher risk (vulnerable) groups (see the context information)

Sub-objective 1a: Improved adequate health care in prisons/correctional facilities

The context

Prison populations are a vulnerable group in terms of disease emergence and spread. Of special relevance are the fields of mental health and infectious diseases, particularly the blood-borne, drug use-related infections with hepatitis viruses (here: B and C) and HIV virus. A particular risk, in addition to blood-borne diseases, is associated with airborne transmission of tuberculosis. The particular circumstances of life inside prison in-crease infection rates, and the "revolving door" between the prison system and freedom allows diseases to spread through the prison walls.

Moreover, the more or less compulsory scarcity of drugs and the resulting abstinence causes withdrawals from diverse types of abused substances. Depending on the geographical region affected, these withdrawals can be from tobacco via alcohol up to prescription drugs and legal or illegal drugs.

Prison health care varies with the resources granted for that purpose and the qualification of the health care staff. Precisely in times of tight resources, it is imperative to prioritise care services and aim for the most effective use of resources through highly motivated and optimally trained personnel.

Policy and action needs

General ethical principles dictate that prison inmates must be fed and cared for in a way that prevents any harm or damage to health or does not aggravate an existing condition. Moreover, the basic principle of prison healthcare says that care must be equivalent to that provided on the outside. This is problematic when responsibility for prison healthcare provision in the NDPHS Partner Countries is split between different institutions/ministries.

Due to the highly dynamic development in medical science, procedures and practices should be prepared in a coordinated approach that allow prison health care to be raised to a level comparable to that provided to the general population. The access to certain expensive medicines, for example treatment for MDR or XDR TB, should be similar outside and inside prisons. Yet, the high cost and deficiency of these medicines in some NDPHS Partner Countries requires both legislative and budgetary policies. In addition, instruments for HIV control and strategies for prevention of co-infections vary across the Northern Dimension area, calling for improvement in guidelines and routines.

Considering these circumstances and descriptions of the core tasks and limits of prison medicine, international cooperation among the NDPHS Partner Countries seems to be a promising strategy to promote the joint development of modern and internationally recognised values of prisoner healthcare and to put the resulting structures in place. The only viable approach to achieving these developments will be to pursue a continuous and intensive dialogue with the target groups. One of the action actions in that respect would be to raise awareness of harm on health from imprisonment as HIPP (WHO Europe) and CPT standards are not met by all the NDPHS Partner Countries. Another one would consist in encouraging more NDPHS Partner Countries to follow WHO recommendations on how to implement minimum standards for healthy conditions in prisons.

It is necessary to study mental health problems inside prisons as a first step for improving prevention, diagnostics and treatment inside prisons. Medical interventions inside prisons should follow international standards. Care improvement measures in the NDPHS Partner Countries, specifically further medical training, should comprise particularly topics that are broadly relevant in prison settings and, in view of the above account, focus on mental health conditions, addictions and infectious diseases. Moreover, the processes for promoting the management of non-communicable diseases that are currently underway across health care systems should be taken into consideration and, if applicable, increasingly implemented here, too.

Footprint of the NDPHS work

- To contribute to reduced harm on health from imprisonment.
- To contribute to building more healthy conditions in prisons.

Expected results of the NDPHS work

- *Better knowledge on how to improve mental health and infections disease control, especially regarding HIV, TB and HIV-TB.*
- *Raised awareness of harm on health from imprisonment-based in accordance with HIPP (WHO Europe) and CPT standards*
- *Improved knowledge on building more healthy conditions in prisons.*
- *Improved linkage between medical care in prisons and community public health services.*

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible organisation
1.	*Better knowledge on how to improve mental health and infections disease control, esp. regarding HIV, TB and HIV-TB*	*No. of countries that study mental health problems in prison (epidemiologic interviews etc.)* *No. of countries fulfilling diagnostic processes for TB resistance in line with international standards* *No. of countries monitoring the number of TB (with detected resistances MDR or XDR) plus HIV cases, according to international standards*	*To be estimated*	*At least 1 more*	*National data*	*Relevant national authorities*
2.	*Raised awareness of harm on health from imprisonment, in accordance with HIPP (WHO Europe) and CPT standards*	*No. of countries developing measures to achieve CPT standards* *No. of countries developing measures to achieve WHO/ HIPP standards*	*To be estimated*	*At least 1 more*	*National data*	*Relevant nationals authorities*
3.	*Improved knowledge on building more healthy conditions in prisons*	*No. of countries developing procedures in accordance with international standards and recommendations*	*To be estimated*	*At least 1 more*	*National data*	*Relevant national authorities*

