

**Committee of Senior Representatives (CSR)
Thirtieth Meeting
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Title	NDPHS role in the EUSBSR
Submitted by	Secretariat
Summary / Note	-
Requested action	For reference and for discussions

Background

The NDPHS has been a Priority/Policy Area Coordinator for Health since the beginning of the EU Strategy for the Baltic Sea Region (EUSBSR) in 2009.

In 2014, when the revision of the EUSBSR Action Plan was performed, the European Commission and EUSBSR National Contact Points suggested to remove Health as a Priority Area of the Strategy. The arguments for exclusion of the Priority Area (PA) Health from the EUSBSR were as follows:

“In implementing the PA most work, if not all, is already being done within the framework of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). Even if the importance of the topic, and undoubted impressive work done by this PA is considered, there is no clear added value compared to work undertaken by the NDPHS. We are not convinced that being part of the EUSBSR brings more visibility and added value in the area above what the NDPHS already delivers. Therefore, we consider that activities could therefore continue outside the Strategy.”

On 5 December 2014 the NDPHS adopted a joint statement requesting the European Commission and EUSBSR National Contact Points to keep Health as a Priority Area, and after extensive lobbying Health was kept in the revised EUSBSR Action Plan as one of the 13 Policy Areas (instead of 17 Priority Areas in the original EUSBSR Action Plan).

Further information about the content of the EUSBSR Health Policy Area and tasks of the Policy Area Coordinator is available in Annexes 1 and 2 attached to this document.

Discussion about the NDPHS' future role in the EUSBSR

1. Revision of the EUSBSR Action Plan in 2019

At the EUSBSR meeting of Policy Area Coordinators and National Contact Points held in Copenhagen on 26-27 October 2018 the European Commission informed about the revision of the EUSBSR Action Plan planned from early 2019. Similarly, to the last substantial revision of 2014-2015, this review will address questions such as which Policy Areas to keep in the Action Plan, based on their relevance to regional challenges and added value of the work performed by the Policy Area. This is also a good moment for the NDPHS to reflect on its future role in the EUSBSR.

The Meeting will be invited to discuss the NDPHS' future role in the EUSBSR, including questions such as:

- 1) What is the added value the NDPHS is bringing to the EUSBSR and the other way around.
- 2) Whether the current approach with the NDPHS Strategy's content mirrored in the EUSBSR should be followed or new/other priority actions could be defined, such as population ageing, mental health, environmental health, e-health, etc.
- 3) Possible revision of the EUSBSR Health targets and indicators.

2. 10th EUSBSR Annual Forum

The 10th Annual EUSBSR Forum will take place in Gdansk, Poland on 12-13 June 2019. The main theme of the event will be "Circular and sharing economy as an answer to demographic changes and environmental challenges in the Baltic Sea Region".

The key questions to be addressed at the Forum will be:

- 1) What could be the role of circular and sharing economy in addressing the BSR's demographic changes and environmental challenges and their consequences?
- 2) How can public policy at all levels be re-shaped to best use circular and sharing economy to address the BSR's demographic changes and environmental challenges as well as to improve its competitiveness and prosperity?

An essential part of the Forum are seminars that show the newest developments and challenges in the different areas of EUSBSR. Policy Area Coordinators are invited to conduct seminars during the Forum. Altogether there will be 18 seminars during the Forum (6 seminars in parallel, 90 minutes each). The deadline for expression of interest is 17 October 2018 (the Secretariat has expressed preliminary interest, subject to confirmation by the CSR, since organizing a seminar during the Forum is included in the new PA Health 3 project and co-funded by the project). The deadline for submission of concept notes with the description of the seminar is 21 November 2018.

The Meeting will be invited to confirm NDPHS' interest in organizing a seminar during the Annual Forum, propose possible topics of the seminar and express interest in organizing the seminar together with the NDPHS Secretariat.

An excerpt from the EUSBSR Action Plan:

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

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

http://www.ndphs.org/?eusbsr_introduction

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

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

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

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

Thus far, the EUSBSR has been instrumental in fostering macro-regional cooperation in health and making it more integrated and inclusive. In particular, by providing a common reference point, it has contributed to increased cooperation and a better division of labour among the existing networks.

