

**Contracting authority: European Union, represented by the
European Commission**

ENI East Regional Action Programme 2019 Part 2

Grant application form

Budget line: BGUE-B2019-22.040304-C1-NEAR

Deadline for submission of full application: 14 September 2020

Title of the action:	Support to the Northern Dimension Partnership in Public Health and Social Well-being in implementation of the new Strategy 2021-2025
[Number & title of lot]	N/A
Location(s) of the action:	Northern Dimension area
Name of the lead applicant	The Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)
Nationality of the lead applicant ¹	Sweden

Dossier No	
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(for official use only)

¹ An organisation's statutes must show that it was established under the national law of the country concerned and that the head office is located in an eligible country. Any organisation established in a different country cannot be considered an eligible local organisation. See the footnotes to the guidelines for the call.

EuropeAid ID ²	SE-2013-DKL-1807290409
Ongoing contract/legal entity file number (if available) ³	LEF of the previously signed EU co-financed project No. 2014-344-660 should be used.
Legal status ⁴	PULB – PUBLIC LAW BODY
Co-applicant ⁵	N/A
Affiliated entity ⁶	N/A

Lead applicant's contact details for the purpose of this action	
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Contact person for this action:	Ms. Ûlla-Karin Nurm, Director of the NDPHS Secretariat
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Website of the lead applicant:	www.ndphs.org

Any change in the addresses, phone numbers, fax numbers or e-mail, must be notified in writing to the contracting authority. The contracting authority will not be held responsible in the event that it cannot contact an applicant.

² To be inserted if the organisation is registered in PADOR (Potential Applicant Data On-Line Registration). For more information and to register, please visit

https://ec.europa.eu/europeaid/funding/about-calls-proposals/pador-helpdesk_en

³ If a lead applicant has already signed a contract with the European Commission and/or has been informed of the legal entity file number. If not, write 'N/A'.

⁴ E.g. non-profit, governmental body, international organisation.

⁵ Use one row for each co-applicant.

⁶ Use one row for each affiliated entity.

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PART A. CONCEPT NOTE

1 INSTRUCTIONS FOR DRAFTING THE CONCEPT NOTE

Please note that if this is a restricted call, only the concept note shall be submitted in the first stage (not the full application). If this is an open call, both the concept note and the full application shall be submitted at the same time.

There is no specific template for the concept note but the lead applicant must ensure that the text:

- includes Page 1 of this document, filled in and submitted as a cover page of the concept note;
- includes the table of the summary of the action (without any limitation of size)
- includes the description of the action (not exceeding 2 pages) and the relevance of the action (not exceeding 3 pages), the format for both documents being A4 size with 2 cm margins, Arial 10 font characters and single line spacing;
- provides the information requested under the headings below, in the order requested, and in proportion to its relative importance (see the relevant scores in the evaluation grid in the guidelines for applicants);
- provides full information (as the evaluation will be based solely on the information provided);
- is drafted as clearly as possible to facilitate the evaluation process.

1.1. Summary of the action

Please complete the table below.

Title of the action:	
[Lot: - Please tick the box corresponding to the specific lot for which you are applying:	<input type="checkbox"/> Lot X <input type="checkbox"/> Lot Y]
Location(s) of the action: — specify country(ies), region(s) that will benefit from the action	
Total duration of the action (months):	
Requested EU contribution (amount)	[<EUR]/ [<ISO code of currency of the contracting authority>]
Requested EU contribution as a percentage of total eligible costs of the action (indicative) ⁷	%

⁷ If applicable, insert an additional % of the total accepted costs.

Total indicative budget	<EUR>
Objectives of the action	<Overall objective (i.e. impacts)> <Specific objective(s) (i.e. outcome(s))>
Target group(s) ⁸	
Final beneficiaries ⁹	
Expected outputs	
Main activities	

1.2. Description of the action (max 2 pages)

Please provide all the following information:

- i. Give the background to the preparation of the action, in particular on the sector/country/regional context (including key challenges). Mention any specific analysis/study carried out to inform the design (context analysis)
- ii. Explain the objectives of the action given in the table in Section 1.1.
- iii. Describe the key stakeholder groups, their attitudes towards the action and any consultations held.
- iv. Briefly outline intervention logic underpinning the Action, indicating the expected outputs, outcome(s) and impact as well as underlying the main risks and assumptions towards their achievement.
- v. Briefly outline the type of activities proposed, including a description of linkages/relationships between activity clusters
- vi. Explain how the Action will mainstream relevant cross-cutting issues such as promotion of human rights¹⁰, gender equality¹¹, democracy, good governance, support to youth, children's rights and indigenous peoples, environmental sustainability¹² and combating HIV/AIDS (if there is a strong prevalence in the target country/region).
- vii. Outline the broad timeframe of the action and describe any specific factor taken into account.

1.3. Relevance of the action (max 3 pages)

1.3.1. Relevance to the objectives/sectors/themes/specific priorities of the call for proposals

Please provide all the following information:

- i. Describe the relevance of the action to the objective(s) and priority(ies) of the call for proposals.

⁸ 'Target groups' are the groups/entities who will directly benefit from the action at the action purpose level.

⁹ 'Final beneficiaries' are those who will benefit from the action in the long term at the level of the society or sector at large.

¹⁰ Including those of people with disabilities. For more information, see 'Guidance note on disability and development' at https://ec.europa.eu/europeaid/disability-inclusive-development-cooperation-guidance-note-eu-staff_en

¹¹ See Guidance on Gender equality at https://ec.europa.eu/europeaid/toolkit-mainstreaming-gender-equality-ec-development-cooperation_en

¹² See Guidelines for environmental integration at https://ec.europa.eu/europeaid/sectors/economic-growth/environment-and-green-economy/climate-change-and-environment_en

- ii. Describe the relevance of the action to any specific subthemes/sectors/areas and any other specific requirements stated in the guidelines for applicants, e.g. local ownership etc.
- iii. Describe which of the expected results referred to in the guidelines for applicants will be addressed.