4.	*Improved linkage between medical care in prisons and community public health services*	*No. of countries establishing a through care situation for HIV & TB patients*	*To be estimated*	*At least 1 more*	*National data*	*Relevant national authorities* *NDPHS expert-level structures*

Planned activities towards the expected results

1. *Better knowledge on how to improve mental health and infections disease control, esp. regarding HIV, TB and HIV-TB.*
   - *Increase awareness among prison staff and prisoners on how to improve infections disease control through e.g. study workshops.*
   - *Improve medical information on situation with mental health in prisons.*
   - *Develop proposals to implement particular instruments, e.g. diagnostic processes, monitoring mechanisms, 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.*
   - *Develop proposals to implement instruments for HIV control adjusted to specific local conditions. Develop strategies for improvement of other co-infections, e.g. STIs*

Deliverables:

- *Concept paper for projects, training programmes and exchange programmes for health care professionals with regard to the implementation of the above mentioned instruments.*

2. *Raised awareness of harm on health from imprisonment-based in accordance with HIPP (WHO Europe) and CPT standards*

   - *Arrange social and psychological counselling for HIV and or TB positive inmates to improve compliance and therapy adherence*

Deliverables:

- *Reports from regional workshops with participation of prison healthcare staff and the corresponding leadership and decision-making level, with conclusions and recommendations to raise the awareness of harm on health from imprisonment.*
- *Handbook with fact sheets/recommendations, made available through the NDPHS website and on standards for counselling for HIV and or TB-positive inmates.*

3. *Improved knowledge on building more healthy conditions in prisons*
   - *Organise exchange of relevant information between civil and prison health systems.*
   - *Establish a continuous and intensive dialogue with decision makers on how to achieve healthy conditions in prisons.*

Deliverables:

- *Reports from (regional) workshops with participation of prison healthcare staff and the corresponding leadership and decision-making level with conclusions and recommendations to raise the awareness of healthy conditions in prisons.*
- *Reports from joint thematic meetings between EGs and relevant stakeholders.*

4. Improved linkage between medical care in prisons and community public health services
   - *Analyse the current through care situation for HIV & TB Patients in the NDPHS Partner Countries.*
   - *Develop and make a pilot implementation of a "through care project" in highly problematic prisons to improve the linkage between medical care in prisons and community public health services.*

Deliverables:

- *Thematic report on the current through-care situation in the NDPHS Partner Countries.*
- *Report from the pilot "through care project" in highly problematic prisons with conclusions and policy/routine recommendations.*

Target groups

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

Medical doctors, Nursing staff and other medical care personnel in the penitentiary system as well as public health institutions

Prison inmates including remand prisoner and personas in detention camps.

NGOs related to the penitentiary system.

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. As stated by WHO Europe, bacterial infections in health care settings are causing a growing concern, with some hospital-acquired infections becoming very difficult or even impossible 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.

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 on-going. AMR surveillance systems, key indicators for antibiotic use and guidelines for rational use are in place in most of the NDPHS Partner Countries. The NDPHS Partner Countries are included in the surveillance systems of either CAESAR (Central Asian and Eastern European Surveillance of Antimicrobial Resistance, coordinated by WHO Europe) or EARS-Net (European Antimicrobial Resistance Surveillance Network, coordinated by the ECDC).

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Policy and action needs

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 routinely 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 policy makers, authorities and health care professionals 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 NDPHS Partner Countries.

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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 NDPHS Partner Countries have appropriate key indicators for the rational antibiotic use in place. Although the majority of the NDPHS Partner 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 NDPHS Partner Countries.

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

Footprint of the NDPHS work

- To contribute to the achievement of 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 developed for implementation in the NDPHS Partner Countries.
- Improved measurement and monitoring of antibiotic use 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
1.	More representative and comparable AMR surveillance systems developed for	1.1 Population coverage of EARS-Net and CAESAR 1.2 No. of countries with	1.1 See http://www.ecdc.europa.eu 1.2 Existing in: NO, SE, FI,	1.1 At least 50% of the population in each of the NDPHS Partner	CAESAR and EARS-Net webpages The NoDARS project	Expert-level structures

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Comment [1]: Since the indicator refers to population coverage, the target should also.