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

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

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

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

There is awareness that inequalities regarding access to medical treatment and the quality of services vary a lot among – but also within – BSR/ND countries, but the extent of this needs to be assessed. Generally speaking, baseline data are hugely lacking within the health and social sector in the BSR/ND countries and there is a need to identify the inequalities among different communities by sex, ethnicity, age, social classes, level of formation, etc.

Targets and indicators

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

¹ For Latvia and Lithuania, data is not available yet, but will be calculated during 2013 separately from national death registries of 2010. For Russia, data is available only for St. Petersburg. For Iceland, data is available for 2009. For Denmark, data is available for 2006.

Actions

1. Reduce the impact of HIV/AIDS, tuberculosis and associated infections among populations at risk

By contributing to improved and better coordinated preventive responses of the national health and social care systems as well as to an equal access to treatment to mitigate the impact of HIV/AIDS, tuberculosis and associated infections through:

- a) increased awareness and knowledge among decision makers and other relevant stakeholders about the complexity of the epidemiological situation of HIV/tuberculosis/associated infections and their consequences;
- b) enhanced international and multi-sectoral stakeholder cooperation on HIV/tuberculosis/associated infections related issues;
- c) improved effectiveness of HIV/tuberculosis/associated infections prevention actions;
- d) improved monitoring, data collection and reporting of the situation of HIV/tuberculosis/associated infections among key populations at risk and policy/action response.

2. Contain antimicrobial resistance

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

- a) development of more representative and comparable AMR surveillance systems;
- b) improved measurement and monitoring of antibiotic use;
- c) increased awareness of prescribers and policymakers on the antibiotic resistance situation and on specific measures to be taken, including the area of animal health.

3. Adequately address health needs of chronically ill patients and needs related to demographic changes

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

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

4. Reduce impact of non-communicable diseases (NCDs)

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

- a) higher awareness and improved decision-making basis for addressing the NCD burden and economic losses;
- b) better implementation of Health-in-All Policies at the local level for more effective prevention of non-communicable diseases;
- c) strengthened stakeholder involvement in preventing overweight and obesity among school age children;
- d) better comprehensive national health system response to reduce NCD burden.

5. Reduce social and health harm from alcohol, tobacco and illicit use of drugs

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

- a) improved knowledge of effective community-based interventions targeting the use of tobacco, misuse of alcohol and the use of illicit drugs among local level policy makers and authorities;
- b) improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm;
- c) strengthened knowledge base for the planning of public health policies on alcohol and drugs;
- d) increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages.

6. Strengthen occupational safety and health and well-being at work

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

- a) tripartite situational occupational safety and health (OSH) analysis for better decision-making basis for addressing OSH challenges;
- b) coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being;
- c) coordinated national policy for special national programmes for the development of occupational health services for all working people;
- d) higher national commitment to combatting accidents and ill-health at work;
- e) strengthened training framework for OSH staff;
- f) better practical implementation of policies by improved information dissemination.

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

An excerpt from the EUSBSR Action Plan:

The tasks of the policy area coordinator include:

Facilitating the involvement of and cooperation with relevant stakeholders from the entire macro-region and in close cooperation with those²:

1. Implementing and following-up the policy area towards targets and indicators defined. Whenever relevant, reviewing the set indicators and targets set.
2. Reviewing regularly the relevance of the policy area as described in the Action Plan. Proposing necessary updates, including the addition, modification or deletion of actions and flagships to the European Commission.
3. Facilitating policy discussions in the Baltic Sea region regarding the policy area concerned.
4. Facilitating the development and implementation of actions and flagships defined under the policy area.
5. Conveying the relevant results and recommendations of on-going and completed flagships to the policy level.
6. Ensuring communication and visibility of the policy area.
7. Maintaining a dialogue with bodies in charge of implementing programmes/financial instruments on alignment of funding for implementation of the policy area and flagships.
8. Liaising and cooperating with other policy area coordinators and horizontal action coordinators in order to ensure coherence and avoid duplication work on the EUSBSR implementation.
9. Monitoring progress within the policy area and reporting on it.

² For this purpose, a steering committee/coordination group should be set-up and chaired by the policy area coordinator(s). A group should be composed of representatives of all Member States and other Baltic Sea region states, when relevant, as well as experts in the area concerned. It's up to members of group to decide on internal rules of the steering committee. The group should meet at least twice a year and support policy area coordinator(s) in implementation of the tasks referred.