

**EG on SIHLWA
Fourth Meeting
Helsinki, Finland
29 – 30 May 2007**



Reference	SIHLWA 4/5/1/Info 3
Title	Discussion on SIHLWA stakeholder analysis
Submitted by	SIHLWA Coordinating Chairman
Summary / Note	<p>At 2nd SIHLWA meeting in May 2006 in Helsinki it was extensively discussed and agreed that we need a thorough stakeholder analysis of different actors in our area of work within the Northern Dimension area. Consequently, a project proposal was prepared and also it was included in SIHLWA Action Plan for 2007. A more elaborated project proposal was elaborated by STAKES/IDC-unit (Regina Montell) and funds were applied through the Finnish MoFA/ neighbouring area collaboration.</p> <p>The initial budget was estimated about € 85.000 but was eventually scaled down to about € 30.000 by reducing the scope to Russia only in the first phase.</p> <p>In December SIHLWA received a funding decision stating that the project idea does not suit the overall framework of neighbouring area collaboration as it focuses on research, would involve other countries beyond Russian Federation and does not have a clear partner organization on the Russian side</p>
Requested action	For information and additional advise

ANNEX 1: STAKES study proposal

ANNEX 2: Stakeholder analysis template (“top 10-15” for each partner country)

ANNEX 3: MoSA&H project funding application

ANNEX 1.

Study Proposal
30.10.2006

Northern Dimension Partnership in Public Health and Social Wellbeing

SIHLWA

STAKEHOLDER ANALYSIS

Table of contents

1. Summary

2. Background

2.1 The Northern Dimension Partnership in Public Health and Social Wellbeing

2.2 SIHLWA background

3. Beneficiaries

4. SIHLWA stakeholder analysis

4.1 Overall objectives and expected results

4.2 Main working principles and tasks

4.3 Working methods and timetable

5. Resources

6. Risks and assumptions

SIHLWA STAKEHOLDER ANALYSIS

1. Summary

This study proposal Stakeholder Analysis is based on the discussions held during the NDPHS Expert Group Meeting "Social inclusion, Healthy Lifestyles Work Ability" SIHLWA, Helsinki, 16-17 May 2006.

The SIHLWA, expert group under Northern Dimension Partnership for Public Health and Social Wellbeing (NDPHS) agreed that to work effectively, there is a need to have a better picture and understanding of different actors and stakeholders in the sector aiming on prevention of negative effects of alcohol use and promotion of healthy lifestyles among young people, before harmful habits have been adopted or addiction towards tobacco, alcohol, or drugs has developed. Likewise, positive lifestyles like safe working habits, healthy nutrition, regular physical activity and safe sexual practices can be actively enhanced.

Many institutions, agencies, organizations, NGOs, (army and religious/faith-based organizations included) etc. in Partnership countries are already working towards these goals, but we do not always know who and where they are and what exactly they have done or are doing. To elaborate a list of say "top ten or twenty" stakeholders in Partnership Countries in the field of each sub-sector would be an indispensable starting point to enhance and support existing national and international activities within the scope of SIHLWA.

2. Background

2.1 The Northern Dimension Partnership in Public Health and Social Wellbeing

According to the Oslo Declaration 2003 the overall objective of the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS) is to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing. The Partnership aims at contributing to intensified co-operation in social and health development and assist Partners and Participants in improving their capacity to set priorities in health and social wellbeing, *as well as to enhance co-ordination of international activities within the Northern Dimension area.* The activities by partners and *participants should contribute to greater political and administrative coherence in the area,* narrowing of social and economic differences, and to a general improvement of the quality of life.

When the Partnership was built it was stated that it will *build on, enhance and support existing national and international activities within its scope.* To be able to build on previous experiences there is a need to have actual information about most important key *stakeholders* as well as projects/programmes in the area. However not much has been systematically done so far to enhance and support this kind of collaboration. A reason to this might be that the Partnership mechanisms for the NDPHS are still somewhat premature and the roles and responsibilities of different actors are not clear and the funding for coordination mechanisms of activities is almost non existent.

2.2 SIHLWA background

The new Expert Group (EG) on Non-communicable Diseases and Promotion of Health and Socially-Rewarding Lifestyles was established in December 2004 after consultation in Tallinn Estonia in connection with the Partnership Annual Conference (PAC) and confirmed in April 2005 at the Committee of Senior Representatives (CSR) meeting in Vilnius Lithuania.

