

**EG Chairs and ITAs  
Twenty second Meeting  
Gdańsk, Poland  
24 February 2017**

<b>Title</b>	Minutes from the 22 <sup>nd</sup> EG Chairs & ITAs meeting
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	This document outlines the main discussion points and decisions made during the 22 <sup>nd</sup> EG Chairs and ITAs meeting.
<b>List of Annexes</b>	Annex 1 – List of participants Annex 2 – List of documents submitted to the meeting

## 1. Welcome and opening of the meeting

The meeting was opened and chaired by Mr. Jürgen Ojalo, the NDPHS Chair Country Representative, Ministry of Social Affairs of Estonia, who welcomed the participants, informed them that the meeting is held as part of the “EUSBSR Policy Area Health Support 2” project run by the NDPHS Secretariat, appreciated the EU co-financing, and wished the participants a fruitful meeting.

Those participants who did not take part in previous EG Chairs and ITAs meeting introduced themselves.

## 2. Adoption of the agenda

The Meeting **adopted** the Provisional agenda (submitted as document EG Chairs and ITAs 22/2/2).

## 3. Planning and implementing joint activities to achieve regionally agreed objectives

### 3.1 Information on progress in implementing regionally agreed objectives in the area of health and social well-being

The Expert Groups and the Secretariat reported on progress in implementing regionally agreed objectives in the area of health and social well-being. Before that, however, the Secretariat recalled that the Annual Work Plan has not been finalized yet, as a contribution from the NCD EG had not been submitted yet. The PAC 12, however, has adopted a provisional Work Plan.

In response to the Secretariat’s remark, the NCD EG informed their contribution would be submitted soon.

The AMR EG informed that, taking into account that the WHO had launched an action plan addressing the AMR issue, the group has adjusted its work a bit (according to the WHO strategic objectives, the actions in the field of the antimicrobial resistance should be strengthened through surveillance and research). The group continues the implementation of its NorthernGLASS project co-financed by the Swedish Institute, which aims to contribute to the fulfillment of the recommendations of the WHO Global Antimicrobial Resistance Surveillance System in our area. The project includes participants from eight countries as well as the WHO and the ECDC. Several national workshops will be organized within the project before it is completed by the end of 2017.

The ASA EG informed it was involved in three actions. First, a project “Surveillance of alcohol and drug use among hospitalized somatic patients,” which is currently being implemented by the Oslo University Hospital and the Moscow Research and Practical Centre on Addictions. The first phase focused on alcohol consumption among hospitalized patients. The second phase of the project has just started, and the aim is to check if patient used alcohol and drugs before admitting to a hospital by using biomarkers, and, if needed, to apply an early identification and intervention approach. Second activity: during a workshop in Poland a concept has been developed of a project on alcohol and drug prevention aiming to improve, through training, the capacity of local authorities in evidence-based interventions on the municipality level. Third activity: Standardized European Alcohol Survey under the EU Joint Action on Reducing Alcohol-Related Harm (RARHA) was recently completed, which the group participated as a collaborative partner and the Chairman of the ASA EG was the chairman of the advisory board of the RARHA.. Data has been collected within the Survey, and the ASA EG members participated in the drafting of the report and will also try to prepare a report for the NDPHS partner countries. Finally, the ASA EG informed that Iceland would be present in the upcoming group meeting, but expressed its regrets that Germany was missing in the group..

The Secretariat expressed its regrets that it does not receive formal emails with the ASA EG’s important information and documents such as the group’s meeting documents. All other NDPHS Expert Groups send their emails to it. Given that one of the roles of the NDPHS Secretariat is “maintaining an archive of the NDPHS documents” it is vital that the Secretariat would also be included on the ASA EG’s dissemination list for those.

The ASA EG ITA stressed that all meeting documents were uploaded on the NDPHS web page and were easy accessible for everybody. Moreover, taking into account that Secretariat was very busy with many other activities he questioned the necessity to copy all formal E-mails to the Secretariat but promised to copy the Secretariat on future emails with the ASA EG’s meeting documents.