	implementation in the NDPHS Partner Countries	data on ESBL carriage rate 1.3 No. of countries with data resistance levels in E. coli causing uncomplicated UTIs	DE Not existing in RU, EE, LT, PO, LV 1.3 Not existing; NO, SE, FI, GE, RU, EE, LT, PL, LV	Countries 1.2 To be in place 1.3 To be in place	The Baltic Antibiotic Resistance Collaborative Network (BARN)	
2.	Improved measurement and monitoring of antibiotic use 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 NDPHS Partner Countries	ECDC National public health authorities or an equivalent body	Expert-level structures
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 and supported	Existing: DE, NO, SE, PL, RU Not existing: DK, LV, LT, FI	80% of the NDPHS Partner Countries	Expert-level structures ECDC, BARN, WHO and national public health authorities or equivalent body	Expert-level structures

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Comment [2]: Or data, like through ESAC-Net and the WHO Europe ESAC working group

Planned activities towards the expected results

1. More representative and comparable AMR surveillance systems developed for implementation in the NDPHS Partner Countries
   - Establish sentinel AMR surveillance sites to investigate the levels of specified antimicrobial resistance at the selected locations within the Northern Dimension area
   - Support the development of methodology for CAESAR/EARS-NET and other sentinel systems/ network of laboratories, also in connection to ongoing global surveillance initiatives from and regional initiatives such as by the ECDC and WHO Europe.
   - Arrange a workshop with participants from NDPHS Partner Countries with an aim to exchange experience and harmonise/improve data coverage for the AMR surveillance systems.

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Deliverables:

- Report from the workshop with conclusions summing up discussion among experts and policy makers from the NDPHS Partner Countries.
- Recommendations for harmonisation and improvement of AMR surveillance systems in the NDPHS Partner Countries.

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Comment [3]: We suggest including discussions on the data obtained through sentinel surveillance sites. Those are mentioned in the activity description, but have not yet been reflected in the deliverables.

2. Improved measurement and monitoring of antibiotic use in the Northern Dimension area

   - Collect and evaluate the existing praxis of applying the key indicators for rational antibiotic use in the NDPHS Partner Countries (Norway, Sweden) and suggest improvements (if relevant).
   - Develop appropriate key indicators to accurately reflect rational antibiotic use in the remaining NDPHS Partner Countries.
   - Arrange dissemination activities (e.g. through the NDPHS website, newsletter and media events) to present the developed key indicators to policy makers, authorities and health-care professionals.

   Deliverables:

   - Key indicators for rational antibiotic use available for including in national annual AMR reports.

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Comment [4]: We suggest including the actual collection and dissemination of data and information, to developing indicators.

3. Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken

   - Assess the current national guidelines for the 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 are taken into account.
   - Arrange a workshop to present the results of the work with the guidelines, to inform on the variations and similarities in the Northern Dimension area and what lessons can be learned.
   - Disseminate the results towards the target groups through relevant channels (e.g. the NDPHS website, through public health agencies and scientific publications).
   - Provide advice to relevant authorities and professional societies (incl. prescribers and policy makers) in order to facilitate the revision of national treatment recommendations and antimicrobial resistance strategies.

   Deliverables:

   - Assessment report of the national guidelines for the treatment of uncomplicated infections in the NDPHS Partner Countries.
   - Report from the workshop with conclusions summing up discussion among experts and policy makers from the NDPHS Partner Countries.
   - Information campaigns (e.g. seminars with the public health agencies, media releases etc.) towards the target groups.

Target groups

Policy makers

Authorities

Governmental agencies

Health care professionals

Health care providers

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

The context

As estimated by WHO, non-communicable diseases (NCDs) currently account for 86% of all deaths and 77% of the disease burden in Europe[1]. 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 (e.g. Finland, France, Norway, Sweden, United Kingdom) 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[2].

The unacceptably big differences in life expectancy, NCD morbidity and mortality still prevail in the Northern Dimension area. The life expectancy indices (men and women together) range from the highest of 81,7 years in Norway to the lowest in Russian Federation (69,0 years)[3]. 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 insufficient physical activity. In tackling these challenges the general health promotion 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.

Policy and action needs

Stakeholders and decision makers in the Northern Dimension area often are not aware of the perils that non-communicable diseases bring to human health. In addressing this challenge, there is a need for evidence-based interventions tackling national NCD burden.

By implementing well-planned NCD intervention projects on: 1) health in all policies (HiAP), 2) prevention of overweight and obesity among youth, and 3) assessing national NCD policies, the disease burden caused by NCD can be alleviated. These specific projects will provide 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, with involvement of so far inactive players, should also be beneficial in improving the eating habits and physical activity among school age children.

Footprint of the NDPHS work

- To contribute to the reduction of premature mortality from NCDs in the Northern Dimension area.
- To strengthen prevention of economic losses from avoidable causes in the Northern Dimension area.
- To contribute to the reduction in prevalence of behavioural risk factors of NCDs.

