



NDPHS OSH EG 9TH MEETING TARTU, ESTONIA 5.4.2018

- **Chair & ITA meeting in Tallinn, Tallinn
2.10.2018**
- **Meeting of the Committee of Senior
Representatives, Bonn 24.10.2017**
- **Partnership Annual Conference, Tallinn
9.2.2018 + side event**





OSH EG 9TH MEETING, TARTU, ESTONIA

5TH APRIL 2018

9.30 - 9.45 Registration and coffee / tea

9.45 - 10.45 Welcome and opening
Riitta Sauni

Presentation of the NDPHS
Director Ülla-Karin Nurm, the NDPHS secretariat

General information from NDPHS

- Chair & ITA meeting, CSR meeting; Riitta Sauni
- EGLE; Ingemar Rodin
- Progress report 2017; Päivi Hämäläinen
- Action plan; Päivi Hämäläinen

10.45 - 12.00 Expert Group on Alcohol and Substance Abuse (ASA EG)

- Group presentation; Zaza Tsereteli, the ITA of the EG ASA
- The joint flagship project; Zaza Tsereteli

Group work: project ideas, objectives and necessary activities

12.00 - 13.00 Lunch



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5TH APRIL 2018

- 13.00 - 14.00 Project idea/proposal jointly with ASA EG and OSH EG: Work/Worklife and alcohol; Riitta Sauni and Zaza Tsereteli
- 14.00 – 14.30 Better prevention, identification and reporting of work-related and occupational diseases and emerging risks – Present situation with project activities
Dick Spreeuwers, Project leader, Yellow Factory
- 14.30 - 14.45 Coffee break
- 14.45 – 15.15 Developing a methodology to assess country needs for competencies and skills in occupational health and safety
Eda Merisalu Estonian University of Life Sciences; Claude Loiselle ILO
- 15.15 – 17.00 Country State of Art, based on the inquiry
Riitta Sauni
- Results from the roadmap, next steps
Päivi Hämäläinen
- Other issues
- Funding possibilities
 - any other business
- Upcoming BSN meeting in Riga, Latvia



Information from the NDPHS



CHAIR & ITA MEETING IN TALLINN, 2.10.2017

- Briefing of Expert Group's ongoing activities
- The meeting discussed strengthening regional cooperation in health by developing a new horizontal flagship project
 - The Meeting **agreed** that the thematic focus of the flagship project would be ageing and **mandated** the ASA EG and the NDPHS Secretariat to update the CSR 28 meeting on the progress.
- If project is accepted, OSH EG is willing to contribute it.



NDPHS' ROLE AND ITS IMPACT ON PUBLIC HEALTH POLICIES

- The biggest impact of the NDPHS on national level/international level is the **networking, exchange of knowledge, use of project results both nationally and internationally** (e.g. by EUROSTAT), providing input to national policy documents;
- On the national level policy recommendations of the NDPHS Expert Groups have been taken forward by policy makers in the fields of antimicrobial resistance and harmful use of alcohol;
- The **major obstacles** to achieve results or to make a difference in health and social well-being policy are the **lack of interest** of policy and decision makers in health issues, as well as the **lack of resources and experts' time**;
- The NDPHS aims and strategies should be **realistic** and take into account **what is doable and achievable** within the mandate and capacities of the Expert Groups. For the Expert Groups it is very important to have a clear message from the NDPHS Partners on their expected results from the NDPHS.



TRANSFERRING THE RESULTS TO THE POLICY LEVEL

- To achieve a bigger visibility and impact on national health policies and strategic decisions, both **Expert Groups and Partners need to communicate more**: Partners need to recognize that there are Expert Groups and appreciate their work, and the Expert Groups need to point to the issues that need to be addressed, what are the tools to address them and how the Expert Groups can help.
- There should be a regular communication mechanism established in the countries between the experts attending the NDPHS EG-s and the CSR members.
- In order to improve communication between the experts and policy makers, the CSR needs to take the responsibility for ensuring that experts' recommendations reach the policy level. On the other hand, it is also important that **experts nominated to the Expert Groups have connection to the political level**.