1.3.2. Relevance to the particular needs and constraints of the target country/countries, region(s) and/or relevant sectors (including synergy with other development initiatives and avoidance of duplication)

Please provide **all** the following information:

- i. State clearly the specific pre-project situation in the target country/countries, region(s) and/or sectors (include quantified data analysis where possible).
- ii. Provide a detailed analysis of the problems to be addressed by the action and how they are interrelated at all levels.
- iii. Refer to any significant plans undertaken at national, regional and/or local level relevant to the action and describe how the action will relate to such plans.
- iv. Where the action is the continuation of a previous action, clearly indicate how it is intended to build on the activities/results of this previous action; refer to the main conclusions and recommendations of any evaluations carried out.
- v. Where the action is part of a larger programme, clearly explain how it fits or is coordinated with that programme or any other planned project. Specify the potential synergies with other initiatives, in particular by the European Commission.
- vi. Explain the complementarity with other initiatives supported by the EU and by other donors (Member States & others)

[NB: In exceptional cases where it is impossible to involve national organisations¹³ from the target country because of the particular situation in that country, the lead applicant must provide explanations, which will be examined when applying criterion 1.1 of the evaluation grid to the concept note.]

1.3.3. Describe and define the target groups and final beneficiaries, their needs and constraints, and state how the action will address these needs

Please provide all the following information:

- i. Give a description of each of the target groups and final beneficiaries (quantified where possible), including selection criteria.
- ii. Identify the needs and constraints (including capacity constraints) of each of the target groups and final beneficiaries.
- iii. Demonstrate the relevance of the proposal to the needs and constraints of the target groups and final beneficiaries.
- iv. Explain any participatory process ensuring participation by the target groups and final beneficiaries.

1.3.4. Particular added-value elements

Indicate any specific added-value elements of the action, e.g. the promotion or consolidation of public-private partnerships, innovation and best practice.

¹³ See footnote 2.

Delete Sections 2, 3 and 4 for open procedures

2 CHECKLIST FOR THE CONCEPT NOTE

<PUBLICATION REFERENCE + TITLE OF THE CALL + BUDGET LINE>

<p>ADMINISTRATIVE DATA</p> <p><u>Name of the lead applicant</u></p> <p>EuropeAid ID number</p> <p>Nationality¹⁴/country and date of registration¹⁵</p> <p>Legal entity file number¹⁶</p> <p>Legal status¹⁷</p>	<p>To be filled in by the lead applicant</p>
<p><u>Co-applicant¹⁸</u></p> <p>Name of the co-applicant</p> <p>EuropeAid ID number</p> <p>Nationality/country and date of registration</p> <p>Legal entity file number (if available)</p> <p>Legal status</p>	
<p><u>Affiliated entity¹⁹</u></p> <p>Name of the Affiliated-entity</p> <p>EuropeAid ID number</p> <p>Nationality/country and date of registration</p>	

¹⁴ For individuals.

¹⁵ For organisations.

¹⁶ If the lead applicant has already signed a contract with the European Commission.

¹⁷ E.g. non-profit, governmental body, or international organisation.

¹⁸ Add as many rows as co-applicants.

¹⁹ Add as many rows as affiliated entities.

Legal status:

Specify to which entity you are affiliated (lead applicant and/or the co-applicant).

Specify the kind of affiliation you have with that entity.

BEFORE SENDING YOUR CONCEPT NOTE, PLEASE CHECK THAT EACH OF THE CRITERIA BELOW HAVE BEEN MET IN FULL AND TICK THEM OFF	Tick the items off below	
Title of the proposal:	Yes	No
PART 1 (ADMINISTRATIVE) 1. The instructions for the concept note have been followed.		
2. The declaration by the lead applicant has been filled in and signed.		
3. The proposal is typed and is in <English, French, Portuguese or Spanish>. Where more than one language is allowed, the proposal is drafted in the language most commonly used by the target population in the country in which the action takes place.		
4. One original and <X copy(ies)> are included.		
5. An electronic version of the concept note is enclosed.		
PART 2 (ELIGIBILITY) 6. The action will be implemented in [an] eligible [country(ies)] [region(s)] and in the minimum required number of eligible [countries] [regions].		
7. The duration of the action is between <X months> and <X months> (the minimum and maximum allowed).		
8. The requested contribution is between the minimum and maximum allowed.		
9. This checklist and the declaration by the lead applicant have been filled in and sent with the concept note.		
You may add points if the guidelines for applicants foresee additional eligibility criteria for the action		

3 DECLARATION BY THE LEAD APPLICANT (CONCEPT NOTE)

The lead applicant, represented by the undersigned, being the authorised signatory of the lead applicant, and in the context of the present application, representing any co-applicant(s) and affiliated entity(ies) in the proposed action, hereby declares that:

- the lead applicant has the sources of financing and professional competence and qualifications specified in Section 2 of the guidelines for applicants;
- the lead applicant undertakes to comply with the obligations foreseen in the affiliated entities' statement of the grant application form and with the principles of good partnership practice;
- the lead applicant is directly responsible for the preparation, management and implementation of the action with the co-applicant(s) and affiliated entity(ies), if any, and is not acting as an intermediary;
- if the requested amount is above EUR 60 000:[the lead applicant, the co-applicant(s) and the affiliated entity(ies)are not in any of the situations excluding them from participating in contracts which are listed in Section 2.6.10.1. of the practical guide (available from the following Internet address: <http://ec.europa.eu/europeaid/frag/document.do>
- Furthermore, it is recognised and accepted that if the lead applicant, co-applicant(s) and affiliated entity(ies) (if any) participate in spite of being in any of these situations, they may be excluded from other procedures in accordance with the Financial Regulation in force;
- the lead applicant and each co-applicant and affiliated entity are in a position to deliver immediately, upon request, the supporting documents stipulated under Section 2.4 of the guidelines for applicants;
- **the lead applicant and each co-applicant and affiliated entity (if any) are eligible in accordance with the criteria set out under Sections 2.1.1 and 2.1.2 of the guidelines for applicants;**
- if recommended to be awarded a grant, the lead applicant, the co-applicant(s) and the affiliated entity(ies) accept the contractual conditions as laid down in the standard grant contract annexed to the guidelines for applicants (Annex G) (or the Contribution Agreement where the lead applicant is an organisation whose pillars have been positively assessed by the European Commission);

We acknowledge that if we participate in spite of being in any of the situations listed in Section 2.6.10..1 of the practical guide or if the declarations or information provided prove to be false we may be subject to rejection from this procedure and to administrative sanctions in the form of exclusion and financial penalties up to 10 % of the total estimated value of the grant being awarded and that this information may be published on the Commission website in accordance with the Financial Regulation in force. We are aware that, for the purposes of safeguarding the EU's financial interests, our personal data may be transferred to internal audit services, to the early detection and exclusion system, to the European Court of Auditors, to the Financial Irregularities Panel or to the European Anti-Fraud Office.