Expected results of the NDPHS work

- 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.

[1] Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 (page 1), WHO-EURO 2012, http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf
[2] www.euro.who.int/hfadb
[3] www.euro.who.int/hfadb

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible organisation
1.	Better implementation of Health in All Policies (HiAP) at the local level for more effective prevention of NCDs	No. of evidence-based measures addressing lifestyle-related risk factors and health implications developed in the project pilot sites	To be estimated as part of the activity	At least 3 more (in the project sites)	Project reports	Project consortium Expert-level structures
2.	Strengthened stakeholder involvement in preventing overweight and obesity among school age children	No. of evidence-based measures in preventing overweight and obesity among school age children involving stakeholders in the project pilot sites	To be estimated as part of the activity	At least 5 more (in the project sites)	Project reports	Project consortium Expert-level structures
4	Better comprehensive national health system response to reduce the NCD burden in the Northern Dimension area	No. of countries with assessed health system response to NCD outcomes based on the 2014 WHO Europe assessment guide principles	To be estimated as part of the activity	At least 3 more	Project reports Updated NCD country profiles	Project consortium Expert-level structures WHO Europe

Planned activities towards the expected results

1. Better implementation of Health in All Policies (HiAP) at the local level for more effective prevention of non-communicable diseases (*via a project implemented in chosen pilot sites*)
    - Map the situation of the local population covered by the project to identify e.g. the magnitude of the problems causing premature and preventable loss of human resources and the cost of inaction (using the PYLL indicator).
    - Collect and assess the evidence-based measures addressing lifestyle-related health factors and health implications, existing in the chosen pilot sites.
    - Identify evidence-based interventions, which are known to have proven effect to promote health, reduce avoidable premature mortality and loss of human capital, incl. experience gained through earlier projects.
    - Develop a strategic intervention plan in each pilot site to tackle the 3-5 identified priority problems by using the HiAP principles.
    - Implement the strategic intervention plan in each pilot site through specific actions involving local stakeholders and community representatives.

- Prepare and disseminate conclusions and recommendations (via the NDPHS website, newsletter and media events) to public administration (national, regional and local level).

Deliverables:

- Strategic intervention plans for at least 3 pilot sites (e.g. part of city, whole municipality or region, respective of the project terms and available resources) in at least 3 NDPHS Partner Countries.
- Thematic report presenting conclusions and lessons learned from the HiAP implementation in the pilot sites to serve as evidence and inspiration for action in other localities.

2. Strengthened stakeholder involvement in preventing overweight and obesity among school age children (*via a project implemented in chosen pilot sites)*

- Map the situation of the target population covered by the project to identify e.g. the magnitude of the problems (through health behaviour analysis and using e.g. the BMI index).
- Identify and assess stakeholder involvement in the evidence-based measures in the chosen pilot sites addressing overweight and obesity among school age children.
- Collect evidence-based interventions with a proven effect to promote health, reduce overweight and obesity and too low physical activity, based e.g. on experience gained through EU-funded nutrition and physical activity-related projects and a study trip to best practise localities.
- Develop models and test best suited measures in the real life situation (e.g. e-solutions for empowerment of school children to take healthy decisions, interventions and campaigns in schools, neighbourhoods, cities, advocacy work towards the industry) with the public involvement, incl. so far inactive local stakeholders and community representatives.
- Prepare and disseminate conclusions and recommendations (via the NDPHS website, newsletter and media events) to public administration (national, regional and local level).

Deliverables:

- A set of action measures tested in at least one pilot site in 3 NDPHS Partner Countries. The pilot sites could be e.g. part of city, whole municipality or region, respective of the project terms and available resources).
- Policy papers and educational models involving so far inactive stakeholders in addressing obesity, physical inactivity and unhealthy diet challenges among school age children.
- Thematic report presenting conclusions and lessons learned from the project implementation in the pilot sites to serve as evidence and inspiration for action in other localities.

3. 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)*

- Assess the baseline situation on the risk factor surveillance in the chosen NDPHS Partner Countries, based on the information collected from Europe Barcelona Office for Health System Strengthening Assessment Guide 2014 and adopted to the Northern Dimension specificity.
- Analyse the health system performance in each chosen NDPHS Partner Country in relation to WHO targets.
- Develop a score card for core population interventions and individual services, with linkages to health behaviour and outcomes.
- Analyse the health system challenges and opportunities that impede or facilitate the delivery of core services.
- Highlight good practices and innovations in the health system, with evidence of their impact on NCD-related core services and outcomes.