MEETING OF THE COMMITTEE OF SENIOR REPRESENTATIVES*, BONN 24.10.2017

- NDPHS has a “sister organization” Baltic Sea Labour Forum (BSLF) of the Council of the Baltic Sea States (CBSS), which has started a new Expert Group on Labour and Employment (EGLE)
- The Meeting discussed the NDPHS’ participation in the CBSS Expert Group on Labour and Employment (EGLE) and:
 - **Mandated** the Secretariat to take part in the informal meeting planning the establishment of EGLE to be held on 30 October 2017;
 - **Agreed** to postpone the decision regarding the NDPHS’ involvement in EGLE’s work until the next CSR meeting.

* main coordinating body of the NDPHS, ensuring that decisions and recommendations issued by the Partnership Annual Conference (PAC) are carried out



MEETING OF THE COMMITTEE OF SENIOR REPRESENTATIVES, BONN 24.10.2017

- The Meeting discussed the development of a NDPHS joint project involving all Expert Groups and focusing on the topic of health of senior adults and:
 - **Expressed** support to the idea and thanked ASA EG for the initiative;
 - **Invited** the ASA EG to work towards a more concrete outline of the project with an aim of developing a document for submission to the forthcoming PAC 13 meeting.
- NDPHS evaluation
 - Time of the evaluation (not earlier than late 2018 and linking it to the development of the new NDPHS Strategy);
 - Possibility of performing an internal evaluation, followed by an external evaluation after 2020;



"HARMFUL USE OF ALCOHOL IN NORTHERN DIMENSION AREA –PERSPECTIVES AND RESPONSES“, NDPHS PAC*-13 SIDE-EVENT 08 FEBRUARY 2018, TALLINN, ESTONIA

- Program and presentations can be found in web pages:
http://www.ndphs.org/?mtgs,harmful_use_of_alcohol_in_nd_area
- **Session 1: Alcohol in European and ND Region – Situation Overview**
- **Session 2: Harmful use of Alcohol – Case studies**
- **Session 3: Cross border purchase of alcohol, issues and local response**

*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 formulates NDPHS policies, reviews progress made and provides high-level guidance to the Partnership.



PARTNERSHIP ANNUAL CONFERENCE, TALLINN

9.2.2018

- The PAC discussed current and future challenges related to public health and social wellbeing in the Northern Dimension area and regional cooperation to better address these challenges through NDPHS.
- More in-depth discussions were held on two topics – **health system strengthening for universal health coverage** and the main theme of the conference: “**Harmful use of Alcohol** in Northern Dimension area – Perspectives and Responses”.



NDPHS DECLARATION ON ALCOHOL POLICY

- Adopted during the 13th Partnership Annual Conference held at ministerial level on 9 February 2018, in Tallinn, Estonia
- Recognize that beyond **health consequences**, the harmful use of alcohol brings **substantial social and economic impact** through crime, violence, harm to children and families as well as loss of productivity and burden to social and health care systems, e.g. loss of productivity, violence, crime and deterioration of the quality of life.
- Acknowledge the fact that there is **insufficient information** about the relationship between alcohol use and acute internal medicine diseases and a lack of translation of effective methods, including brief intervention into clinical practice, resulting in insufficient identification of patients with hazardous alcohol use, and missed opportunities to prevent alcohol problems at an early stage.



NDPHS DECLARATION ON ALCOHOL POLICY (CONT.)

- Encourage NDPHS Partner countries and organizations to facilitate the processes of establishing networks among local authorities at the regional and international level to facilitate the exchange and sharing of **best practices** and **successful evidence-informed activities**.
- Underline that a comprehensive alcohol policy can be achieved only in cooperation of different sectors, and that the health of the people is not only a health sector responsibility. Political will is necessary for all government sectors, the entire government and whole-of-society engagement in implementing the principles of “Health in All Policies”.



PARTNERSHIP ANNUAL CONFERENCE, TALLINN

9.2.2018

- The PAC thanked Estonia (Mr. Jürgen Ojalo) for successfully chairing the Partnership during its two-year term.
- The PAC elected Latvia as the Partnership Chair (Mrs. Agnese Vaļulīne) and Poland as the Co-Chair for the next two years.
- The PAC decided to hold the next ministerial-level Partnership Annual Conference in 2019.



ACTION PLAN OF NDPHS 2015-2020

- Possible review and updating of the regionally agreed objectives in the area of health and social well-being.
- Action plan: Expected results, indicators etc.
- Baseline data 2015
- A mid-term review of the implementation progress is scheduled for 2018 with the year 2017 being the cut-off year.
- Preparation for the evaluation of NDPHS and for the next strategic period.



