



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

## **Action Plan accompanying the NDPHS Strategy 2020**

Adopted by the NDPHS Committee of Senior Representatives on  
28 September 2015

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## **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

CPT – Council of Europe’s Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

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

HIPP – Health in Prisons Programme/WHO Europe

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

HSS – Health systems strengthening (action plan)

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

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

## **Executive summary**

The Action Plan accompanies the NDPHS Strategy 2020 and contains detailed information on the planned activities and expected results of the joint work in the period of 2015-2017.

The Action Plan presents assumptions for the effective and successful accomplishment of the objectives, highlighting - inter alia - the important role of the funds needed for appointed delegates and experts to initiate and implement thematic activities, and to disseminate the achieved results in the NDPHS Partner Countries.

The document informs about horizontal actions aiming to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It also presents how the NDPHS will use the leadership role in the EU Strategy for the Baltic Sea Region (Health Policy Area) to improve and promote peoples' health through regional cooperation.

The Action Plan specifies how the achievement of the six objectives of the NDPHS Strategy 2020 will become conducive to the improvement of human health and social well-being in the Northern Dimension area. It shows the development context for each objective, communicates the need for intergovernmental policy and action and sets a framework (footprint and expected results) for the specific NDPHS activities. These are further described and provided with corresponding deliverables (specific outputs of the joint work to be available by the termination date of the Action Plan).

Progress in achieving the expected results for each objective is measured through quantified indicators, with the baseline, target, data source and responsible organisation indicated. A mid-term review of the implementation progress is scheduled for 2018.

## **Introduction**

The Action Plan accompanies the NDPHS Strategy 2020 and contains detailed information on the planned activities and expected results of the joint work in the period of 2015-2017.

The majority of activities listed in the Action Plan will be implemented in all NDPHS Partner Countries. In some indicated cases, they will be executed through a project on a few NDPHS Partner Countries or their selected pilot sites, while the conclusions and recommendations will be disseminated to relevant target groups in the whole Northern Dimension area. It is envisaged that through available funding sources such projects' analysis and action area may be extended to cover all remaining NDPHS Partner Countries in the 2018-2020 period.

### **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).

## 2. Assumptions

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 and acceptance of the priority of cooperation goals and expected results among the involved stakeholders;
- involvement of relevant EU and international organisations in the expert-level work;
- collaboration with regional and international actors and adherence to regional action frameworks to facilitate synergies and maximise impacts;
- amplification of links and synergies with approved global and regional policies, strategies and action plans and on-going work relevant for the Northern Dimension area.

## 3. Horizontal results and activities

The listed below results aim to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It is the responsibility of all Partner Countries and NDPHS structures to be active in producing these results. The Secretariat will play an active role in initiating, facilitating and coordinating many of the planned activities.

### **Horizontal result 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 EU Strategy for the Baltic Sea Region (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.

Furthermore, it should be recognized that most factors that influence health and well-being, such as education, housing, employment, legal and/or residential status, poverty and psychosocial factors, etc. lie outside the health sector. These health determinants are in turn shaped by policies across all sectors, emphasizing a Health in All Policies (HiAP) approach, with the aim of improving the health of

everyone and thereby reduce the absolute effect of determinants on all people as well as targeted interventions that focus on the most affected.

#### Planned activities towards the expected result

- Cooperate with relevant regional and international 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 and the importance of the HiAP approach, a focus on health inequalities, as well as the Partnership's role, in relevant high-level and other documents.
- Disseminate information regarding health and social well-being and HiAP approaches to international, national and local policy- and decision makers and other stakeholders.

### **Horizontal result 2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities**

During 2010-2013 support and involvement of other 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 and international 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.

### **Horizontal result 3. Increased and strengthened policies to improve health and social well-being through regional cooperation**

In order to be effective and to guarantee an equitable 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 on-going 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 relevant results of NDPHS projects and/or NDPHS-facilitated projects to the policy level within the NDPHS.
- Cooperate with relevant stakeholders to communicate the results of NDPHS projects and/or NDPHS-facilitated projects to the policy level in the Northern Dimension area.
- Approach and encourage stakeholders to communicate, when relevant, the results of their regional projects to the policy level by using the NDPHS' structures.