- Provide policy recommendations for each chosen NDPHS Partner Country to address health system barriers and provide input into NCD and HSS (health systems strengthening) action plans.
- Prepare and disseminate conclusions and recommendations (via the NDPHS website, newsletter and media events) to national ministries and relevant public health authorities, including health insurance agencies.

Deliverables:

- Score card for core population interventions and individual services in at least 2 NDPHS Partner Countries.
- Assessment reports for at least 2 NDPHS Partner Countries, 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 NDPHS 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.

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

Representatives of academic institutions and professional associations

Geographical coverage and costs

For the project-driven activities (expected results 2 and 3), with partners representing at least 3-4 countries (preferably one Baltic State, one Nordic country, one from Central Europe, and a region from North-West Russia). The action in one country is estimated to cost approximately 400.000 Euro for a 2 year period.

For the assessment of country health systems (expected result 4) the action per one country is estimated to cost approximately 200.000 Euro for a 3-year period. Practical implementation limitations would probably restrict the number of participating NDPHS Partner Countries to about 4-5 in 2015 – 2017 (with a prospect of sharing result with the remaining ones in that period and their full participation in 2018-2020).

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

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 (e.g.: heroin injections vs smoking) and the prevalence of the use of illicit drugs.

Policy and action needs

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 population. A lot of research has been done over the years resulting in vast knowledge of 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 level and for the whole Northern Dimension area, and for benchmarking national developments against wider trends. Still, the comparison of monitoring results across the Northern Dimension area is difficult, if possible at all, due to the lack of standardised methodologies. Better use of standardised approaches across the NDPHS Partner Countries will lead to more informed and evidence-based policy towards reduction of alcohol's health and economic burden (resulting from losses in workplace productivity, health care expenses, and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage) as well as to its monitoring and evaluation.

In addition, the involvement of the Russian Federation in RARHA (EU Joint Action on Reducing Alcohol Related Harm) will also contribute to a better understanding of the alcohol situation in this country and may will have a vital role for preventing the harmful use of alcohol both in Russia and in 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 the NDPHS Partner Countries. Cannabis is by far the most frequently used illicit drug all over Europe, including the Northern Dimension 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 Northern Dimension 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.

Footprint of the NDPHS work

- To contribute towards the reduction of alcohol-related harm in the Northern Dimension area
- To contribute towards the decrease of the total consumption of alcohol in the Northern Dimension area
- To contribute to curbing the growth trend of cannabis use among the 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 among local level policy makers and authorities
- Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm
- 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
1	Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities	No. of countries with drafted/adopted national guidelines for implementing effective community based interventions	0	2	National policy documents NDPHS National surveys Project reports	Partner Countries and Organisations Expert-level structures Project leaders
2	Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm	No. of countries with drafted/adopted national guidelines on early identification and brief intervention	0	2	National policy documents National surveys Project reports	Partner Countries and Organisations Expert-level structures Project leaders
3	Strengthened knowledge base for the planning of public health policies on alcohol and drugs	No. of countries having available and comparable data on: (a) drinking habits and patterns (b) responses to illicit drug	0 (a) 0 (b)	4(a) 2(b)	National statistics RARHA surveys WHO EMCDDA Project reports	Partner Countries and Organisations Expert-level structures Project reports

		challenges				
4	Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages	No. of countries with relevant policy measures	0	4	National policy documents WHO	Partner Countries and Organisations Expert-level structures

Planned activities towards the expected results

1. Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities
   - Arrange a series of multilateral and multi-sectoral seminars on common concerns relating to cross-border trade of alcohol and tobacco products – to facilitate exchange and increase common understanding on how to tackle illicit trade and, especially, its implications for alcohol, tobacco and drug use, in particular among young people.
   - Launch 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:
   - Report with policy recommendations from the series of 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, aimed to support the planning of local level action to reduce the harmful use of alcohol, tobacco and drugs.

2. Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm
   - Prepare and implement (provided the funding is ensured) a joint pilot project in two NDPHS Partner Countries (Norway and Russia) with the target group representatives to estimate the impact of problematic alcohol and drug use on patients treated for somatic illnesses.
   - Discuss and disseminate the achieved results (e.g. through WHO and the NDPHS website).
   - Develop a larger project (with some other NDPHS Partner Countries involved) to measure the impact of problem drug and alcohol use on patients treated for somatic illnesses and to work out suggestions facilitating early identification and brief intervention programmes/measures.

   Deliverables:
   - Meeting/workshop reports presenting outcomes of discussion between the target group representatives in Norway, Russia and other NDPHS Partner Countries on the association between somatic diseases and alcohol/drug use.
   - Project proposal and study protocol for the larger project to assess the impact of problematic alcohol and drug use on patients treated for somatic illnesses.