The overall structure of this working group is built on three main themes and to better reflect established three sub-groups, the Expert Group's title was changed to "Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA). The three sub-groups are:

1. Alcohol
2. Adolescent health and socially rewarding lifestyles
3. Work Ability

It has become obvious that a clear basis and framework for the expert group is needed as well as a clear "*mandate*" although the EG will operate more like a network rather than fixed working group with a clear hierarchy. The overall framework needs to be based on a broad and comprehensive understanding of the problem area in order to make a positive impact on the problems identified and to avoid excluding possible important aspects in the development work. The main priority areas will be defined keeping in mind synergy benefits arising from the three sub-groups. The SIHLWA group started to work on a common strategy and work plans for SIHLWA in May 16. - 17. 2006 in Helsinki. It was also decided in Helsinki to propose a SIHLWA-based thematic review to identify important SIHLWA stakeholder in order to improve collaboration and networking among experts. A review and analysis of important past/ongoing projects/programmes was also recommended.

3. Beneficiaries

The main beneficiaries of the stakeholder analysis will be the populations in the partnership countries as actual information on main actors and stakeholders will be readily available for improved networking and exchange of information and experiences relevant to SIHLWA thematic areas. The direct beneficiaries will be the administrators, institutions and NGO's as well as individual experts working within the sector.

4. SIHLWA stakeholder analysis

4.1 Overall objectives and expected results

For SIHLWA EG to be able to work as effectively as possible and to support coordination of international activities within its scope and to enhance a general improvement of the quality of life of the people within the Partnership countries it is essential to have a reasonable good overall picture of most important actors in the thematic area. The stakeholder analysis will mainly cover the two first main themes 1) Alcohol and 2) Adolescent health and socially rewarding lifestyles as the national focal points and stakeholders for 3) Work Ability have been already made several years ago when the Baltic Sea Network (BSN) started. The stakeholders are found at <http://www.balticseaosh.net/participants.shtml>. The updated information will be looked at and possibly amended to the final report on SIHLWA stakeholders.

The main result will be *a report including a list of main priority areas to be developed within SIHLWA* to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing.

The main objective of the stakeholder analysis is to provide all interested partner countries with up to date information on the most important stakeholders and expert organisations and other actors like NGOs and even industries within the Northern Dimension partnership countries for improved networking and exchange of information and know-how.

A better picture and understanding of different important actors and stakeholders in the sector is essential in order to enhance institutional linkages and long term sustainability of developed activities. Many institutions, agencies, organisations, NGOs in the partner countries are working with SIHLWA sub-group areas but we do not always know who and where they are and what they have done or are doing. Stakeholders whose interests might be in contradiction to SIHLWA's interests are also important to know when planning any development work of the sector.

4.2 Main working principles and tasks

Principles

- The collection of information will cover mainly the two sub-groups 1)Alcohol, 2) Adolescent& socially rewarding lifestyles and partly sub-group 3) Workplace health & safety
- A guiding principle in accepting *stakeholders* to the list would be the relevance to SIHLWA objectives.
- Also potential new partner stakeholders should be thought of and listed like professional associations, army etc.
- Stakeholders whose interests might be in contradiction (antagonistic) to SIHLWA's interests need also be identified (e.g. alcohol and tobacco industry, merchants).

Tasks

- The work will be mainly done as a desk study using existing policy documents, reviews and summaries
- The templates and questionnaires for interviews need to be finalized
- Collection of information via internet, mail and telephone interviews
- Analysis of information and reporting
- Categorization of stakeholders in a logical manner is important, like administrative stakeholders, research institutes, employers' and employees' organisations, NGOs etc.
- Drafting of a Communication Plan for dissemination of the results (A report describing the stakeholders and defined priority areas/projects for future development).

4.3 Working methods and timetable

The ultimate aim is to have a stakeholder analysis for all 13 Partner Countries. It might however be feasible to start with e.g. *seven countries who have so far actively participated in SIHLWA activities*. The reviews will require background studies of the NDPHS/SIHLWA structure and work and a visit to the Secretariat. The finalization of attached template (Annex 1) and preparation of questionnaires will require altogether 4 working days. Health policy, action plans and strategies from countries included in the study need to be investigated in order to see how SIHLWA objectives are addressed in each country. The collection of information will take on average 5 days per country/together 35 work days including possible phone interviews of stakeholders. The draft reports will require altogether 15 days and additional 3 days after receiving comments from SIHLWA Coordinator and Chairmen for finalization. The results will be presented and discussed in a SIHLWA meeting and the dissemination of the results/report of the review and analysis will be discussed also with the Secretariat in order to reach optimal benefit from the exercise.