The HIV, TB&AI EG informed its efforts focused on actions to increase knowledge and understanding about the epidemiological complexity of the situation. It continued monitoring and discussing progress made by the NDPHS countries in developing and supporting effective country and regional responses to further improve the current HIV and tuberculosis epidemics and reduce their impacts on human lives, economy and society in accordance with the NDPHS Statement “Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward” adopted by the PAC 10. The preliminary results are now available in a tentative report introduced in by the group’s meeting in September 2016. Final report is forthcoming. Further, the group got involved in various platforms and projects. For example, it contributed to the NCM Programme on Health



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Promotion and Prevention in NW Russia, which focuses on prevention of HIV and associated conditions, and involves Finland, Norway, Sweden and NW Russia. Contact has also been established with Belarusian TB Institute and Belarus office of IOM to better engage Belarus in the group's activities. At the initiative of the group, the EG Chair had been invited to be part of the EU HIV Think Tank. However, no invitation to participate has been received so far and it would help if the NDPHS Secretariat could help with this. In its work, the group also stays in close link with the NDPHS PH EG and PHC EG. Finally, the HIV, TB&AI EG recalled information presented during the previous EG Chairs and ITAs meeting in 2016 regarding the group's contribution to the Vilnius Communicable Disease Summit, which took place at the end of June and early July 2016 (a similar event is planned to be held in 2017).

In response to the HIV, TB&AI EG's request the Secretariat promised to help with regard to the EG Chair's participation in the EU HIV Think Tank and asked for further details to be delivered to it first.

The NCD EG informed that seven NDPHS countries as well as the WHO Regional Office for Europe are involved in the group's work. The PYLL project, which was implemented under the group's auspices, has been completed in late 2016 with the PAC side-event focusing on this topic. It provided many interesting outcomes and conclusions, one of them being that, while the biggest difference between the participating countries (Estonia, Finland, Germany, Latvia, Lithuania, Poland, Sweden and Belarus) in terms of potential years of life lost was up to 4 times, the biggest difference in GDP between the participating countries reached in some cases 10 times. The group also took part and contributed with a presentation to the NDPHS seminar at the 7<sup>th</sup> Annual EUSBSR Forum. Finally, the group also participated in various events.

The OSH EG informed about an OSH thematic conference SAFETY 2016 "From occupational safety and health strategies to practice" held in September in Tampere, Finland. During the conference the results of two OSH projects were presented, one of them being the REALOCC project promoting reliable occupational accident registration, the other related to cost of lost labour input. The OSH EG is currently distributing the results of the former project. As one of the dissemination activities a meeting with EUROSTAT took place in February 2016; importantly, the EUROSTAT has adopted the OSH EG promoted method. In its work, the OSH EG continues to closely cooperate with the BSN – this approach offers a good link between the policy and project level. Several of BSN organizations plan to jointly apply for project money to the Interreg Programme. This year the group's new, EU co-financed project "Better prevention, identification and reporting of work-related and occupational diseases and emerging risks" is just about to commence and hold first meeting in Helsinki on 28 February. It aims to improve the understanding, identification and reporting of risks and work-related and occupational diseases in the Northern Dimension area. Experts from ten NDPHS countries, namely Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, Russia, and Sweden as well as from Belarus will be involved in it.

Soon a questionnaire will be sent out to ten countries covered by the project to help collect the necessary statistics.

The PH EG informed about its efforts to increase the visibility of the group through participation in a WHO Health in Prisons Programme (HIPP) meeting and a European Parliament-sponsored VulnerABLE (Improving the health of those in isolated and vulnerable situations) project meeting. The group also works toward improving data collection - it created a questionnaire on how to improve control of infectious diseases in prison, especially



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regarding HIV, TB and HIV-TB co-infections and are starting to circulate it among its group members. Further, it had some logistical and thematic exchanges with the HIV, TB&AI EG and started collecting materials in the field of harm reduction and looking at best practices in this area. Finally, the group noted it had been struggling to secure commitment of the NDPHS countries – one Lithuanian expert left the group, at the moment there are no representatives appointed by Estonia and Russia (the latter does not respond to inquiries about its participation in the group). The group expressed its concern that this may prevent it from achieving the goals set out for it in the Action Plan.