3. Strengthened knowledge base for the planning of public health policies on alcohol and drugs
   - Prepare and implement (provided the funding is ensured) a project on Reducing Alcohol Related Harm (RARHA) in Russia
     - Make literature review on the alcohol situation in Russia.

- Carry out the survey in the focus group and discuss results among thematic experts.
- Prepare a report and disseminate it through the NDPHS website.
- Present the report findings at the NDPHS side event.

- Prepare and implement (provided the funding is ensured) a project on cannabis usage in the Northern Dimension area
  - Analyse epidemiological situation, drug policies and treatment and early intervention offers, with focus on best practices.
  - Collect feedback from national experts, professionals and activists.
  - Formulate policy recommendations for improving the cannabis policy, including treatment and early intervention offers.
  - Prepare a report and disseminate it through the NDPHS website.
  - Present the report findings at the NDPHS side event.

- Develop a thematic report on alcohol policy
  - Make desk review and participatory discussions with the stakeholders.
  - Analyse information received from the NDPHS Partner Countries.
  - Organise discussion with thematic experts.
  - Prepare a report and disseminate it through the NDPHS website.
  - Present the report findings at the NDPHS side event.

- Arrange a PAC side event (*planned in October/November 2017)*

Deliverables:

- Thematic report on cannabis usage in the Northern Dimension area, including policy recommendations on improving treatment and early intervention offers.
- Thematic report on alcohol policies in the 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
   - Make desk review/inventory of affordability changes over time in the NDPHS Partner Countries.
   - Review the size, structure and dynamics (including trade routes) of the region's market in smuggled alcohol.
   - Review and screen relevant WHO and national data on total consumption per capita in each NDPHS Partner Country.
   - Discuss possible policy measures with thematic experts representing the NDPHS Partner Countries.
   - Prepare a report and disseminate it through the NDPHS website.

   Deliverables:

- Thematic report on the state of play of alcohol affordability and cross-border trade in alcohol in the NDPHS Partner Countries, with recommendations on policy measures to reduce alcohol related harm.

Target groups

Policy makers

Local authorities

Hospital authorities

Public health specialists

Patients treated for somatic illness in hospitals

NGOs dealing with health and social development issues

Police and customs

General population

Geographical coverage

For expected result 1 and 4 - Finland, Estonia, Russia, Sweden, Lithuania, Norway, Latvia, Poland. In case of expected result 1, 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-driven activities (expected results 2 and 3) the optimal coverage would be three-four regions from different NDPHS Partner Countries, preferably one Baltic State, one Nordic country, one from Central Europe, and a region from North-West Russia. In case of expected result 2, the initial stage would involve Norway and Russia. It is foreseen that some other NDPHS Partner Countries will join project at a later stage.

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, which was developed within the frame of the Imprim project (Improvement of public health by promotion of equitably distributed high quality primary health care systems)[4], emphasised recent challenges in the primary health care related with the changing health needs of the society.

Also, WHO calls for an Action towards Coordinated/Integrated Health Services Delivery (CIHSD) and has 2013 developed a roadmap on strengthening people-centred health systems in WHO European Region ('A framework for action towards Coordinated/Integrated Health Services Delivery)'.

Policy and action needs

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

[4] Project co-funded by the EU BSR Programme 2007-2013 (http://eu.baltic.net/Project_Database.5308.html?contentid=28&contentaction=single)

health care professionals, in order to improve a patient centred, well-coordinated and integrated primary health care is of importance. However, despite widely recognised evidence, the NDPHS Partner Countries still lack the application of NCD early preventive tools and measures in PHC.

One specific policy area that calls for strengthened 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 NDPHS 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.

Footprint of the NDPHS work

- To contribute to the enhancement of people-centred, integrated care for specific groups of patients in the Northern Dimension area.
- To contribute to the empowerment of patients and their families in the care of their own health.