NDPHS flagship project



Where services do exist, there are frequently barriers that limit older people's access to them, such as lack of transport, unaffordability and ageism in health care delivery.

There are significant costs both for the older people and for health system

Health Care and other services fail to adequately meet the need of older people

1. **Insufficient general knowledge and understanding about the reasons for Antibiotic Treatment in an elderly population**

2. **Quality of Medical Care for elderly patients with the combined chronic NCD at the Primary Health care level are not satisfactory and sufficient**

3. **Special Health programmes for the elderly population in Prison settings needs to be developed**

4. **Ways to manage occupational safety and health in the context of aging workforce are not sufficiently developed to face current needs**

5. **Insufficient provision and support of elderly with diagnostic, therapeutic rehabilitation procedures associated with NCDs**

6. **Insufficient information about and actions against problem drinking among the elderly population needs to be analysed**

7. **Lack of sufficient information and about the trends of HIV and tuberculosis moving towards older ages**

1. Gender differences in OSH needs of ageing workforce
2. Better utilizing of the ageing worker's experience and know-how
3. Change in the ageing workers' job contents and its effects on the work: Cognitive work versus physically demanding work



Joint Project.
PROBLEM TREE

.Populations in ND region are aging rapidly and this reshaping of society has implications
on the state development

Health and Elderly.
NDPHS joint EG project

Where services do exist, there are frequently barriers that limit older people's access to them, such as lack of transport, unaffordability and ageism in health care delivery.

There are significant costs both for the older people and for health system

Health Care and other services fail to adequately meet the need of older people

7. Growth of HIV detection and susceptibility to TB among older populations

7.1. Elderly increasingly often receive HIV diagnosis at later stages in the course of their disease, many years after the infection

- 7.1.1. Insufficient awareness about STIs as indicator disease among elderly
- 7.1.2. Lack of sufficient information about STI trends among seniors within health care providers
- 7.1.3. Senior people do not belong to usual target groups for HIV and STI testing, prevention and communication
- 7.1.4. Stigma due to HIV and STIs may be of particular concern among older people
- 7.1.5. Sexuality, sexual life and safer sex are not sufficiently subjects of communication with persons over 65 years old in healthcare settings

7.2. TB is age-related and latent TB may develop into active at senior age and due to concomitant diseases

- 7.2.1. Immune system dilapidates naturally with age and due to other infections or chronic NCDs or unhealthy habits
- 7.2.2. Timely TB diagnosis may be missed due to low or insufficient knowledge about TB in older and immunocompromised people in health care facilities, especially in LICs
 - 7.2.2.1. Elderly people are more likely to suffer from comorbidities, such as CVDs, renal diseases, diabetes and cancers, making them more prone for activating latent TB
 - 7.2.2.2. Elderly HIV patients are more susceptible to get active TB (HIV/TB coinfection)
- 7.2.3. Lack of social support and insufficient social services for the elderly may trigger relapse or activation of TB

7.3. Senior people also belong to special groups, such as MSM, migrants and PWID, susceptible to HIV, TB, HIV/TB coinfection and comorbidities

- 7.3.1. Seniors among specific social groups such as migrants are particularly susceptible to infectious diseases

7.4. Lack of sufficient information and about the trends of HIV and tuberculosis moving towards older ages

Proposal for Joint Project
draft PROBLEM TREE
EG HIV, TB & AI,
Work Package 7,
including comments received from
the EG members by 140218



Inquiry



COUNTRIES STATE OF ART - INQUIRY

- The inquiry is needed to evaluate how OSH EG has achieved the targets – situation in the end of 2017
- A need to know current situation in the country level
 - What kind of issues are going on or in the planned state
- Update the "star" table

No	Expected result	Indicator	Baseline 2015	Target 2017	Data source	Responsible organization
1.	Tripartite situational OSH analysis for better decision-making basis for addressing OSH challenges in the Northern Dimension area	No. of countries with developed/ revised national OSH profiles Ratified ILO Conventions	5 countries C155 – 6 C161 – 4 C187 – 5	10 One additional ratification	National data	Expert-level structures possible depositories: ILO Safework-Country Profiles, LegOSH, BSN
2.	Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being	No. of countries with developed / updated programme documents	6 countries 1 draft	At least 7	National data	Each Partner Country Expert-level structures
3.	Coordinated special national programmes for the development of occupational health services for all	No. of countries with programmes with action plan	2 countries	At least 4	National data	Each Partner country Expert-level structures