The PHC EG informed about its group meeting in October 2016 that was combined with a Workshop on Methods for Monitoring and Analyzing Primary Health Care. During the latter it discussed the ways to monitor PHC in the BSR and found out countries focus on quality measures, processes and results (e.g., accessibility high on the agenda of many countries) but not enough on the link between them. The group will follow up on the workshop in its future work on mortality indicators. Further, the group informed about a Kaliningrad project, which is being implemented in cooperation with Lithuania – a questionnaire has been developed and indicators discussed regarding the youth.

The Secretariat referred to detailed information included in document PAC 12/6.1/Info 1 and presented a few examples of its achievements during the past months with regard to the horizontal results (mostly linked to the PA Health Support 2 project co-financed by the EU Interreg Programme and run by the Secretariat):

- Seminar “Where are we heading – wealthier and healthier in the decades to come, or just the opposite?” that it organized within the framework of the 7<sup>th</sup> EUSBSR Annual Forum in November 2016;
- Commissioned and supported the development of a paper “Economic Dimensions of Health and Social Care” by Dr. Björn Ekman;
- Presentation during a seminar on the occasion of the Northern Dimension Day organized by the NDI in Stockholm;
- The NDPHS e-Newsletter 2/2016 issued in December in which information about above projects/activities was also included.

Additionally, the Secretariat prepared two flyers/leaflets, which it submitted to this meeting for comments before they go for approval to the CSR and subsequently for printing. During the past months, the Secretariat continued supporting non-NDPHS (external) stakeholders in their work. Finally, the Secretariat noted that the recruitment of a Project Assistant continued and asked the groups to consider encouraging good professionals to apply for the position.

### **3.2 Implementation of activities to achieve regionally agreed objectives in the area of health and social well-being – review and possible updating**

The Secretariat referred to the provisions of the NDPHS Work plan for 2017 regarding the implementation process for the period up to 2020. It recalled the current Action Plan contains detailed information on the planned activities and expected results for the period up to the end of 2017. In order to ensure continuity in the Partnership’s work towards achieving the targets by the set deadline, the NDPHS Expert Groups are supposed to elaborate their inputs to an updated NDPHS Action Plan. Further, the Secretariat referred to document “Priorities and objectives - NDPHS Strategy and EUSBSR PA “Health” Action Plan” (document EG Chairs and ITAs 22/3.2/Info 1) and stressed that when discussing review and possible updating of activities to achieve regionally agreed objectives in the area of health and social well-being,



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the groups should feel welcome to consider if there is a need to update the Policy Area “Health” section of the EUSBSR Action plan in order to ensure coherence in tackling regional challenges in the area of health and social well-being. The NDPHS Work plan for 2017 foresees that the group’s inputs would focus on the achievement of the objectives and results within their individual remit and cover the period up to the end of 2020. They shall be submitted to the NDPHS Secretariat by the end of 2017. Based on them the NDPHS Secretariat will prepare an updated Action Plan and submit it to the CSR meeting to be held in spring 2018. The proposed approach is also good in that it would help adjust the NDPHS Action plan to the prevailing realities and circumstances, which may have partly change during the implementation process so far rendering some parts of the Action Plan obsolete or not prioritized – this is important to keep it in mind in the view of the upcoming periodic evaluation of the NDPHS. Regarding the timeline, the Secretariat suggested that the groups would submit their first drafts already to the autumn CSR meeting for first review and preliminary comments. This approach would also ensure better consistency between the groups’ inputs and allow for discussing cross-cutting issues in time for them to be developed and taken into account already from the beginning of the redrafting of the NDPHS Action Plan. Finally, the Secretariat informed that it would like to submit a discussion paper to the upcoming spring CSR meeting and it would appreciate if the Expert Groups could share with it during the current meeting their preliminary ideas regarding the review and possible updating of the relevant elements of the Action Plan (issues such as actions, expected results, deliverables, targets and deadlines, as well as the forward process could be considered). The groups’ ideas would then be taken into account by the Secretariat when it is drafting the paper for the CSR.

The AMR EG supported the presented proposal. The group feels it should update their part taking into account the NorthernGLASS as well as the fact that it works more closely with the WHO.

The ASA EG expressed its support to having a clear procedure for possible revision of the NDPHS action plan

The PHC EG expressed its support.

The OSH EG informed that they always make long-term plans and noted that the group will hold their group’s meeting jointly with the BSN meeting in late September in St Petersburg in connection with the “Profession and health conference. Therefore, they might be late with their input before the CSR meeting.