Expected results of the NDPHS work

- Higher awareness among national health policy-makers of the increasing prevalence of multi-morbidity in the elderly population and of an effective policy response
- Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans
- More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and coordinate care for patients with multi-morbidity.
- Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents for the purpose of developing adequate preventive measures

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible organisation
1	Higher awareness among national health policy-makers of the increasing prevalence of multi-morbidity in the elderly population and of an effective policy response	No. of countries with approved policy documents addressing multi-morbidity	0	At least 3	National data	Each Partner Country Expert-level structures

2	Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans	No. of countries where active role of patients and their families is recommended for inclusion in the integrated care plans	0	At least 3	National data	Each Partner Country Expert-level structures
3	More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and better coordinated care	No. of countries with revised resource allocation and introduced incentives	0	At least 3	National data	Each Partner Country Expert-level structures
4	Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents for the purpose of developing adequate preventive measures	No. of countries introducing new methodologies and/or models for identification of psychosocial causes	0	At least 3	National data	Each Partner Country Expert-level structures

Planned activities towards the expected results

1. Higher awareness among national health policy-makers of the increasing prevalence of multi-morbidity in the elderly population and of an effective policy response

   - Establish effective dialogue channels between knowledge providers and policy makers in the field of people-centred, integrated care for patients with multi-morbidity, with strengthened coordination and networking between WHO, European Forum of Primary Care (EFPC) and national stakeholders in the Northern Dimension area.
   - Collect and disseminate evidence from good practices on integrated care for patients with multi-morbidity.
   - Arrange an NDPHS international workshop, with participation of national health policy-makers, with a purpose to share experiences of integrated care for elderly patients with multi-morbidity and to work out the policy response.

   Deliverables:

   - Synthesis report with experiences and solutions on how to improve integrated care for elderly patients with multi-morbidity (planned in 2016).
   - Report/newsletter from the NDPHS international workshop linked to the EFPC (European Forum for Primary Care) conference in Riga in 2016 - featuring good practice conclusions and policy recommendations on integrated care for elderly patients with multi-morbidity.

2. Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans

- Collect experience from the NDPHS 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.
- Develop policy guidance to national policy-makers 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 the most effective methods to achieve a higher commitment among patients of the primary health care to their own health care process, including self-monitoring.

3. More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and coordinate care for patients with multi-morbidity
   - Collect experience from the NDPHS Partner Countries on how to more cost-effectively allocate health and social care resources towards the needs of patients with multi-morbidity.
   - Arrange a workshop with knowledge providers and health and social care administrators to discuss existing good practice in resource allocation and possible incentives supporting an integrated and better coordinated care for patients with multi-morbidity.

   Deliverables:

   - Thematic workshop report with conclusions and recommendations for action targeting health and social care administrators.

4. Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents for the purpose of developing adequate preventive measures
   - Collect and analyse facts and research documentation related with potential psychosocial causes of NCD-related risky behaviour among children and adolescents in the Northern Dimension area, particularly related to body image and appearance issues.
   - Arrange a NDPHS workshop during EFPC Conference in Riga in 2016, with participation of health care policy makers and primary health care organisers and professionals, to discuss countries' methodological experiences with identifying psychosocial causes of NCD-related risky behaviour among children and adolescents.
   - Start preparation for a side event to the NDPHS PAC or a separate conference with the purpose to raise awareness among policy makers on the psychosocial causes of risky behaviour as well as on working out effective preventive measures based on their identification.

   Deliverables:

   - Thematic report summing up accumulated experience on potential psychosocial causes of NCD-related risky behaviour among children and adolescents in the Northern Dimension area.
   - Report from the EFPC Conference-related NDPHS workshop summing up countries' experiences with identifying psychosocial causes of NCD-related risky behaviour among children and adolescents, and suggesting new methodologies and/or models.

Target groups

Direct target group: ministries, health professional associations and organisations dealing with the health systems development and the improvement of health and social services.

The ultimate target is the population with multiple chronic illnesses who needs 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 behaviour.

Assumptions

Expected results 1-3 rely on the success of the IntegBalt project proposal in the application procedure to the BSR Programme. Additional funding sources should be identified to implement activities in the Russian Federation and Belarus.

In case the project application is not approved, alternative sources of funding will have to be found (e.g. the European Social Fund).

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 needs

While in resourcing and targeting the OSH action the occupational accident statistics is frequently used, the huge discrepancies in occupational accident reporting between the NDPHS Partner Countries pose a serious problem for reliable long-term strategic planning. During the implementation of the “Health at Work” Strategy so called tri-partite OSH profiles have been drafted (in cooperation between public authorities and the organisations of employers and workers). They identify, among others, the relevant legislation, the infrastructure and resources and the current national situation with regard to occupational accidents and diseases in the given country. However, not all NDPHS Partner Countries have developed such OSH profiles, and the existing ones require regular update. Consequently, the Northern Dimension area lacks a sound decision-making basis for OSH action.

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. However, not all NDPHS Partner Countries have ratified the Promotional Framework for Occupational Safety and Health Convention, which entered into force in 2009.

