

**Committee of Senior Representatives (CSR)  
 Twenty-fourth Meeting  
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<b>Reference</b>	CSR 24/8.1/1
<b>Title</b>	Updating Health Policy Area section in the EUSBSR Action Plan
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	<p>This document contains:</p> <ol style="list-style-type: none"> <li>1) The NDPHS proposal regarding updating Health Policy Area section in the EUSBSR Action Plan, submitted to DG REGIO on 7 April 2015;</li> <li>2) The NDPHS proposal regarding the health-related targets and indicators for the EUSBSR, submitted to DG REGIO on 27 May 2013.</li> </ol> <p>The CSR will be requested to decide whether:</p> <ol style="list-style-type: none"> <li>1) The NDPHS retains its proposal regarding the health-related targets and indicators for the EUSBSR developed during 2012-2013 and submitted to DG REGIO in 2013 <b>or</b></li> <li>2) The NDPHS will revisit the issue of the health-related targets and indicators in the EUSBSR Action Plan, and submit a revised/new indicator(s) and target(s).</li> </ol>
<b>Requested action</b>	For reference and decision

## 1. Background.

Following approval by the CSR, in May 2013 the **NDPHS proposal regarding the health-related targets and indicators for the EUSBSR** (cf. Annex 2) was submitted to the European Commission.

In February 2014, during a meeting between DG REGIO and NDPHS representatives (the Chair Country, the Secretariat and the HIV/AIDS&AI EG Chair), the latter were asked to consider whether the NDPHS wants to adhere to its proposal regarding the health-related targets and indicators for the EUSBSR and, if yes – submit to DG REGIO an explanatory note regarding the proposal. The NDPHS representatives responded that there was no manifest reason for the NDPHS governing body to return to the discussion about the proposal that had been approved in 2013 and submitted the requested explanatory note (cf. Annex 3).

On 3 March 2015 DG REGIO requested all EUSBSR Policy Area Coordinators and Horizontal Action Leaders to submit proposals regarding **updates of the respective Policy Areas and Horizontal Actions, as well as propose new EUSBSR Flagship projects**.

Considering the tight deadlines and the risk that the NDPHS' contribution will not be taken into account if submitted after the deadline of 7 April 2015, the NDPHS Chair Country decided that the NDPHS proposal for updates regarding the Health Policy Area in the EUSBSR should be commented and approved through a written silent procedure.

Consistent with the above, the NDPHS proposal for updates regarding the Health Policy Area in the EUSBSR was approved by the CSR through a written silent procedure. It was also submitted to all national EUSBSR National Coordinators for consultation (no request for revisions was submitted within the set deadline).

On 7 April 2015 the NDPHS submitted to DG REGIO a proposal for updates regarding the Health Policy Area in the EUSBSR (cf. Annex 1). In this proposal the placeholder regarding the targets and indicators included in the current EUSBSR Action Plan<sup>1</sup> had been deleted, since the NDPHS proposal regarding the health-related targets and indicators for the EUSBSR was submitted already in 2013.

On 8 April 2015 DG REGIO suggested to retain, for the time being, the general paragraph along the wording in the present Action Plan: *"Targets and indicators: A comprehensive system for the design, the monitoring and the follow-up of indicators and targets will be set up under the responsibility of the policy area coordinator. A limited number of indicators that translate what the main objectives of the priority are about will be defined. They will be accompanied with relevant targets and deadlines, baseline and statistics/information sources."* DG REGIO also informed that the text of the revised Action Plan would still be subject to internal Commission consultations, which will allow for modifications at the request of other services (for example DG SANTE). This could be an opportunity to include more specific information on targets/indicators.

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<sup>1</sup> *"A comprehensive system for the design, the monitoring and the follow-up of indicators and targets will be set up in 2013, under the responsibility of the priority area coordinator. A limited number of indicators that translate what the main objectives of the priority are about will be defined. They will be accompanied with relevant targets and deadlines, baseline and statistics/information sources."*

## **2. Request for decision.**

### **The Meeting will be requested to decide whether:**

- 1) The NDPHS retains its proposal regarding the health-related targets and indicators in the EUSBSR Action Plan, as submitted to DG REGIO in 2013 (cf. Annex 2) **or**
- 2) The issue shall be revisited with a view to possibly developing a new proposal.