Further, with reference to document EG Chairs and ITAs 22/3.2/Info 2 the Secretariat raised the issue of updating the text regarding project “Strengthening prevention and reduction of impacts of Tuberculosis (TB), Human Immunodeficiency Virus (HIV) and associated infections (AIs) and other sexually transmitted infections (STIs) in the Baltic Sea Region by joint international activities (TB/HIV/AI/STIs Project)” included in the list of ongoing and completed flagships of the EUSBSR (an Annex to the Action Plan for the EU Strategy for the Baltic Sea Region). The text, as it stands now, seems to be out of touch with the reality in terms of its individual components and size, which directly links with the amount of funding that would need to be raised to implement it. Therefore, the Secretariat suggests revising the text and, rather than deleting the project altogether, keeping it on the flagship list, but ensuring that it would reflect the group’s priorities, capacity and possibilities. Keeping the project on the list would help to raise funding for its implementation. To that end, the Secretariat has already submitted to the upcoming HIV, TB&AI EG meeting a document addressing this issue.



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The HIV, TB&AI EG informed that their group would discuss the issue during their upcoming meeting.

The OSH EG informed that their group implements projects which are not large in size and address the same topic, and asked if it would be possible to include them on the list of flagships under one name.

The Secretariat responded that, indeed, the idea behind the list of flagships had been changed, *inter alia*, to allow for clustering projects/initiatives closely belonging to the same group. Consequently, the approach proposed by the OSH EG was perfectly in line with the said idea. It asked the group leadership to approach the Secretariat bilaterally to discuss how to handle this issue. Also, other groups that would like to propose including their projects/initiatives on the list of EUSBSR flagships should approach the Secretariat bilaterally. To aid the process, the Secretariat will disseminate to the groups the criteria for inclusion of projects/initiatives on the list.

Further, the Secretariat raised the issue of reinforcing of NDPHS efforts to help ensure that results of relevant recently concluded, ongoing and planned regional projects be transferred to the policy level. It informed it planned to submit a discussion paper on this topic to the upcoming CSR meeting. Further, it remarked that, for example, the recently completed NDPHS PYLL project as well as the ongoing Interreg Baltic Sea Region Programme Project “Baltic Fracture Competence Centre – BFCC” led by the Life Science Nord Management GmbH, which has its representative in the current meeting, offer great opportunities in this regard.

The NCD EG informed that its Finnish partners were in the process of developing a new project, which would build on and follow the PYLL project. The NCD EG proposed that the other interested EGs hold a meeting to discuss how they could become engaged in following the PYLL project within their own settings together with the NCD experts. Certainly, the issue links with topics being addressed by the HIV, TB&AI EG and the PHC EG.

The HIV, TB&AI EG informed that they had already given some consideration to following on the PYLL project and planned to further discuss it during their upcoming group meeting in early March. It would make sense to engage ministries of finance from the countries concerned.

The PHC EG informed about the upcoming 10<sup>th</sup> European Public Health Conference “Sustaining resilient and healthy communities” which will be held on 1-4 November 2017 in Stockholm, Sweden. 1500 to 2000 researchers and policy makers are expected from all over Europe. Abstracts should be submitted by the deadline of 1 May. The event offers an opportunity to hold own workshop/seminar at the price of EUR 6,000, which could be used to present the NDPHS Expert Groups and their work.

The HIV, TB&AI EG remarked that it would not have resources to contribute to such an event.

With regard to the PYLL project, the Secretariat noted, one should consider engaging regional and local authorities (the Union of the Baltic Cities might offer a good opportunity), not only those from the state level. For instance, during the PAC 12 the Secretariat was notified by the Pomorskie Region authorities that they would apply the PYLL approach in their work.



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The HIV, TB&AI EG echoed the idea and remarked that also Lithuania was planning to apply the same approach at their regional level.

The Chair welcomed the guest from the Life Science Nord Management GmbH, Dr. Anna-Winona Struck who is the Project Manager of the Interreg Baltic Sea Region Programme Project “Baltic Fracture Competence Centre – BFCC” and invited her to present her project as well as present ideas how it could possibly benefit from the NDPHS in its efforts aimed to bring the project results to the policy level.