#### **Horizontal result 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 towards 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 raising 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 between the NDPHS Chair Country and each NDPHS Partner Country 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 NDPHS Partner Country to (i) improve the visibility of the Partnership in the Partner Countries; and (ii) advance the implementation of the NDPHS Strategy and Action Plan.
- Continue the dialogue with the NDPHS Partner Countries and Organisations by highlighting current information about the NDPHS work on home websites.

#### **Horizontal result 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 role of the NDPHS as the Policy Area Coordinator within the EUSBSR (Policy Area: "Health – Improving and promoting peoples' health, including its social aspects") allows for a making health more integrated and inclusive in the regional cooperation. In particular, by providing a common frame of reference, the NDPHS has contributed to increased interfacing between relevant stakeholders at various levels and across 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 and 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 peoples' health, including social aspects, is an important precondition for ensuring sustainable and healthy societies in order to enable 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 Health Policy Area.
- Regularly review the relevance of the Health Policy Area as described in the EUSBSR Action Plan.

### **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 the European Region<sup>1</sup>. NCDs, (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) are mainly caused by the four main risk factors, namely: harmful use of alcohol, use of tobacco, unhealthy nutrition and low physical activity. NCDs and its risk factors are unequally distributed in the population reflecting a social gradient. Additionally, risk factors of the NCDs also share common determinants that are influenced by policies in a range of sectors. International experiences, e.g. the North Karelia Project in Finland (1972–2002) have scientifically proven that most NCDs among the working age population (<65 years) could be preventable. In many European countries (e.g. Finland, France, Norway, Sweden, United Kingdom) the reduction of premature mortality already has been as high as 80%, and population have gained up to 10 years longer and healthier lives, mostly healthy and productive<sup>2</sup>.

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

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<sup>1</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0019/170155/e96638.pdf)

<sup>2</sup> [www.euro.who.int/hfad](http://www.euro.who.int/hfad)

highest of 81.7 years in Norway to the lowest in Russian Federation (69.0 years)<sup>3</sup>. 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 for example excessive and unhealthy diet among school age children and insufficient physical activity. To tackle these challenges general health promotion actions are not effective.

To take integrated and multi-sectoral action on risk factors and their underlying determinants across sectors by applying Health in All Policies (HiAP)<sup>4</sup>, and through the involvement of local level stakeholders, is essential. Furthermore, in order to effectively address unhealthy behaviour, specific attention must be paid to the unequal distribution of key social determinants of health affecting conditions of life and opportunities to make and sustain healthy choices for women and men in the Northern Dimension area. This must be accomplished through actions across the whole of society on the health determinants that give rise to the social gradient in health.

### 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 the national burden of NCDs.

By implementing well-planned NCD intervention projects focusing on: 1) implementing a Health in All Policies approach, 2) the 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 through better lifestyles and care, in line with the HiAP approach. Such a multi-level and multi-stakeholder approach, with the involvement of a wide range of actors and sectors, 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 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.

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<sup>3</sup> [www.euro.who.int/hfad](http://www.euro.who.int/hfad)

<sup>4</sup> Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity: <http://www.healthpromotion2013.org/health-promotion/health-in-all-policies>

## 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 in addition to national action	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 in addition to national action	To be estimated as part of the activity	At least 3 more (in the project sites)	Project reports	Project consortium Expert-level structures
3.	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 2 more NDPHS Partner Countries' score cards for core population interventions on NCDs	Project reports  Updated NCD country profiles	Project consortium Expert-level structures WHO Europe

### Planned activities towards the expected results

1. Better implementation of 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 on NCD prevention and control in at least 2 more 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

### **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

## 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 advice and professional input to the preparation, coordination and implementation of joint activities carried out within the framework of the Partnership, including Work Programmes and projects.

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 6<sup>th</sup> 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.