If the latter option is chosen, the Meeting will be invited to agree on the modalities and timeline of the process.

**PA Health – Improving and promoting people’s health, including its social aspects**

*Coordinated by: Northern Dimension Partnership in Public Health and Social Well-being*

<http://ndphs.org/>

The prosperity of the macro-region is based on its human capital; consequently a healthy population is a critical factor behind sustainable economic development of enterprises and societies. Improving people’s health and social well-being is particularly important in the context of the ageing society, the growing threat posed by non-communicable diseases and the spread of infections, including infections caused by antibiotic-resistant bacteria, three of the greatest macro-regional challenges in the 21st century.

Unless counteracted, a decline in the working-age population and a higher number of people with chronic communicable and non-communicable diseases will put immense pressure on national budgets and will lead to a loss of productivity in the decades to come. By investing in health improvement and promotion, the economic gain will be two-fold: (i) healthy people are more likely to stay in the labour market longer and remain productive, and (ii) reduced spending on treating ill health.

The Baltic Sea region is still an area of considerable disparities in health and social conditions. It features places where social and economic problems cause high levels of mortality due to non-communicable diseases, violence, alcohol and drug abuse and the spread of infectious diseases. Further, the growing cross-border movement of people needs to be paralleled by actions addressing inequalities in health status and in the level of health protection.

Consequently, this priority area focuses on improving and promoting the health of people in the Baltic Sea region, including social aspects of health, as an important precondition for ensuring sustainable and healthy societies enjoying economic growth, and for containing future health and social care-related costs. It is also a precondition for labour market inclusion.

Thus far, the EUSBSR has been instrumental in fostering macro-regional cooperation in health and making it more integrated and inclusive. In particular, by providing a common

reference point, it has contributed to increased cooperation and a better division of labour among the existing networks.

The main challenges are 1) demographic changes, 2) accessibility of services in certain remote areas and 3) the big regional differences in health issues (in terms of access to and quality of health services, as well as disparities in morbidity and mortality related to alcohol, drugs and tobacco, communicable diseases such as HIV/AIDS and tuberculosis). Another challenge is the impact of climate change and other environmental factors such as air pollution and hazardous substances on health conditions, due to its impact on infrastructure. Furthermore, antibiotic resistance costs lives and money, and threatens to undermine modern basic health care and advanced medicine.

Recent challenges – such as the increasing burden of chronic non-communicable diseases, growing costs of overall health care coupled with the rapidly growing market for new medical technologies and more informed patients – are putting more pressure on health care systems and are leading to calls for the rationalisation of these systems.

As to the individual risk factors, harmful use of alcohol is the third leading risk factor for diseases and premature deaths globally. The WHO's European Region has the highest per capita consumption, and the Baltic Sea region has in addition a high prevalence of excessive drinking. Further, tobacco use continues to be the leading global cause of preventable death., Use of illegal drugs is relatively stable, but new threats are coming from the synthetic drugs market, the rapid appearance of new substances and widespread polydrug use.

Finally, the continuous spread of HIV, tuberculosis and associated infections continues to pose serious challenges in the macro-region. The deteriorating infectious disease situation of risk groups, migrants and other vulnerable populations is a particular concern. At the same time, the capacities of the health care systems are insufficient to effectively respond to the burden of HIV, tuberculosis and associated infections; the monitoring and provision of epidemiological information is unsatisfactory. Existing policies and practices do not fully support the prevention of the spread of HIV and associated infections such as resistant tuberculosis. Last but not least, the complexity of the HIV-AIDS-tuberculosis situation – including the connection to the harmful use of alcohol and drugs – needs to be properly addressed by new approaches.

There is awareness that inequalities regarding access to medical treatment and the quality of services vary a lot among – but also within – BSR/ND countries, but the extent of this needs to

be assessed. Generally speaking, baseline data are hugely lacking within the health and social sector in the BSR/ND countries and there is a need to identify the inequalities among different communities by sex, ethnicity, age, social classes, level of formation, etc.