With reference to document EG Chairs and ITAs 22/3.2/Info 3, Dr. Anna-Winona Struck informed about the ongoing Project “Baltic Fracture Competence Centre – BFCC” led by the Life Science Nord Management GmbH ([www.lifesciencenord.de](http://www.lifesciencenord.de)). She noted the project is one of the flagship projects of the EU Strategy for the Baltic Sea Region and informed that one of its main goals is to develop and implement a transnational fracture registry platform including registry data from six hospitals in Finland, Estonia, Germany, Lithuania, Poland and Sweden, allowing a comparison of the process and outcome quality across institutions and countries and showing needs and potentials for innovation within the field of fracture management. Furthermore, the BFCC supports the analysis of clinical needs and best practice transfer and creates a basis for future collaboration between industry and hospitals. As a start, getting one hospital per region involved should not be difficult, but one’s ambitions should go further than this. The NDPHS could be instrumental in helping achieve a broader change. Finally, Dr. Struck invited the participants to visit the project’s website <http://www.bfcc-project.eu/> to learn more about the project.

The Chair thanked Dr. Anna-Winona Struck for the interesting presentation and idea. Turning to the Expert Group leaderships, he remarked it should be seen as an opportunity for a constructive dialogue with an external stakeholder. Next project round could be done even better and possibly with the NDPHS involvement.

### **3.3. How to achieve a better cross-disciplinary cooperation**

With reference to document EG Chairs and ITAs 22/3.3/1, the Chair of the ASA EG presented his ideas and suggestions on how to achieve a better cross-disciplinary cooperation among experts coming from different thematic fields. He noted it is a challenge to get decision-making bodies to take interest in listening to what the groups are doing. But at the same time there is an immediate national interest. When it comes to the big meetings within the UN and the EU frameworks, in most cases one attends them to only make a speech and there is no more in-depth discussion on a given topic. On the other hand, in the Nordic settings, the country situations are so similar that one does not learn much from another. The NDPHS is a place offering an opportunity to talk. Making one large group of experts is not practical to cover all topics, on the other hand, however, it is important to put in place a mechanism that would allow the separate groups work together better. To that effect, the idea proposed for discussion is a preparation of a large joint programme for NDPHS with the participation of all Expert Groups. As explained in the submitted paper, the aim of the programme would be to identify overlapping problems that require coordinated responses and then discuss and develop those responses. The programme could form one large entity in which each EG would have its work package and its role in the implementation of the programme. When substance areas of each EG are explored, it is easy to find contact points between all EGs,



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which would make a comprehensive joint NDPHS program very highly relevant. The development of the programme could be started at the latest in the beginning of 2018 so that EGs can have enough time for defining the topic for the programme. During 2017 it could be explored whether the Seed Money Facility could provide funding for the preparation and development of the programme.

The PHC EG stated it was an interesting idea, certainly going well in line with the review of the Action Plan raised earlier by the Secretariat. One should be very clear on why there was a need for such a programme and consider the specific topics where to work together.

The HIV, TB&AI EG found the idea highly relevant and noted that, for example, there could be a number of smaller projects (the so-called work packages) developed within the programme for which EGs would be responsible individually. One must also consider the size of the programme, as it could translate into millions of euros in costs. Also, one would need to find an organization that would be willing to deal with the organizational side and think of how to work vis-à-vis the groups' current work and focus.

The vice-Chair of the PHC EG added that one would need to think about technical aspects. Who can provide funding – the EU, Norway and Russia? As it comes to Russia, the programme could be supported by the Ministry of Health, the Ministry of Foreign Affairs and the Ministry of Finance. Also, the idea to get seed money for it is good. One should, however, pay attention to not create a consortium that would involve project partners not linked closely enough to the NDPHS EGs – it would be good to have representatives from ministries and EGs.

The Chair noted it was a good idea to talk about practical aspects.

The AMR EG stated for their group it was hard to see any connection with what the other groups were doing.

The Chair of the ASA EG agreed that the idea must be mature and thought through. This discussions started while developing the last strategy of the NDPHS, when was a very strong desire of comprehensive approach. The idea is to see the possibility of cooperation and it is not necessary to start with the big thing like EU joint actions or force all EGs to join the programme. One could discuss the issue over the dinner during the upcoming CSR meeting.