Signed on behalf of the lead applicant

Name	
Signature	
Position	
Date	

4 ASSESSMENT GRID FOR THE CONCEPT NOTE

(FOR THE USE OF THE CONTRACTING AUTHORITY ONLY)

	YE S	NO
1. The submission deadline has been met.		
2. The concept note satisfies all criteria specified in the checklist.		
Administrative compliance has been checked by: Date:		
<u>DECISION 1:</u> The committee has decided to evaluate the concept note, which has passed the administrative check.		
The concept note has been evaluated by: Date:		
<u>DECISION 2:</u> The committee has decided to recommend evaluation of the full application.		

PART B. FULL APPLICATION FORM²⁰

1 GENERAL INFORMATION

Reference of the call for proposals	N/A
Title of the call for proposals	ENI East Regional Action Programme 2019, Part 2
Name of the lead applicant	Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being
Number of the proposal²¹	N/A
Title of the action	Support to the Northern Dimension Partnership in Public Health and Social Well-being in implementation of the new Strategy 2021-2025
Location of the action	Northern Dimension area
Duration of the action	36 months
[Number of the lot]	N/A

²⁰ The full application is composed of this full application form, the budget (Annex B) and the logical framework (Annex C).

²¹ For restricted procedures only; when the contracting authority has evaluated the concept note it informs the lead applicant of the outcome and allocates a proposal number.

2 THE ACTION²²

2.1. Description of the action

2.1.1. Description (max 13 pages)

Relevance of the action

Northern Dimension (ND) is a joint policy between four equal partners: the European Union, Russia, Norway and Iceland. It was initiated in 1999 and renewed at the Helsinki Summit in November 2006, which adopted a ND Political Declaration and ND Policy Framework Document.

The ND policy aims at supporting stability, well-being and sustainable development in the region by means of practical cooperation. The Northern Dimension operates through 4 Partnerships which makes the network and stakeholders of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) the primary target group of the Action as the end-users of the outputs. The NDPHS performs as a platform that brings together stakeholders in the region for cooperation in health and social well-being, helping to bridge priorities and efforts related to policies and strategies as well as to strengthen people-to-people contacts. The NDPHS cooperates/strives to strengthen cooperation with other important regional actors, including the WHO Regional Office for Europe, the Barents Euro-Arctic Council (BEAC), the Council of the Baltic Sea States (CBSS), the Nordic Council of Ministers (NCM) that are all founding members of the NDPHS, and the Arctic Council (AC).

The NDPHS is recognized by the EU as the Coordinator of Policy Area Health in the EU Strategy for the Baltic Sea Region (EUSBSR) Action Plan. In fulfilling this role, the NDPHS takes into account the interests of all Partners aiming to make health more integrated and inclusive in the regional cooperation. The EUSBSR Action Plan, the Objectives of the State Program and Priorities of the State Policy on Health of the Russian Federation, the Strategy for Socio-Economic Development of the North-West Federal District of Russia and other regional strategic documents shall be used for formulating the NDPHS priorities and strategic actions for the new strategic period. The European Union is committed to the ND Policy and provides financial support to its structures. The European Neighbourhood Instrument (ENI) East Regional Action Programme 2019 comprises such support actions for the NDPHS to implement its Strategy 2021-2026.

Objectives:

The global objective of this Action is to promote the sustainable development of the Northern Dimension area by improving peoples' health and social well-being.

The specific objective of this Action is to contribute to the implementation of the NDPHS Strategy 2021-2026 defined by the health and social well-being priorities of the Partner-countries.

The strategic priorities for the new NDPHS Strategy after 2020 have been defined by the 14th Partnership Annual Conference (PAC) on 28 November 2019 in Riga. In the upcoming strategic period, the NDPHS will strive at alignment with the Sustainable Development Goals (SDGs) as the underlying principle of work in all thematic areas. The NDPHS most directly contributes to the SDG 3 "Good health and well-being". In particular, the work of the NDPHS continues to contribute to the fight against HIV, TB and associated infections, tackling the threat of antimicrobial resistance, the reduction of non-communicable diseases, the prevention of harmful use of alcohol, tobacco and other substances as well as strengthening primary health care; the NDPHS work on occupational health and safety contributes also to the SDG 8 "Decent work and economic growth" and the focus on the health of vulnerable groups, in particular prisoners, contributes to the SDG 10 "Reduce inequalities".

The NDPHS aims at strengthening the understanding of the interconnectedness between health and other sectors as well as the fact that good health and wellbeing is crucial for achieving other SDGs and the achievement of other SDGs is needed for good health and well-being.

²² The evaluation committee will refer to information provided in the concept note as regards objectives and the relevance of the action.

The PAC also recognized four identified cross-cutting themes that should be addressed. COVID-19 pandemic is having an impact within the themes selected by the NDPHS and this will be taken into consideration.

Healthy ageing: Demographic changes are affecting the political agenda worldwide including the Northern Dimension area. Societies are facing several simultaneous transitions due to population ageing and health and social welfare systems need to be resilient to ensure social security for all to prevent social inequality and marginalization of vulnerable population groups. The risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Older people are bearing the burden of the pandemic as a group at the highest risk of hospitalisation and death from COVID-19 illness, but they are also significantly affected by the loss of social contact, constraints on movement, disrupted supply chains and loss of non-COVID-19 healthcare that are all consequences of the response to the pandemic.

Multiple segmental initiatives on ageing take place in the region, but there is inadequate knowledge about unmet health needs and distribution of interventions among older population groups and lack of consensus regarding priorities of action.

Integrated care: Considering the current challenges NDPHS countries face, such as aging populations, increasing numbers of patients with chronic illnesses, limited financial resources and workforce shortages, new solutions and approaches for the organization and delivery of health care services are required. There is a need for putting the patient/client/person at the centre of care and organizing the services to meet the needs of the person – integrated care provision. “Integrated care” is understood as initiatives seeking to improve outcomes of care by overcoming issues of fragmentation through linkage or co-ordination of services of providers along the continuum of care. The NDPHS Strategy shall address two approaches of integrated care: 1) Horizontal approach of integrated care as cross-sectorial integration with other sectors, in particular with social care. 2) Vertical approach of integrated care - enhanced integration within the health sector across levels and healthcare providers (preventive, primary, secondary and tertiary).