### **Actions**

#### **Action: Reduce the impact of HIV/AIDS, tuberculosis and associated infections among populations at risk**

By contributing 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, tuberculosis and associated infections through:

1. Increased awareness and knowledge among decision makers and other relevant stakeholders about the complexity of the epidemiological situation of HIV/tuberculosis/associated infections and their consequences;
2. Enhanced international and multi-sectoral stakeholder cooperation on HIV/tuberculosis/associated infections related issues;
3. Improved effectiveness of HIV/tuberculosis/associated infections prevention actions;
4. Improved monitoring, data collection and reporting of the situation of HIV/tuberculosis/associated infections among key populations at risk and policy/action response.

#### **Action: Contain antimicrobial resistance**

By contributing to the achievement of more rational use of antibiotics through:

1. Development of more representative and comparable AMR surveillance systems;
2. Improved measurement and monitoring of antibiotic use;
3. Increased awareness of prescribers and policymakers on the antibiotic resistance situation and on specific measures to be taken, including the area of animal health.

#### **Action: Adequately address health needs of chronically ill patients and needs related to demographic changes**

By contributing to the enhancement of people-centred, integrated care, including the empowerment of patients and their families in the care of their own health through:

1. Better awareness among national health policy-makers of the increasing prevalence of multi-morbidity in the elderly population and of an effective policy response;
2. Better understanding and commitment of national policy makers to strengthen the role of patients and their families in the implementation of integrated care plans;
3. More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and better coordinated care;
4. Better identified psychosocial causes of non-communicable diseases-related risky behaviour among children and adolescents.

### **Action: Reduce impact of non-communicable diseases (NCDs)**

By contributing to the reduction of premature mortality from NCDs, strengthening prevention of economic losses from avoidable causes and contributing to the reduction in prevalence of behavioural risk factors of NCDs through:

1. Higher awareness and improved decision-making basis for addressing the NCD burden and economic losses;
2. Better implementation of Health-in-All Policies at the local level for more effective prevention of non-communicable diseases;
3. Strengthened stakeholder involvement in preventing overweight and obesity among school age children;
4. Better comprehensive national health system response to reduce NCD burden.

### **Action: Reduce social and health harm from alcohol, tobacco and illicit use of drugs**

By contributing towards the reduction of alcohol-related harm, decreasing of the total consumption of alcohol and curbing the growth trend of cannabis use among the 15-16 year old population through:

1. Improved knowledge of effective community-based interventions targeting the use of tobacco, misuse of alcohol and the use of illicit drugs among local level policy makers and authorities;
2. Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm;

3. Strengthened knowledge base for the planning of public health policies on alcohol and drugs;
4. Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages.

**Action: Strengthen occupational safety and health and well-being at work**

By contributing to the improvement of working conditions by reducing occupational accidents and diseases through a coordinated national system response, including:

1. Tripartite situational occupational safety and health (OSH) analysis for better decision-making basis for addressing OSH challenges;
2. Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being;
3. Coordinated national policy for special national programmes for the development of occupational health services for all working people;
4. Higher national commitment to combatting accidents and ill-health at work;
5. Strengthened training framework for OSH staff;
6. Better practical implementation of policies by improved information dissemination.

**Note:**

Cooperation platforms and/or dialogues will be promoted, in order to facilitate exchanges of ideas and practices with other partners involved in health issues (e.g. Nordic Council of Ministers, International Labour Organization, Baltic Region healthy cities association, etc.).

## Flagship template for the EU Strategy for the Baltic Sea Region (EUSBSR)

Actions of the EUSBSR can be implemented by means of flagships – projects and processes. In addition, they can serve as examples for desired action. This template is meant to help assess projects/process applying for flagship status. It is to be completed by the responsible policy area or horizontal action coordinator when submitting of a proposal for flagship status. The template is based on the provisions (criteria/procedure) to become a flagship as outlined in the EUSBSR Action Plan. The template is to be completed in a short and concise manner.