4.	Higher national commitment to prevention of occupational hazards	No. of countries reporting high-risk sector actions/ campaigns	Zero Accident Forum 1 country	At least 3 countries	National data	Each Partner Country Expert-level structures
5.	Strengthened training framework for OHS staff in the Northern Dimension area	No. of organised multi-country events and/or developed curricula		One regional training event/ year	Experts	EUMS, ENETOSH, ENWHP, NIVA, IALI
6.	Better practical implementation of policies by improved information dissemination	Increased sharing of practical information	Membership in Editorial Board expanded 3 Barents Newsletter editions per year	3 Barents Newsletter editions per year	OH&S institutions in the countries, OSH experts, project data and information	Each Partner Country EG OSH FIOH



INFORMAL SUMMARY OF PROGRESS (UPDATED NOV 2013)

Item of Strat	Estonia	Finland	Latvia	Lithuania	Poland	Germany	Norway	Russia	Sweden
National OSH profile	*** 2006	*** 2006	*** 2006	*** 2007	*	*	*** 2011	**	**
Profile update	* starts 2012	2012	*** 2011 new planned in 2013	*** Update 2011			Update needed	Draft 2011-2015	
OSH policy & programme	*** 2010-2013	***2011→ Well-being at work TEM	*** 2011 (2011-13)	*** strategy 2009-12, new in prep	*	*** GDA 2 nd period starts 2013	*** 2006	**	**
Occ health services	*	*** → OHS 2015	*** →	*	***	(*) leg'n??	*** → 2010 certification	***	**
Actions on high risk sectors	** Health care workers, construction	** XXX	**	*** Asbestos	**	** construction, transport	*** →	**	**
OSH audits	** 2010	*** → FIOH 2009 LI 2008	*			?	*** →	**	**
Targeted OSH actions	* OSH strategy 2010-13	*** →	*** →	** Psycho-social risks	**	** GDA	*** →	**	**
OSH training	*** →	*** →	** changes in 2013	** 2012	**	**	*** →	**(*)	**
Information systems	*** → continues, see tööelu.ee	*** →	**	**		** GDA	*** →	**	**
Additional comments	OSH strategy implementation continues	Programme ready; implementation continues	New OSH programme for strategy implementation adopted	OHC restructuring in progress	Draft strategy prepared, not implemented	OSH strategy 2008-12, 2 nd phase 2013		Nat program Health at Work 2008-10 and 2011-15	

Implementation level:

* work started

** work in progress, partly ready

*** work finished

*** → work finished and on-going



THE INQUIRY

1. Which occupational safety and health (OSH) Conventions has your country ratified?
 - a) C155-6
 - b) C161-4
 - c) C187-5
2. Are there plans to ratify the OSH Conventions?
 - a) Which ones
3. Does your country have a national OSH policy?



THE INQUIRY

4. Does your country have a national OSH system?
 - a) The OSH laws and regulations
 - b) The collective agreements
 - c) OSH responsible authorities and bodies
 - d) Cooperation arrangements between managements, workers and a national tripartite advisory bodies
 - e) OSH information and advice
 - f) Training
 - g) Reserach
 - h) Other support mechanisms (collecton and analysis of data, collaboration with relevant insurance or social security schemes etc.)



THE INQUIRY

5. Does your country have a national updated OSH profile?
6. Does your country have the occupational health services for all working people?
 - a) If not, is there such a plan?
7. What kind of actions does your country have to reduce of the most dangerous hazards at work?
8. What kind of targeted OSH actions do you have?



Results from the roadmap



ROADMAP

- What kind of actions are the members interested in which will support national actions and link to our targets in the future work plan
 - Healthy lifestyles in healthy working conditions
 - Developing a methodology to assess country needs for competencies and skills in occupational health and safety
 - Explore the training needs in the individual countries with the aim to develop suitable curricula for several countries in the region
 - Posted workers OSH aspects (real situation of occupational accidents and diseases in foreign workers)
 - Quality criteria for occupational health services
 - Social dumping by sectors
 - Productivity of good OSH