Mental health: Mental disorders are one of the emerging health challenges in the region. Promotion of mental health and prevention of mental disorders, especially among youth, are fundamental to enhancing and safeguarding the quality of life and well-being of individuals throughout their life-course, thus increasing the strength and resilience of the society as a whole.

Digitalization: Digitalization in health is rapidly evolving. It is important to see digitalization as an integrated part of the entire health- and social care system and a tool for achieving efficiency, accessibility and equality in health care. It also contributes to dealing with the challenges of providing quality health care in sparsely populated and remote areas as well as relieve overburdened healthcare services during emergency situations such as COVID-19. The COVID-19 crisis is demonstrating the potential of digital health technology to manage some of our greatest public health challenges. In critical times, digital solutions can clearly play a vital role for epidemiologists and public health practitioners involved in the development and implementation of surveillance systems for infectious diseases and environmental hazards, and in assessing the most appropriate interventions for dealing with disease outbreaks and pandemics

The working group for the development of the NDPHS Strategy beyond 2020 identified health literacy responsiveness, called **organizational health literacy** as a critical determinant of health and driver of citizen empowerment and health equity. The complexity of the health system influences how well a person is able to engage with information and services. Health organisations can empower the populations they serve by ensuring they are health literacy responsive. A life-course approach will be taken that includes action at every stage of life- from early childhood, adolescence, transition to adulthood and as people age.

The Action will help reach the overall objectives the NDPHS has set itself in areas such as: policy sector related analysis, capacity development and institutional strengthening with a view of strengthening cooperation under this Partnership. Furthermore, the Action should strengthen the role of the NDPHS as Policy Area Coordinator for Health within the EU Strategy for the Baltic Sea Region and increase the outreach to and cooperation with the grassroot level initiatives and constructive cooperation between all NDPHS Partner Countries.

Whereas the implementation of the activities foreseen in the Action contribute to increasing the Partnership's visibility within and beyond the Northern Dimension area, further efforts are needed in the Action to raise the awareness about the Partnership, its achievements and possibilities for the Partner Countries to benefit from the cooperation within the NDPHS framework and to contribute to achieving common public health goals in the region.

Target groups of the Action:

All relevant NDPHS stakeholders have key roles to play in the improvement of health and social well-being. The national governments of the Partner Countries have a leading role in formulating strategies and providing various essential forms of support to efforts aimed at improving existing health and social conditions. Partner organisations, regional cooperation bodies and international financial institutions are also key actors in setting priorities, and in making available the resources needed to move the activities and initiatives of the Partnership forward. The committed involvement of the private sector, local and regional actors, NGOs and other interested parties is also important at all levels of cooperation and consultation in the Partnership structure.

An important target group of the actions is the **political and policy level**. The outcome and output of the majority of the actions target the development of policy advice (policy briefs) in order to inform the policy level and influence the policy making. The policy level mostly consists of National ministries and governmental agencies of Partner Countries and organizations.

International organizations such as the WHO and others already participate in the work of the NDPHS. It is important that these organizations will both be participants in the implementation by participating in events, provide data and mutual exchange knowledge. International organizations are also recipients of the policy advice to be developed and secure the linking of the initiatives and measures with other initiatives taken at regional and global level.

Other **ND structures** are considered key stakeholders of the project and will be engaged in its activities. The NDPHS has started to cooperate with the Northern Dimension Partnership on Culture (NDPC) on the potential benefits of arts and culture on health and well-being and with the Northern Dimension Institute on healthy and active ageing.

Another important target group is **research and expert community**. This group will to a large extent participate in the actions by providing peer advice to studies and participate in workshops, seminars and conferences.

Civil society organizations and NGO-s are playing an important role in the business-society-government interface, contributing to the research and policy advice and acting as a source of information for both citizens and government. Linking the civil society organizations who work with the different health and social topics on the grass roots level will improve the policy advice and support the implementation of measures and approaches.

The direct stakeholders of the action will be:

The NDPHS Secretariat will take responsibility for the overall implementation and administration of the Action.

The Expert Groups (EG) have provided input to the development of the application concerning activities relating to their respective areas of expertise and will participate in the implementation through regular involvement in project activities.

The Committee of the Senior Representatives (CSR) has provided strategic guidance in the development of the application and will oversee the Action's implementation through receiving regular reports and providing input to key developments.

The Partnership Annual Conference (PAC) formulates the strategic priorities for the NDPHS Strategy, reviews progress made and provides high-level guidance to the Partnership.

Intervention Logic

See Appended Logframe.

Work Packages

Work package (WP) 1: Project management, monitoring and evaluation, visibility actions and communication

Item	Description
Objective and purpose	<p>This work package (WP) is designed to facilitate the implementation of the project, ensure visibility of the action and increase the communication capacity of the NDPHS Secretariat. Project management activities will ensure the implementation of planned activities in accordance with the proposed timelines and ensuring the delivery of outputs. They will consist of setting up a system for internal monitoring and evaluation of the project, including financial monitoring mechanisms safeguarding the compliance with rules and regulations laid out in the grant contract.</p> <p>Activities designed to increase the NDPHS Secretariat's communication capacity are aimed at overhauling the currently existing communication tools and channels and developing a strategy for sustainably placing the communication function for the whole network in the NDPHS Secretariat. These activities will also ensure the visibility of the project and dissemination of its results.</p>
Activities	<p>The activities in this work package include:</p> <p>1.1. Establishing and maintaining a project management system: setting up tools and procedures for financial reporting and monitoring, incl. systematic recording and filing of project related documentation; developing and implementing reporting templates, such as timesheets and travel claims; establishing the Project Steering Group for managerial and content oversight; liaison with the donor (Output: financial and operational project monitoring and evaluation tools, financial and narrative reports submitted to donor)</p> <p>1.2. Increasing NDPHS Communication capacity: contracting an external provider to develop an NDPHS Communication Strategy, including appropriate procedures, in close liaison with the NDPHS Secretariat and relevant internal stakeholders, such as the CSR Chair, CSR and NDPHS Expert Groups, as well as external stakeholders, in particular NDI to ensure compatibility with the overall ND communication strategy. (Output: NDPHS Communication Strategy); contracting an external provider to develop a new visual identity, including a new logo and layouts for promotional materials such as roll-up banners and branded items, in line with the overall revised visual identity of the Northern Dimension (Output: new visual identity); contracting an external provider to develop a new NDPHS website and developing a solution for maintaining the necessary parts of the previous homepage (Output: new website); contracting of an external provider to produce promotional material with new visual elements (Output: promotional material, such as roll-up banners and branded items)</p> <p>1.3. Ensuring visibility of the project: developing a communication and visibility plan for the project and ensuring all actors involved in the project oblige to the donor's visibility rules (Output: project visibility plan)</p>