<b>Flagship title: Northern Dimension Antibiotic Resistance Study (NoDARS)</b>
<b>EUSBSR policy area/horizontal action (contributing to which EUSBSR objective(s)/sub-objective(s)): PA Health</b>
<b>I. Short description of the project (to be published in the annex of the Action Plan)</b> <ul style="list-style-type: none"><li>• <i>What will the project address (for example new methodologies or practices)</i><p>The NoDARS project is designed to provide health-care professionals, authorities and policy makers with comparable data that accurately reflect antibiotic resistance levels and the penetration of antibiotic resistance in the healthy population. The project aims to investigate the levels of specified antimicrobial resistance (AMR) at the selected locations in Finland, Germany, Latvia, Norway Sweden, Poland and Russia. These results will help to evaluate and suggest improvements for existing national treatment recommendations and AMR strategies within the states of the participating partners.</p></li><li>• <i>Lead partner</i><p>Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Secretariat</p></li><li>• <i>Participating countries/organisations</i><ul style="list-style-type: none"><li>○ Finland/University of Turku</li><li>○ Germany/Robert Koch Institute</li><li>○ Latvia/Paul Stradins Clinical University Hospital</li><li>○ Norway/Norwegian Institute of Public Health</li><li>○ Poland/Institute of Occupational Medicine and Environmental Health</li><li>○ Russian Federation/Institute of Antimicrobial Chemotherapy of Smolensk State Medical Academy</li><li>○ Sweden/The Public Health Agency of Sweden</li></ul></li><li>• <i>Estimated duration</i><p>1 October 2014 – 30 September 2017</p></li><li>• <i>Amount of funding</i><p><b>EUR 430,000.00</b></p></li></ul>
<b>II. Short assessment by the policy area coordinator/horizontal action coordinator</b>
<b>Key criteria (please briefly explain how the following criteria are met):</b> <ul style="list-style-type: none"><li>• <i>Macro-regional impact of the flagship</i><p>NoDARS addresses the pressing macro-regional problem of growing antibiotic resistance levels. It is designed to provide health care professionals with realistic and</p></li></ul>

reliable data about the penetration of antibiotic resistance in the population of the Baltic Sea region and to revise national guidelines for the treatment of uncomplicated urinary tract infections accordingly. Through these actions unnecessary use of broad spectrum antibiotics, which is an important cause for the development and dissemination of antibiotic resistance, can be better contained. The project will therefore have a high impact on the health and well-being of the population in the macro-region.

- *How does it contribute towards the objectives/indicators/targets of the EUSBSR*

A healthy population is a critical factor behind the prosperity of the region.

- *How does it help implement one or more actions of the policy area/horizontal action concerned*

NoDARS contributes to the PAC Health's objective of improving and promoting people's health, including its social aspects. It also contributes to the action of containing antimicrobial resistance of the EUSBSR Action plan by developing a more representative and comparable AMR surveillance system, improving measurement and monitoring of antibiotic resistance and increasing awareness of prescribers and policymakers on the antibiotic resistance situation and on specific measures to be taken.

**General criteria (please briefly explain to what extent the following criteria are met):**

- *Transnational dimension (at least three Baltic Sea region states including at least two EU member states)*

Fully met (participating countries: Finland, Germany, Latvia, Norway, Poland Sweden and Russian Federation)

- *Realistic timeframe for implementation*

Fully met. The implementation period of 36 months is well suited for implementing the planned actions

- *Financial and activity plan*

Financial and activity plan are clear

- *Established partnership and flagship leader identified*

Fully met. The partnership is established and the NDPHS Secretariat is the Lead Partner

- *Specific criteria's for policy area/horizontal actions (if applicable)*

Not applicable

**III. Please briefly explain how the procedure was followed with regard to assessing flagship status (e.g. recommended by steering committee/coordination group for support)**

The project was recommended to be awarded flagship status by the NDPHS Committee of Senior Representatives.

## Flagship template for the EU Strategy for the Baltic Sea Region (EUSBSR)

Actions of the EUSBSR can be implemented by means of flagships – projects and processes. In addition, they can serve as examples for desired action. This template is meant to help assess projects/process applying for flagship status. It is to be completed by the responsible policy area or horizontal action coordinator when submitting of a proposal for flagship status. The template is based on the provisions (criteria/procedure) to become a flagship as outlined in the EUSBSR Action Plan. The template is to be completed in a short and concise manner.