The PHC EG remarked that maybe it was too ambitious to discuss the overarching theme during the present period. It was more useful to focus on something more concrete, that NDPHS can have a concrete deliverables and with clear added value. One could do it when developing next strategy of the NDPHS and focus on smaller things, which can be delivered.

The OSH EG recalled the NDPHS is about public health and social well-being. Consequently, the question of social issues needs to also be considered. It is also true that the NDPHS EGs have not sufficiently developed a cross-group cooperation – one needs to consider if and how cross-cutting approaches can be improved within the NDPHS. Finally, it is important that one would look at practical aspects if one wants to demonstrate results to the world outside the NDPHS.

The ITA of the ASA EG underlined once again that the main idea of the proposal was to strengthen the cooperation between the EGs, and when NDPHS come out with the product,



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which is the result of the joint effort of the NDPHS, not just a single EG. It also brings more responsibility to the Political leadership of the NDPHS.

The HIV, TB&AI EG proposed that the proposal would be discussed during the upcoming EG meetings.

The NCD EG acknowledged the ASA EG proposed idea on the collaboration with the other NDPHS EGs in joint projects' elaboration and implementation. That would allow to increase the possibility of comprehensive monitoring of NCD causes and to evaluate the progress that achieved within the NDPHS.

The Chair thanked the Chair of the ASA EG for the nice paper and concluded that the ASA would elaborate on the idea further in cooperation with the interested EGs. The revised proposal would be presented during the upcoming CSR meeting and be also discussed during the dinner on 4 April 2017.

### **3.4 Follow up on Dr. Björn Ekman's report "Economic Dimensions of Health and Social Care." Leaflet promoting the topic.**

With reference to document EG Chairs and ITAs 22/3.4/1, the Secretariat briefly introduced a leaflet summarizing the key messages of Dr. Björn Ekman's report "Economic Dimensions of Health and Social Care" both of which are part of the Interreg BSR co-funded project PA Health Support 2.<sup>1</sup> It informed that, before it would go to printing, it would need to be submitted to the CSR for approval. Expert Groups' comments are welcome – to that end the Secretariat suggested that, given the very limited amount of time left for the meeting, possible comments be sent to the Secretariat by email.

The HIV, TB&AI EG and the PHC EG promised to email their comments.

The Chair concluded that the interested EGs would submit their comments to the Secretariat within 7 days.

### **3.5 Capacity building of regional stakeholders in project development and implementation**

With reference to document EG Chairs and ITAs 22/3.5/1, the Secretariat summarized key information regarding the training on project development and implementation to be held by the Secretariat as part of the Interreg BSR co-funded project PA Health Support 2. It noted that a very small number of projects were currently being implemented within the Policy Area "Health." With reference to the "Statistics on applications received in the first call for applications for priority 4.1" document received from the Interreg BSR Programme MA/JTS (forwarded by email to the meeting participants on 22 February 2017), it noted that only one project from the health area, namely "For Better Health" proposed by the Baltic Region Healthy Cities Association, was accepted for seed money funding, which is a small number compared to several other EUSBSR Policy Areas. The training proposed by the Secretariat aims to help the situation. To that end, it stressed that the training is aimed at stakeholders

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<sup>1</sup> Dr. Björn Ekman's report is available at: <http://www.ndphs.org/?database,view,paper,115>.

from the Policy Area “Health” which means that both NDPHS and non-NDPHS stakeholders should be invited displaying a promising potential to develop projects contributing to the EUSBSR. The training will last for two days, must take place in a BSR EU country, the NDPHS Secretariat will cover travel, accommodation and catering costs for up to 20 participants. It would like the training to be tailored to the needs of participants and would rely on the groups to suggest individuals who could be invited to take part. Originally the training was planned to be implemented in autumn 2017 but, given the upcoming heavy workload in autumn, it might be held in the end of August or early September (possibly in connection with the next EG Chairs and ITAs meeting).

The HIV, TB&AI EG asked if, given the limited amount of participants that could take part in the event, the training could be streamed over the internet.

The Secretariat noted that this was a good idea and it should be possible. It invited the Expert Groups to send their comments in writing to the Secretariat.