	<p>1.4. Organisation and implementation of a mid-term project conference to present outcomes and plan future activities: planning and implementation of a conference of key project stakeholders and selected external stakeholders to showcase, discuss and disseminate the work of all work packages. The event will be held back-to-back with a statutory event; format and location to be decided. (Output: Project mid-term conference)</p> <p>1.5 Organisation and implementation of a conference to present the project’s outcomes to policy makers and stakeholders and mark the 20-year anniversary of the NDPHS: planning and implementation of a conference to present all outcomes of the project to the NDPHS network and a wider circle of stakeholders. To be organised in autumn 2023 in Vilnius, Lithuania. (Output: NDPHS conference)</p> <p>1.6. Evaluation: Conducting of internal project evaluation annually, to be presented to the Project Steering Group and provide input to interim and final reports to the donor. Contracting of an external provider to evaluate implementation of the project, its impact on the partnership’s capacity and identifying areas for future funding (Output: internal and external evaluation reports).</p>
Role of actors	<p>NDPHS Secretariat will be overall responsible for the implementation of the activities in this WP, including the recruitment of additional project staff (project manager, two thematic coordinators (see WP 2) and one communication assistant), contracting of external service providers, contracting of an accountant and regular project audits.</p> <p>The NDPHS CSR and the NDPHS EG-s will be engaged in all relevant activities, especially the development of the communication strategy and visual identity. Communication activities will be developed in liaison with the NDI to ensure their compatibility with the overall Northern Dimension communication strategy.</p>

Work package (WP) 2: Addressing cross-cutting thematic areas

Item	Description
Objective and purpose	<p>This WP is dedicated to addressing thematic areas that cut across the work of all NDPHS Expert Groups and are of strategic importance for the Partnership. Their selection is based on the following:</p> <ul style="list-style-type: none"> - Priorities set by the 14 PAC on 28 November 2019: healthy ageing; integrated care; mental health; digitalization. - The working group for the development of the NDPHS Strategy beyond 2020 identified organizational health literacy as a critical determinant of health which shall be further elaborated in this work package. - The ongoing effort to develop joint initiatives together with the other ND Partnerships, in particular the Northern Dimension Partnership on Culture (NDPC): a joint initiative on the impact of arts and culture on health and well-being has been identified. - The Partnership's continued commitment to promoting the Health in all Policies (HiAP) approach, as highlighted in the current NDPHS Strategy 2020 and PA Health Section of the renewed EUSBSR Action Plan. <p>The activities in this WP are aimed at addressing the cross-cutting themes within the existing NDPHS structures, by establishing the competence and capacity in the NDPHS Secretariat to coordinate initiatives within the NDPHS network deploying the joint approach across the existing EGs.</p>
Activities	<p>The activities include:</p> <p>2.1. Developing strategic concepts for addressing the cross-cutting priorities decided by PAC 2019 (ageing, digitalization, mental health and integrated care) in the NDPHS' work and structures: development of processes and appropriate structures to implement activities addressing the cross-cutting priorities of the NDPHS during the next strategic period. (Outputs: Concepts and activities addressing the cross-cutting priorities ageing, digitalization, mental health and integrated care)</p> <p>2.2. Development and dissemination of four policy briefs: External contracting of four policy briefs on active and healthy ageing, mental health, digitalisation and integrated care in the Northern Dimension area (Outputs: four policy briefs)</p> <p>2.3. Organisation and implementation of four policy events: content development, planning and implementation of four policy level events on active and healthy ageing, mental health, digitalisation and integrated care in the Northern Dimension area (Output: four policy level events)</p> <p>2.4. Arts and health project: Sub-granting of funding to up to nine local initiatives (depending on amounts requested by applicants and respecting the need to ensure geographical diversity) to pilot methodologies for better utilizing arts-based intervention into improved health and well-being on the local level. The methodologies will be developed within the other activities of the project, financed by the NDPC and implemented in cooperation with NDPHS. After the completion of the necessary project steps, an open call for applications targeted at grassroot initiatives and NGOs will be launched, an evaluation framework developed, and the necessary reporting system set up (Output: implementation reports of organisations that received funding).</p> <p>2.5. Identify best practices on organisational health literacy in the Northern Dimension area: Collection of data on health literacy in the ND countries, review of results</p>

	<p>of ongoing and planned research studies (Output: Report)</p> <p>2.6. Organisation of two policy labs on topics related to the Health in All Policies (HiAP) approach: Contracting of external provider(s) to organise and implement two policy labs exploring the two topics for which implementing a HiAP approach is of particular relevance, e.g. AMR in the environment, urbanisation or climate change (Outputs: two policy lab reports)</p> <p>2.7. Follow-up study to the AgeFLAG project: The NDPHS is currently implementing a project supported by the Swedish Institute to develop a roadmap for active and healthy ageing in the Baltic Sea Region. An outcome of the project will be the agreement between the participating countries on areas to cooperate on in the future. As a theme to elaborate on, the need to increase social activities of and for older people has been identified. A study and report is planned to be commissioned to identify best practices and initiatives that could be replicated in other contexts (Output: study report).</p> <p>2.8 Event on the impact of Covid-19: Organisation and implementation of an event addressing the impact of Covid-19 in the health and social care sector. (Output: event and event report)</p> <p>2.9. Event on prison health. Organization and implementation of a regional event to follow up on the implementation of the NDPHS Declaration on Principles of Cooperation between Prison Health and Public Health Services and Development of a Safer and Healthier Society (“NDPHS Prison Health Declaration”) adopted by the 14th NDPHS Partnership Annual Conference on 28 November 2019. (Output: event and event report)</p>
<p>Role of actors</p>	<p>The NDPHS Secretariat will be overall responsible for the implementation of the WP. This will include the recruitment of additional staff members covering the thematic portfolio of active and healthy ageing and mental health, and digitalisation and integrated care respectively.</p> <p>The Secretariat staff will drive the development of the horizontal areas and involve the NDPHS EGs and other relevant stakeholders into this work.</p> <p>The activities related to the arts and health project will be jointly implemented with the Northern Dimension Partnership on Culture (NDPC).</p> <p>Whenever possible, the NDPHS will liaise and cooperate with the NDI on the activities in this work package.</p>