**Flagship title: Building capacity in prevention of HIV and associated infections among youth at high risk**

**EUSBSR policy area/horizontal action (contributing to which EUSBSR objective(s)/sub-objective(s)): PA Health**

### I. Short description of the project (to be published in the annex of the Action Plan)

- *What will the project address (for example new methodologies or practices)*

This project addresses the area of HIV prevention among youth at high risk of getting HIV and associated infections. Project activities include assessment of needs of young people at risk in prevention programs, mapping best practices, training professionals, disseminating best practices and development of guidelines for stakeholders.

- *Lead partner*

Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Secretariat

- *Participating countries/organisations*

- Finland/National Institute for Health and Welfare
- Latvia/Baltic HIV Association
- Poland/Social AIDS Committee
- Russian Federation/Kaliningrad Regional Non-Governmental Youth Organisation “Young Leaders Army” (YLA)
- Russian Federation/Regional Public Organisation of Social Projects in Sphere of Population’s Well-being “Stellit” (methodological leader of the project)

- *Estimated duration*

1 September 2013 – 31 August 2015

- *Amount of funding*

**EUR 375,069.00**

### II. Short assessment by the policy area coordinator/horizontal action coordinator

**Key criteria (please briefly explain how the following criteria are met):**

- *Macro-regional impact of the flagship*

Research conducted within the project has shown that children and young people experimenting with drugs, migrant children and young people, as well as children and young people involved or at high risk of being involved into commercial sexual exploitation need effective prevention programs. Nevertheless, at the moment in the Baltic Sea region there

are almost no prevention programs, which are evidence-based and are estimated in accordance with academic standards. Besides that most prevention programs targeted at children and young people at high risk of getting HIV and associated infections implemented in the region are small-scaled, project based, sporadic and not stable. Project creates a basis for the development and implementation in the Baltic Sea region of evidence-based prevention programs aimed at HIV and associated infections prevention among children and young people at high risk, which are developed, implemented and estimated in accordance with academic standards.

- *How does it contribute towards the objectives/indicators/targets of the EUSBSR*

The project contributes to the Health Priority Area of the EUSBSR Action Plan in the aspect of containing the spread of HIV and associated infections in risk groups including migrant children and youth, children and young people experimenting with drugs as well as children and young people involved or at high risk of being involved into commercial sexual exploitation in the Baltic Sea region. Data received within the project confirm the importance of evidence-based prevention of the spread of HIV and associated infections in these groups of children and young people. The project provides policy makers and practitioners with information and tools they need to raise the effectiveness of preventive work with children and young people at high risk of getting HIV and associated infections.

- *How does it help implement one or more actions of the policy area/horizontal action concerned*

The project contributes to the implementation of the Action “Reduce the impact of HIV/AIDS, tuberculosis and associated infections among populations at risk” through:

- ≡ enhanced international and multi-sectorial stakeholder cooperation in the field of HIV and associated infections among children and young people at high risk of getting HIV and AI;
- ≡ improved effectiveness of HIV and associated infections prevention actions targeted at children and young people at high risk of getting HIV and AI;
- ≡ Improved monitoring of needs of children and young people at high risk of getting HIV and AI in prevention programs.

**General criteria (please briefly explain to what extent the following criteria are met):**

- *Transnational dimension (at least three Baltic Sea region states including at least two EU member states)*

Fully met: project covers five countries (Germany, Finland, Latvia, Poland, Russian Federation)

- *Realistic timeframe for implementation*

The project has realistic timeframe for implementation. Almost all the project activities are implemented on-time. All the delays are caused by objective reasons and lead to more effective implementation of project activities.

- *Financial and activity plan*

The project has a clear financial and activity plan which encompass setting aside resources for attending relevant international and national conferences covering issues of HIV and associated infections prevention.

- *Established partnership and flagship leader identified*

The partnership established within the project involves politicians, representatives of

governmental organizations and NGOs from Russia, Finland, Latvia and Poland. All the partners are very motivated to continue work in the field of evidence-based HIV and associated infections among children and young people at high risk of getting HIV and AI.

- *Specific criteria's for policy area/horizontal actions (if applicable)*

Not applicable.

**III. Please briefly explain how the procedure was followed with regard to assessing flagship status (e.g. recommended by steering committee/coordination group for support)**

The project was recommended to be awarded flagship status by the NDPHS Committee of Senior Representatives.