### 3.6 Upcoming EUSBSR Annual Forum

With reference to document EG Chairs and ITAs 22/3.6/Info 1, Dr. Anna-Winona Struck, Project Manager, Life Science Nord Management GmbH informed about the upcoming workshop “eHealth and Data transfer across borders in the BSR” planned to be organized either on 13<sup>th</sup> or 14<sup>th</sup> June 2017, during the 8<sup>th</sup> Annual Forum of the EU Strategy for the Baltic Sea Region to be held on these two days in Berlin, Germany. The German Federal Ministry of Foreign Affairs has just approved the application for the event. She further noted that the planned workshop would be organized as a panel discussion with panel members from different BSR states and different backgrounds.

Furthermore, she suggested that the NDPHS and its Expert Groups contribute to the EUSBSR workshop by either participating in the panel discussion or helping to nominate further members for the panel. In addition, the NDPHS could give feedback on the questions for the panel discussion or provide own questions. Any inputs to the concept of the event would need to be provided soon considering that the deadline for submission of the final event descriptions is 17 March 2017.

Finally, Dr. Anna-Winona Struck informed that the results of the workshop would be used to contribute to a paper of the Estonian EU Presidency on “How to improve eHealth on an EU level,” as well as to contribute to the implementation of the “Baltic Fracture Competence Centre – BFCC” project.

The PHC EG promised to send proposal for potential speakers.

The Chair invited the groups to send their ideas to Dr. Anna-Winona Struck with a copy to the Secretariat no later than in 3 weeks. He noted that it would be good to have the NDPHS onboard, which would help increase its visibility.

### 3.7 Stakeholder consultation meetings

With reference to document EG Chairs and ITAs 22/3.7/Info 1, the Secretariat provided



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information regarding the EU funding available for consultation meetings to discuss joint collaboration within the EUSBSR context. It noted that the said document partly reiterates the relevant information from document EG Chairs and ITAs 21/4.1/Info 1, but also includes further details, which the Secretariat found is important to provide to the groups in the view of the questions it had received from some of them in the meantime. Finally, it invited the interested groups to contact the Secretariat for further details bilaterally.

The Meeting participants had no questions.

The Chair concluded that the presented opportunity is welcome and the groups should plan using it before June 2018, after which this opportunity will cease to exist.

### **3.8 Other activities**

No particular issues were discussed in this agenda item.

## **4. Communication and visibility activities**

### **4.1 Informational materials by Expert Groups**

With reference to the NDPHS Work plan for 2017 Action 3.4 “Continue producing and disseminating information and PR materials” the Chair asked the Expert Groups to inform if they were planning to produce any on-line or hard copy information materials.

The AMR EG confirmed that they would produce information material within their NorthernGLASS project.

No other group informed it would produce information materials.

The Secretariat informed that it would soon start preparing the NDPHS e-Newsletter 1/2017 issue and asked if any group would like the e-newsletter to focus on a particular topic.

The PH EG asked about the rules what is included in the newsletter. The group was considering proposing that the prison health would be the topic in focus, but wanted more clarity on the requirements.

The Secretariat informed that the group, whose topic is selected, takes responsibility for providing 3-4 articles (including graphical elements) on that topic. As in the past, the Secretariat would also welcome a limited number of articles on other topics to be provided by other groups and stakeholders, but the total length of the newsletter should not be more than 6 pages. To that end, the other groups should be in touch with the Secretariat about their proposed contributions to ensure that it would not receive too many contributions and some would need to be rejected. The Secretariat will, shortly after the meeting, send out an email to the groups informing about the required length of the articles, the deadline for submission, etc.<sup>2</sup>

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<sup>2</sup> The NDPHS Secretariat send out that email on 27 February 2017.

The PH EG confirmed that they would like to have prison health as the lead topic. The issue will be discussed with the other PH EG members.

In the absence of other proposal, the Chair concluded that the next issue of the NDPHS e-Newsletter would focus on the prison health topic, while other contributions are also welcome. Further details will be provided in the Secretariat's communication to the groups.

The vice-Chair of the PHC EG asked about possibility to further extend the contents of the NDPHS Database to include various types of project deliverables.