Work package (WP) 3: HIV, TB and AI

Item	Description
Objective and purpose	<p>The overall goal of the proposed actions is to contribute to secured control of HIV, tuberculosis and associated infections in the Northern Dimension area through better prevention, early detection and access to people-centred treatment and care.</p> <p>The purpose of the proposed actions is to provide a foundation for joint practical activity by members of the NDPHS HIV, TB & Associated Infections EG in line with the EG's objectives set out in the NDPHS Strategy. The outputs of the proposed actions also seek practical use by other stakeholders in the field of HIV and TB management and response.</p> <p>Specifically, the action seeks to:</p> <ul style="list-style-type: none"> - To raise awareness about the epidemiological situation and services accessibility in the MSM community and pinpoint directions for further development of testing, prevention and care services related to HIV and sexually transmitted diseases. - To raise awareness of regional and national stakeholders (health authorities, politicians, non-governmental organisations) of the gaps, barriers, challenges, needs and options in connection to LTBI management and to encourage them to take measures needed to achieve the WHO End TB Strategy's targets.
Results	<p>The EMIS data comparison will result in: 1) analysis I would focus on changes regarding HIV diagnosis in the last 12 months between 2010 and 2017 (surrogate for HIV incidence), 2) analysis II would focus on progress in achieving an undetectable viral load (surrogate for successful treatment cascade), 3) a report on gaps, barriers, challenges, needs and options in connection to LTBI management, 4) policy briefs based on findings of the EMIS data analysis and LTBI study for the ND countries, 5) articles for a scientific journal.</p>

Activities	<p>3.1. Comparative analysis of EMIS data for ND countries:</p> <ul style="list-style-type: none"> - Developing a roadmap of the study (EG and engaged coordinator of the study/data analyst) (Output: Plan of the study, including questions to study aims to answer, expected results, selected variables, methodology, revised timetable and revised roles of the parties involved) - Extraction of EMIS data for the ND and possibly other countries of interest (engaged coordinator of the study/data analyst) - Analysis of data relevant to the focus areas of the Expert Group on HIV, TB and Associated Infections (data analyst, coordinator of the study, and EG as consultant) - Workshop, peer review and validation of the study results (EG and engaged coordinator of the study/data analyst, external expert and relevant stakeholders) - Preparation of a publication for a scientific journal and a poster based on the analysis findings for the stakeholder community, and a policy brief for policy- and decision-makers (possibly translation) (EG and engaged experts) - Dissemination of results (EG and Lead Applicant) - Development of further initiatives based on study results (EG, Lead Applicant, relevant stakeholders) <p>3.2. Development of inventory of approaches to Latent Tuberculosis Infection (LTBI) in ND countries – epidemiology, strategies, approaches, treatment options.</p> <ul style="list-style-type: none"> - Plan of the inventory - Carrying out the inventory of the ND countries’ approaches to handling the LTBI, and to compare those with the WHO and ECDC guidelines and recommendations and Engagement of experts. - A feedback workshop will be organized to validate (Output: Inventory study) - Preparation of the report and policy brief. (Output: Policy brief) - Dissemination (NDPHS Secretariat will be the Lead Applicant and lead dissemination activities under WP 1)
Role of actors	<ul style="list-style-type: none"> - NDPHS Secretariat will be responsible for the financial management - The NDPHS HIV, TB & Associated Infections Expert Group will plan the studies together with involved external experts/expert organisations - Involved experts/expert organisations will conduct the studies, whereas the EG will consult as necessary. The EMIS study will be coordinated by the Foundation of Social Education (FES) from Poland. The LTBI inventory will be coordinated by Filha (Finnish Lung Health Association). Both are non-governmental organisations - EG and involved experts/expert organisations will organize the feedback workshops - The involved experts/expert organisations will prepare reports of the studies - EG and involved experts/expert organisations will prepare policy briefs and publications - Lead Applicant together with EG will secure dissemination of the outputs and findings

Work package 4: Prevention Approaches – learning, experience, training (PALET)

Item	Description
Objective and purpose	<p>The goals are to establish the network of local municipalities focused on preventive work to reduce harm caused by alcohol and drugs among youth, so that they could exchange experiences and learn from one another's approaches, activities, and outcomes.</p> <p>Harms caused by alcohol and illicit drug use create severe health problems both on an individual level and on a population level. It is already a common experience in the countries involved that authorities with different purposes and goals very often address the same people. Social workers, police, school authorities, community workers and health authorities of different kinds may all address the same group of people, with their separate paradigms. Lack of cooperation leads to ineffective use of public resources and diminishes the effects of preventive activities. At the same time activities focused and jointly done by different institutions in order to reduce alcohol and drug consumption among young people bring benefits at the local level.</p>
Activities	<p>The activities will focus on:</p> <p>4.1 Network meetings organized once per year in connection with the ASA EG meetings and focusing on exchange of knowledge and experience; both in thematic areas (like alcohol and drug use among youth, treatment and preventive measures) and technical issues (like implementation, and management of activities on the administrative level). The organizing country will decide on the topic of the meeting. Participants: National and Local authorities, Public health specialists, Social and school pedagogues, NGOs. (<i>Outputs: Validated report, initial recommendations</i>)</p> <p>4.2 Dissemination: A short report will be prepared from each network meeting and disseminated through the NDPHS web page. The reports will be synthesised into one larger report that covers all the participating countries and identify topics to be investigated in order to provide more information to decision makers</p>
Role of actors	<p>The NDPHS Secretariat will be overall responsible for developing a coordination mechanism for the network of the local municipalities engaged in the project and for administrative management of the action.</p> <p>The EG will be responsible for assisting in the management of Network meeting, assisting in setting the agenda and identification of speakers and participants, development of the meeting reports, dissemination of information to target groups through the NDPHS channels.</p> <p>Other stakeholders/experts/institutions will be responsible for – organizing the meetings, identifying the topics for the meetings, inviting external participants interested in the selected topic of the meeting, preparation of the meeting documents, assisting in the development of meeting reports.</p>