## Flagship template for the EU Strategy for the Baltic Sea Region (EUSBSR)

*Actions of the EUSBSR can be implemented by means of flagships – projects and processes. In addition, they can serve as examples for desired action. This template is meant to help assess projects/process applying for flagship status. It is to be completed by the responsible policy area or horizontal action coordinator when submitting of a proposal for flagship status. The template is based on the provisions (criteria/procedure) to become a flagship as outlined in the EUSBSR Action Plan. The template is to be completed in a short and concise manner.*

### List of abbreviations and acronyms:

Als – Associated infections  
HIV – Human Immunodeficiency Virus  
TB – Tuberculosis  
STIs – Sexually transmitted infections

**Flagship title: Strengthening prevention and reduction of impacts of TB, HIV and associated infections and other STIs in the Baltic Sea Region by joint international activities.**

**(TB/HIV/AI/STIs Project)**

**EUSBSR policy area/horizontal action (contributing to which EUSBSR objective(s)/sub-objective(s)): PA Health**

### **I. Short description of the project (to be published in the annex of the Action Plan)**

- *What will the project address (for example new methodologies or practices)*

PURPOSE of the Project: Enhanced management of TB, HIV and associated infections and other STIs through improvement of preventive activities among key populations at risk through effective, innovative and evidence based methods.

OVERALL OBJECTIVES of the Project:

- Contribute to health and social equity in the BSR.
- Increase social inclusion and health care among key populations.
- Improve health status of key populations.

EXPECTED OUTCOME: Detailed analysis of particular key populations of partner countries and good practices concerning prevention based on evidence; building synergies between innovative methods of disease prevention in the countries through cooperation and sharing experience; improved national TB, HIV and AI and other STIs response strategies, as well as a set of country based and context sensitive possible advocacy and preventive interventions.

- *Lead partner*  
The National AIDS Centre (Poland)
- *Participating countries/organisations*
  - Estonia/Estonian Health Development Institute

- Finland/Filha (Finnish Lung Health Association)
- Finland/HIV Council
- Germany/Berliner Aids Hilfe
- International Organization for Migration (Mission in Russia)
- Latvia/Baltic HIV Association
- Lithuania/Centre for Communicable Diseases and AIDS
- Russian Federation (Kaliningrad)/NGO Young Leaders' Army (YLA)
- *Estimated duration*  
36 months
- *Amount of funding*  
1 900 000 EUR

## II. Short assessment by the policy area coordinator/horizontal action coordinator

### Key criteria (please briefly explain how the following criteria are met):

- *Macro-regional impact of the flagship*

The Project addresses the alarming macro-regional problem of the spread of TB, HIV and associated infections and other STIs, urges the enhancement of close cooperation between six Baltic states and Russian Federation in the area of infectious diseases. In order to achieve the desired outcome (change) and taking into account the disparities in health, social and economic conditions of the region as well as its sustainable development, each project partner has been obliged to select key populations at higher risk of infection to be targeted with preventive interventions in his/her country. Results of implementation of interventions for TB, HIV and AIs and other STIs among key populations (incl. good/bad practices) shall be assessed and discussed among project partners in order to define synergies between countries as well as to strengthen regional response towards specific diseases.

- *How does it contribute towards the objectives/indicators/targets of the EUSBSR*

The project brings together stakeholders from six Baltic Sea countries and welcomes cooperation with one EU neighbouring country – Russian Federation, to work together on common health-related challenges with regard to TB, HIV and AIs and other STIs. The implementation of the project requires active participation of all actors and stakeholders involved in the process not only at a national level but also at larger macro-regional level.

- *How does it help implementing one or more actions of the policy area/horizontal action concerned*

The project addresses the EUSBSR's PA Health objective – Improving and promoting people's health, including its social aspects by enhancing the management of specific communicable diseases and investing in human capital that is indispensable to achieve sustainable economic development of enterprises and societies. Improving people's health and social well-being is particularly important in the context of the ageing society, the greatest macro-regional challenge.

**General criteria (please briefly explain to what extent the following criteria are met):**

- *Transnational dimension (at least three Baltic Sea region states including at least two EU member states)*

Fully met. Participating countries: Estonia, Finland, Germany, Latvia, Lithuania, Poland, Russian Federation.

- *Realistic timeframe for implementation*

Fully met. The implementation period of 36 months is well suited for implementing the planned actions.