The work will start in January 2007 and will be ready by end May 2007.

5. Resources

Ideally, the stakeholder analysis could be made simultaneously by a team of two experts; a senior and a junior expert. The experts should have relevant background in social-and/or health sector. A detailed budget is presented in Annex 2.

The budget includes a small reservation for unspecified expenditure. One possible cost to be covered could be the printing of a directory describing the stakeholders, which could be used as a source of information.

6. Risks and assumptions

It is assumed that the ND Partnership Countries are interested to have actual information both regionally and nationally who are the actors in SIHLWA thematic areas in order to intensify co-operation and assist Partners and Participants in improving their capacity to set priorities as well as to enhance co-ordination of SIHLWA activities. However not much has been so far done systematically possibly because the Partnership mechanisms for the NDPHS are still somewhat premature and funding for coordination mechanisms are lacking. There might be a risk in finding defining the most important stakeholders in the countries.

The collection of information and answering questions might not be the priority of actors to be contacted, which might hamper or delay the analysis.

7. Monitoring and evaluation

Monitoring and evaluation of the use and usefulness of the list collected stakeholders for the SIHLWA Expert Working Groups will be done biannually during the Expert meetings. The information about defined priority areas/projects will be discussed among SIHLWA EG and used as base for practical actions.

ANNEX 1

Stakeholder analysis template (“top 10-15” for each partner country)

(DRAFT STAKEHOLDER ANALYSIS TEMPLATE)

- Alcohol
 - Adolescent health & socially rewarding lifestyles
 - Workplace health & safety
1. Name of institute, organization, administrative structure, NGO, etc.
 2. Address
 3. Coordinates (e-mail, fax, telephone, GSM, etc.)
 4. Contact person(s)
 5. Short description of their task(s) [including position in the network of given country, and their funding sources]
 6. International role and experience
 7. Relevance to SIHLWA

ANN EX 3:

**MINISTRY FOR FOREIGN AFFAIRS
UNIT FOR NEIGHBOURING AREA COOPERATION (ITÄ-24)**

Project Description 2007

Ministry in charge: Ministry of Social affairs and Health, Finland	
Project Title:	SIHLWA STAKEHOLDER STUDY
New Project:	SIHLWA STAKEHOLDER ANALYSIS
Sector: Cross-sectional; social& health, education	
Project's starting year and estimated duration: 2007	
Target Country: Estonia, Latvia, Lithuania, Russia, Sweden, Norway and Finland	
Target Regions in Russia: Republic of Karelia, St Petersburg	
Implementing Organisation (Finland): PU SIHLWA/Stakes	
Organisation in charge (Target Country): NDPHS Secretariat/PU SIHLWA related authorities in partner countries	
Implementing Organisation (Target Country):	
Ministry's proposal for financing to the MFA (EURO): 35 000€	
Local Financing	
EURO:	
% of the total budget:	
Other Financiers/Donors:	

Short description of the study

The new expert group within the Northern Dimension Partnership in Public Health and Social Wellbeing on Non-communicable Diseases and Promotion of Health and Socially -rewarding Lifestyles (SIHLWA) was established in December 2004. For SIHLWA EG to be able to work as effectively as possible and to support coordination of international activities within its scope and to enhance a general improvement of the quality of life of the people within the Partnership countries it is essential to have a reasonable good overall picture of most important actors in the thematic area.

The overall structure of this working group is built on three main themes 1) alcohol, 2) adolescent health and socially rewarding lifestyles and 3) work ability.

For SIHLWA EG to be able to work as effectively as possible and to support coordination of international activities within its scope it is essential to have a good overall picture of most important actors in the thematic area readily available for all partner countries. The stakeholder analysis provides an essential tool for improved coordination and exchange of information, which will lead to improved knowledge and quality of activities to be developed within SIHLWA thematic area.

Objectives:

The main objective of the stakeholder analysis is to provide all interested partner countries with up to date information on the most important stakeholders and expert organisations and other actors like NGOs and even industries within the Northern Dimension partnership countries for improved networking and exchange of information and know-how.