Work package (WP) 5: Contribute to improved policy response to the use of Cannabis and Novel Tobacco and Nicotine Products (NNTP)

Item	Description
Objective and purpose	<p>The goals are to increase knowledge and political awareness among decision makers at national and regional level for emphasizing the public health position and strengthening the public health perspective in the Cannabis debate and for tackling challenges on Novel Nicotine and Tobacco Products (NNTP).</p> <p>After Alcohol, Cannabis is the most common intoxicant in the Nordic and Baltic States, and cannabis use is increasing among young adults in most of those countries. In some countries, policy discussions are related to promoting a stronger health and less punitive approach towards drug users, including less enforcement of legal punishment without legalizing use and possession for personal use. As an impact of COVID-19, those who had more frequent or intensive patterns of use of Cannabis may have increased their consumption. The relief of both boredom and anxiety were cited as reasons for increased use by respondents to the European web survey. Increases in the online search interest were also observed.</p> <p>There is an increasing pressure from the tobacco industry that e-cigarettes and novel tobacco and nicotine products in general should not be treated the same as tobacco products and should be subject to a separate set of regulatory measures, not the Framework Convention on Tobacco Control (FCTC), permitting communication of product information, attributes and relative risks to adult consumers.</p>
Results	<p>NDPHS provides a strategic framework to set common views on how to deal with legal challenges related to 1) Cannabis and 2) NNTP shared by Partner Countries in the region and that can serve as foundations for the positions and activities.</p>

Activities	<p>5.1 Study: The studies will collect and document information on</p> <p>1) Drug Policy, epidemiological situation, treatment and early intervention offers, and legislation issues related to cannabis collected from the health professionals, policy makers, researchers and through the literature review, country reports and questionnaire developed by the project (Output: Study report).</p> <p>2) The legal cases on NNTP, arguments and facts brought at those cases in order to bring the NNTP under the Framework Convention on Tobacco Control (FCTC) regulation in the ND countries, collected through the Health officials and parties involved in the disputes (<i>Outputs: Study reports</i>).</p> <p>5.2 Seminars, workshops organized based on the reports and focusing particularly on the issues of how to place emphasize and promote the health sectors position in the debates on revision of policies related both to Cannabis and NNTP. Participants: National and Local authorities, Public health specialists, Research community, NGOs, (<i>Outputs: Validated report, initial recommendations</i>)</p> <p>5.3 Development of policy recommendations towards a) the emerging new responsibilities for the health authorities, b) the tools to counter tobacco industry arguments and interference, c) the public health arguments in debates about the laws prohibiting or permitting cannabis use for the decision makers at national level in NDPHS Partner Countries. (<i>Output: Policy briefs (one on cannabis and one on NNTP)</i>).</p> <p>5.4 Dissemination: Study reports, workshop conclusions, policy briefs and articles will be disseminated through the NDPHS web page, NDPHS Partner Country Health Ministries, Partner Organizations and EG members (<i>Output: Seminar conclusion, validated policy brief</i>)</p>
Role of actors	<p>The NDPHS Alcohol and Substance Abuse Expert Group will be responsible for assisting in data collection during the study implementation, assisting in setting the agenda and identification of speakers and participants for the seminars, organizing and management of the EG workshop, review and approval of the construction of study-protocols and questionnaires, the study reports and policy briefs, development of the seminar conclusions, dissemination of information to target groups through the NDPHS channels</p> <p>Other stakeholders/experts/institutions will be responsible for study implementation (including data analyses), development of the study reports (including the recommendations), development of the policy briefs, organization and the management of the seminars, including the preparation of the meeting documents, organizing post-meeting press-conference.</p>

Work package (WP) 6: Remote services in primary health and social care.

Item	Description
Objective and purpose	<p>The overall goal is to promote remote integrated patient-centered health and social care services (HSC) for older population groups and for people with chronic conditions. During the current COVID-19 pandemic, countries and systems are failing to keep up with the needs of an ageing population, the changing burden of disease, and rising patient and public expectations.</p> <p>The demand for remote services has been highlighted during the current emergency situation and solutions are developing quickly. Remote services assist in reaching those most at risk, including older people and persons with chronic conditions and disabilities. In the wake the ongoing COVID-19 pandemic in most parts of the world, the use of remote healthcare solutions can be an effective way of triaging potential cases and also can serve as a form of first line of defence as well as of managing chronic illnesses with remote patient monitoring in primary health and social care. It is important also to consider strengthening the role of the patient to increase effectiveness of the treatment.</p>
Results	<p>The action will explore mechanisms and forms of remote health and social care provision, its facilitators and barriers by the means of specialized and non-specialized services and devices.</p>
Activities	<p>The action will map existing best practices and identify gaps in the provision of remote health and social care services for older people and people with chronic conditions and develop recommendations for future steps. The action will facilitate exchange of information between countries on promising strategies for addressing the challenges and opportunities of remote service provision.</p> <p>The information exchange will be organized through a series of workshops (online and face-to-face) to collect information from country representatives and key experts. A working group will be formed for the development of the study report with ND country representatives and two physical workshops will be organised: 1) at the beginning of the process where the experts involved will agree on the methodology and focus of the study and 2) by the end of the study development to discuss the draft of the study. The NDPHS Expert Group on Primary Healthcare (PHC EG) will be involved in all stages of the process.</p> <p>6.1 Study on best practice and gaps: To provide an overview of the best practices in the provision of remote health and social care services and identify the gaps from the perspective of service users and providers. Also, the study will review various approaches in remote medical and social services used by the countries and stakeholders during the COVID-19. Focus will be placed on identifying needs and strategies for training of service providers and users, including barriers and facilitators. To be conducted by an external expert with input from representatives of the PHC EG (<i>Output: study report</i>)</p> <p>6.2 Discussion of the outcomes of the study: to connect policymakers, practitioners and other stakeholders – providing opportunities to interact and engage. Organization of an event with presenting results of the desktop study and interviews: External consultant to develop a policy brief based on the study findings (<i>Output: Policy brief and expert level event</i>)</p> <p>6.3 Dissemination: The results of the action will be disseminated through experts of</p>

	the NDPHS Partner Counties, partner organizations, WHO collaborative centres, NGOs and other interested stakeholders to improve capacity for country-level information exchange; and stronger support for exchange between local institutions.
Role of actors	<p>The NDPHS Secretariat will be overall responsible for administrative management and financial assistance.</p> <p>The PHC EG will be responsible for consulting the development process and support with contacts of local key experts, stakeholders and contacts.</p> <p>External consultant(-s) responsible for drafting a study report, policy brief and organizing presentation of the study event.</p>