- *Financial and activity plan*

Financial and activity plan are clear.

- *Established partnership and flagship leader identified*

Fully met. The partnership is established and the National AIDS Centre is the Lead Partner.

- *Specific criteria's for policy area/horizontal actions (if applicable)*

Not applicable.

**III. Please briefly explain how the procedure was followed with regard to assessing flagship status (e.g. recommended by steering committee/coordination group for support)**

The project was recommended to be awarded flagship status by the NDPHS Committee of Senior Representatives.

**NDPHS proposal regarding the health-related targets and indicators for the EUSBSR (submitted to DG REGIO on 27 May 2013)**

Objective	Indicator	Baseline	Target values/situation	Information sources
To reduce premature avoidable loss of human capital	The number of potential years of life lost (PYLL; lost years per 100,000 population, aged 0-69 years old) in the Baltic Sea Region/Northern Dimension area countries.	<p>Lost years per 100,000 females/males aged 0-69 years old<sup>2</sup> in 2010:</p> <p>Iceland: 1616/3178  Sweden: 1883/3073  Norway: 2117/3411  Finland: 2191/4903  Germany: 2219/4030  Denmark: 2710/4653  Estonia: 2879/8720  Poland: 2988/7763  Russia: 4463/10592  Latvia: N.A./N.A.  Lithuania: N.A./N.A.</p> <p>(Additionally, PYLL-rates can be translated into economic terms by using GDP data, and by doing so at least 66 billion EUR are lost in the Baltic Sea Region every year due to premature loss of life of preventable causes).</p>	<p>By year 2020 at least:</p> <p>1) 10% reduction has been reached in premature avoidable mortality (PYLL) in the BSR/ND countries.</p> <p>2) 10% reduction has been reached in the difference between the lowest (best) and the highest (worst) PYLL rates for women and men among the BSR/ND countries.</p>	WHO, OECD, national statistics.

<sup>2</sup> For Latvia and Lithuania, data is not available yet, but will be calculated during 2013 separately from national death registries of 2010. For Russia, data is available only for St. Petersburg. For Iceland, data is available for 2009. For Denmark, data is available for 2006.

## Explanatory note

**The PYLL rate is a sensitive indicator which measures prematurely lost life for reasons that could be preventable either through appropriately implemented policy measures (e.g. Health in All Policies) and health sector interventions, especially in the primary health care sector.** The EUSBSR focuses on the national level, so therefore the PYLL target will be measured separately for each country. However, it is also possible to calculate PYLL within countries (e.g. cities, regions), so that smaller areas within countries can be competing for better results – or at least to reach the minimum standard 10% reduction from the 2014 level.

The EUSBSR is an excellent basis for reaching – and even surpassing – health and social well-being targets by 2020 by following the advice of the WHO Europe Action Plans for implementation of the European Strategy for the Prevention and Control of Noncommunicable disease 2012 – 2016, and also through the Health 2020 European Policy Framework supporting action across government and society for health and well being. We can also expect to have new WHO Europe action plans for physical activity in 2014 and nutrition in 2015, which the NDPHS through EUSBSR will help to implement.

Achieving the 10% reduction target for each country will require firm and targeted implementation of Health in All policies in fields where some 80% of our disease burden comes from, namely:

- reduction of harmful use of alcohol, for example by:
  - increasing alcohol tax throughout the region;
  - working towards setting minimum price for alcohol;
  - working against legal and illegal trafficking across the borders in ND region;
  - working towards total ban of advertisements of alcohol products (Loi Evin model/France);
- working systematically towards tobacco free Europe by 2040 (including snuff and electric cigarettes);
- working towards stopping the obesity epidemic, with special emphasis on children/youth and sensible nutrition policies;
- improving citizen's possibilities to be more physically active through better city planning;
- advising and supporting putting more emphasis on primary health care instead of highly specialized, expensive tertiary level care, as has been the trend in our region for the last two decades.

The PYLL indicator is also very useful in measuring other preventable causes, such as HI/AIDS, accidents and suicides.

[...]

Targets can only be achieved with the appropriate resources for success. It is foreseen that Northern Dimension countries will spearhead the process through targeted project activities, provided that necessary funding through EU and our partnership countries will be made available.