Following its questions to and the responses from the vice-Chair of the PHC EG, the Secretariat remarked that the NDPHS Database is a tool that is supposed to respond to the needs of its users and, to that effect, it is a good idea to improve it when there is a good suggestion. With that in mind it explained that it would need to receive more precise description of the needs and suggestions for improvement before it can properly respond to the suggestion.

Finally, the vice-Chair of the PHC EG stressed that – in order for the NDPHS Database to be meaningful it is important that all project leaders would include in it their project information and materials.

The Secretariat thanked for this valuable remark and recalled that it had been stressing the same on many occasions in the past.

Further, the vice-Chair of the PHC EG recalled that the Secretariat has recently received Russian translations of the NDPHS website texts and asked when those would appear on the website.

The Chair informed that this matter will need to be addressed to the forthcoming Meeting of the Parties.

#### **4.2 Leaflet on EUSBSR and Policy Area “Health”**

With reference to document EG Chairs and ITAs 22/4.2/1, the Secretariat introduced a leaflet on EUSBSR and Policy Area “Health” and invited the participants to comment on it. As with the other leaflet presented for comments during this meeting, it would need to be submitted to the CSR for approval before it goes to printing. Expert Groups' comments are welcome – to that end the Secretariat suggested that, given the very limited amount of time left for the meeting, possible comments be sent to the Secretariat by email.

The Chair concluded that the interested EGs would submit their comments to the Secretariat within 7 days.

#### **4.3 Other activities**

No particular issues were discussed in this agenda item.



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## 5. Next EG Chairs and ITAs meeting

With reference to document EG Chairs and ITAs 22/5/Info 1, Chair invited the Expert Groups leaderships to inform if their Expert Group Lead Countries would be willing to offer hosting the next EG Chairs and ITAs meeting and what possible date(s) and place of the meeting they would propose. To that end he remarked that – judging from the picture in the said document – especially Norway should feel invited to consider it.

The Chair of the ASA EG promised that Norway would discuss the possibility to host the next EG Chairs and ITAs meeting and would inform, as appropriate. He also informed that there were changes in the Norwegian membership of the CSR, while Vibeke Gundersson leaving her position at the NDPHS. Considering that there will be elections on 13 September 2017 in Norway, the meeting might possibly take place after them.

The Chair thanked the Chair of the ASA EG and said he would wait for the news from Norway.

## 6. Any other business

The vice-Chair of the HIV, TB&AI EG invited the interested experts to participate in an international seminar that will be organized in Warsaw on 7-9 March 2017 as part of a Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) project.<sup>3</sup>

The OSH EG informed that Latvia had taken the lead in the BSN network for the next two years. Further, it informed that the upcoming Finnish chairmanship of the Arctic Council started working on developing an Arctic OSH Knowledge Network and a new project linked to it. The first issue of the Arctic OSH Newsletter is now available and offers interesting information about OSH EG, BSN, the Arctic network and the work-related diseases projects, events, etc.<sup>4</sup>

The Secretariat expressed its appreciation of the information about the OSH EG and the group's EU-financed project run under auspices of the NDPHS. To that end, it suggested that the NDPHS logo and the EU logo be included in the respective articles.

The OSH EG promised to do as suggested.

## 7. Adoption of the meeting minutes

The Meeting **agreed** to the Secretariat's proposal that the Secretariat would send out draft meeting minutes to the participants on 10 March 2017 and that comments on the draft would be due, at the latest, on 17 March 2017. The revised minutes would then be distributed on 22 March 2017 to be adopted *per capsulam* provided that no further comments are submitted until 29 March 2017.

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<sup>3</sup> The programme, and the descriptions of the themes foreseen for the discussion can be found on the website of the seminar: <http://harmreduction.eu/seminar1/>. Further details can be found in the group's vice-Chair's email forwarded by the NDPHS Secretariat to the meeting participants on 1 March 2017.

<sup>4</sup> Available for downloading at <http://www.emaileri.fi/g/l/201466/0/0/1015/479/4>.



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## 8. Closing of the meeting

The Chair thanked the Secretariat for the perfectly organized meeting, as well as all the participants for attending the meeting, for their contributions as well as the fruitful and interesting discussions.

The Meeting terminated at 14:05 hours on 24 February 2017.



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