A better picture and understanding of different important actors and stakeholders in the sector both regionally and nationally is essential in order to enhance institutional linkages and long term sustainability of developed activities. Many institutions, agencies, organisations, NGOs in the partner countries are working with SIHLWA sub-group areas but we do not always know who and where they are and what they have done or are doing. Stakeholders whose interests might be in contradiction to SIHLWA interests are also important to know when planning any development work of the sector.

The most important activities:

- Finalization of the template and questionnaires for interviews
- A desk study using existing background material like country policies, reviews and national strategies will be performed
- Collection of information via internet, mail and telephone interviews
- Analysis of information and reporting
- Categorization of stakeholders in a logical manner is important, like administrative stakeholders, research institutes, NGOs etc.
- The report will include also a list of priority areas for further development for SIHLWA
- Drafting of a Communication Plan for dissemination of results

ANNEX:

Abstract from 2nd SIHLWA meeting in Helsinki in May 2006

.....

4.6 TASK 2: Discussion about SIHLWA Stakeholder analysis

We agreed that for the SIHLWA, expert group under Northern Dimension Partnership for Public Health and Social Wellbeing (NDPHS) to work effectively, we need to have a better picture and understanding of different actors and stakeholders in the sector aiming on prevention of negative effects of alcohol use and promotion of healthy lifestyles among young people, before harmful habits have been adopted or addiction towards tobacco, alcohol, or drugs has developed. Likewise, positive lifestyles like safe working habits, healthy nutrition, regular physical activity and safe sexual practices can be actively enhanced.

Many institutions, agencies, organizations, NGOs, etc. (army and religious/faith-based organizations included) in countries are already working towards these goals, but we do not always know who and where they are and what exactly they have done or are doing. To elaborate a list of say “top ten or twenty” stakeholders in Partnership countries in the field of each sub-sector would be an indispensable starting point and asset when interventions will be planned and projects/programmes implemented.

We agreed on the need to have stakeholder analysis for each partner country. Ideally, project review and stakeholder analysis could be made simultaneously by same person(s)/agency. It would require expert work on average for at least 2 weeks per country, including field visits and interviews.

Task 2: Stakeholder analysis (“top 10” for each partner country)

(DRAFT STAKEHOLDER ANALYSIS TEMPLATE)

- Alcohol
 - Adolescent health & socially rewarding lifestyles
 - Workplace health & safety
1. Name of institute, organization, administrative structure, NGO, etc.
 2. Address
 3. Coordinates (e-mail, fax, telephone, GSM, etc.)
 4. Contact person(s)
 5. Short description of their task(s) [including position in the network of given country, and their funding sources]
 6. International role and experience
 7. Relevance to SIHLWA

4.6.1 Main Conclusions

Following issues came up in sub-group and plenary discussions during the meeting concerning the stakeholder analysis:

- Several organizations have already done a lot of work towards a comprehensive stakeholder analysis. It is important to tap on this existing work. For instance, Nordic School of Public Health (Gothenburg)/ Max Petzold, Finnish Centre for Health Promotion , National Institute of Occupational Health (Finland)/ Timo Leino, Nordic Council of Ministers (Copenhagen) /Carita Peltonen) have material on this.
- Listing NGOs operating in the field of SIHLWA would be important, but also very challenging. At least an attempt to list the most relevant ones would be worthwhile, and also tap existing databases innovatively.
- Trying to be too complete and comprehensive may be counterproductive and time-consuming in the beginning. To have a good start published and distributed, will help to make a “second edition” through encouraging readers to provide information on stakeholders missing from the list.
- Categorization of stakeholders in a logical manner is important, and enhances readability of the document (e.g. administrative stakeholders, research institute stakeholders, NGO stakeholders, provider stakeholders, partner stakeholders (existing, potential, desirable), etc.
- A guiding principle in accepting stakeholders to the list would be the relevance to SIHLWA objectives.
- We should not forget stakeholders, whose interest may be opposite to SIHLWA’s (for instance alcohol and tobacco industry as an example). It is also worth noting that the same stakeholder can be sometimes synergistic and sometimes opposing (e.g. food industry or media). Even our governments can be counter-productive, if it makes “bad decisions” for health (e.g. lowering alcohol taxes in Finland or failing to recognize that beer is an alcoholic drink in Russia).
- The template should also include potential new stakeholders like army, crime prevention councils, professional associations, in particular medical doctors.
- Industry should be kept separate from other stakeholders, hence information about possible connections of the stakeholders with the industry should be required.
- Contacts with the industry should be dealt with in different settings