The step-wise approach in pursuing the Convention in the Northern Dimension area is impeded due a number of drawbacks. 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, occupational health and safety of health care workers and compliance issues etc.).

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.

Footprint of the NDPHS work

- To contribute to the improvement of working conditions by reducing occupational accidents and diseases 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 OSH staff in the Northern Dimension area

Better practical implementation of policies by improved information dissemination – it contains operational activities of the EG and should be presented in annual work plans

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2017)	Data source	Responsible organisation
1	Better decision-making basis for addressing OSH challenges in the Northern Dimension area	No. of countries with developed/ revised national OSH profiles	5	At least 6	National data	Expert-level structures 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 a) developed / updated programme documents b) developed special programmes c) ratified ILO Conventions	a) 6 b) 2 c) 4	a) at least 7 b) at least 4 c) at least 6	National data	Each Partner Country Expert-level structures
3	Higher national commitment to combatting the most dangerous hazards at work	No. of countries reporting high-risk sector actions/ campaigns			National data	Each Partner Country Expert-level structures
5	Strengthened training framework for OSH staff in the Northern Dimension area	No. of organised multi-country events and/or	0		experts	Each Partner Country Expert-level

		developed curricula				structures 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

   - Identify the scope of the challenges based on the comparative summary of the fatal and non-fatal accident rates for the NDPHS Partner Countries, accompanied with a first analysis of the reasons for the huge discrepancies in occupational accident reporting between the NDPHS Partner Countries (presented to the NDPHS PAC 21 Nov 2013).
   - Review the organisation and methodologies in occupational accident recording and reporting, with recommendations for the improved comparability of relevant indicators within the occupational accident statistics.
   - Disseminate the report to national ministries, other relevant public health stakeholders in the NDPHS Partner Countries and EU institutions (e.g. European Agency for Safety and Health at Work, Eurofoundation and Eurostat) though the existing information channels (e.g. NDPHS website, BSN, Barents Newsletter on Occupational Health and Safety, other newsletters, publications, other media).
   - Draft/update brief and comprehensive national OSH profiles.

   Deliverables:

   - Thematic report on the organisation and registration/reporting methodologies in occupational accident statistics, with recommendations for the improved comparability of OSH statistical data in the NDPHS Partner Countries.
   - Drafted/updated tri-partite OSH profiles of the NDPHS Partner Countries.

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

   - Encourage the NDPHS Partner Countries to ratify the OSH ILO Convention.
   - Collect the developed/revised tri-partite OSH profiles of the NDPHS Partner Countries, including the action plans (cf. result no. 1).
   - Provide support/advice to the relevant public authorities in developing/updating national OSH programmes - in cooperation with the most representative organisations of employers and workers.
   - Develop basic occupational health systems concepts in these NDPHS Partner Countries which are in need of improved services and present it for political approval.
   - Arrange an opportunity to discuss and benchmark between the NDPHS Partner Countries the developed/updated national OSH programmes as well as the special programmes.

   Deliverables:

   - National concepts for the NDPHS Partner Countries in need of improved occupational health service systems.

- 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

   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, such as: elimination of asbestos hazards, safety in transport, OSH of health care workers and compliance issues. These actions will be country specific and will be decided nationally in due course.

4. Strengthened training framework for OSH staff in the Northern Dimension area
   - Explore the OSH training needs in the individual NDPHS Partner Countries.
   - Organise cooperation with European and national training organisations to share experience and develop specific training support in the Northern Dimension area.
   - Prepare curricula for OSH doctors and specialists suitable for all the NDPHS Partner Countries.

   Deliverables:

   - Summary reports from arranged seminars/symposia with conclusions on the training needs and curriculum recommendations.
   - Training curricula for selected OSH staff.
   - OSH training session introduced to the BSN Annual Meeting.

Target groups

Decision makers

OSH specialists

Statisticians

Resources

The EU Seed Money Facility has provided funding (42 432 euro) for a separate project related to comparability of occupational accident statistics (ending in March 2015). Additional funding is needed for the planned activities and outcomes.

6. Monitoring and Evaluation of the Action Plan

Monitoring the progress in the implementation of the Action Plan to the NDPHS Strategy 2020 will be performed at two levels:

(1) Assessment of an overall impact of the Partnership on the performance of the cooperating Partners and Participants; and

(2) Measurement of the progress towards / achievement of the six objectives agreed upon by the NDPHS.

For each of the two levels, the Action Plan contains targets and indicators linked with the planned results.

A mid-term review of the implementation progress (checking the advancement rate towards the set targets) is scheduled for 2018 with the year 2017 being the cut-off year.

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 mid-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.