Work package 7: Updating the core competency of OSH professionals in the changing world of work

Item	Description
Objective and purpose	<p>The action aims to support countries working together in engaging initial practical steps of an occupational safety and health (OSH) workforce planning and development process. All Partner Countries in the NDPHS have the common challenge of changing working life and need for prolonging work careers. There is a significant number of cross-border and immigrant workers in the region, whose OSH needs have mostly gone unheeded.</p> <p>The whole spectrum of health and safety is present in working life. In addition to safety issues, occupational health professionals should be able to address non-communicable and communicable diseases, alcohol and drug abuse, and other underlying diseases in a timely manner.</p> <p>The goal is to provide policy-makers evidence-based information on existing gaps between the current and required OSH workforce, and on academic capacities in the region to fill these gaps by making rational use of existing resources, notably through regional collaboration and through collaboration with other NDPHS Expert Groups.</p> <p>The COVID-2019 pandemic has affected workplaces, workers are encouraged or obliged to work from home if the nature of their job allows, but their working environment is likely to be deficient in many aspects. The implementation of safe work practices to limit exposure to COVID-19 at work requires different measures. Guidance and good practices are needed for employers and employees and specifically for different sectors both during the epidemic and when returning to the workplace.</p>
Results	A detection of current and foreseeable shortages in competencies and skills, and identification of the means that are already available and using those to address these possible shortages strategically.

Activities	<p>This proposed action entails rigorous research work by OSH institutions, foresight and collective thinking among participating countries, while also maintaining adaptability to national contexts and circumstances.</p> <p>The action includes three complementary activities:</p> <p>7.1 Survey/study on best practices: surveying the current OSH workforce and establishing national profiles for selected professions; (Output: survey report; workshop to share national survey results and collectively discuss findings at regional level)</p> <p>7.2 Gap analysis: based on survey, defining the required OSH competencies and skills in light of in-depth changes in the world of work taking due account of national contexts and priorities; (Output: report/scientific paper on findings; workshop to discuss the findings of the gap analysis at regional level, on the evolving role of OSH professionals in a changing world of work, including the management of psychosocial risks)</p> <p>7.3 Development of capacity of education and training institutions to prepare OSH professionals and opportunities for mainstreaming OSH in selected academic curricula. (Output: Capacity development program; workshop on defining the required qualifications of the OSH workforce).</p> <p>7.4 Development of recommendations for the policy level (Ministries of Social Affairs and Health, Ministries of Labour) based on the report. (Output: A policy brief)</p> <p>7.5 Dissemination of results through a policy level event and/or webinar, national representatives in OSH EG will deliver information via national professional channels and social media. The report will be available at the NDPHS web pages. (Output: policy forum)</p>
Role of actors	<p>The experts of OSH EG will be responsible for thematic work and expertise in OSH.</p> <p>The project leader together with experts of OSH EG will be in charge of carrying out the project and the planned outputs.</p>

Work package 8: Increased general knowledge and understanding about the reasons for and consequences from antibiotic treatment in the elderly

Item	Description
Objective and purpose	<p>To increase the knowledge and understanding in the NDPHS region about the level of necessary, as well as unnecessary, use of antibiotic treatment in the elderly population. For example, the use of certain devices (which may predispose for inappropriate antibiotic use), such as urinary catheters, is probably too high in some elderly populations, the project therefore aims to identify the reasons for this inappropriate use.</p> <p>The second aim is to look into the consequences of antibiotic treatment in the elderly and detect certain risk factors for antimicrobial resistance (AMR) and other adverse side effects in the elderly population due to inappropriate antibiotic treatment.</p>

Results	<ul style="list-style-type: none"> - Ensuring the availability and adequate information on the effects of antibiotic use in the elderly population as means to ensure sustainable and safe healthcare in the coming decades. - Health care professionals have been made aware of the existing gaps between the current and appropriate treatment and care of the elderly population to minimize the unwanted effects of antibiotic treatment - A network of interested parties in the NDPHS region has been activated as a platform for mutual learning and exchange of experiences.
Activities	<p>8.1 Mapping study and identifying knowledge gaps</p> <p>Mapping existing data sources what data is available in the participating countries e.g. antibiotics use, use of devices, <i>Clostridium difficile</i> infections; mapping what data is comparable and what studies have been carried out on the elderly in relation to AMR in the participating countries.</p> <p>Based on the findings from the mapping of the data sources knowledge gaps will be identified that need to be filled to reach the aim of the project.</p> <p>8.2 Perform surveys: to fill the gaps if any data on the use of devices in relation to age and medical indication cannot be found, a small-scale survey will be performed. Identify one pilot ward in each country where results of the project will be measured.</p> <p>8.3 Dissemination of results. Developing a communication plan.</p> <p>The results of the action will be disseminated through experts of the NDPHS countries, partner organizations and other interested stakeholders to improve capacity for country-level information exchange; The results of the action are also disseminated through scientific events: three workshops/conferences, one per year in a selected participating country to exchange and spread knowledge among project participants. Scientific paper/article will be submitted to a peer-review journal and distributed through the experts of the NDPHS countries.</p> <p>Flyers and infographics will be prepared for healthcare workers and decision-makers.</p>
Role of actors	<p>The Chair and ITA of AMR-EG will be overall responsible for coordinating the action in cooperation with the EG members/representatives of the participating countries.</p> <p>The AMR-EG representative in each country will be responsible for carrying out the activities within the action (or alternatively a body appointed by the representative or ministry).</p> <p>Primary stakeholders are health-care personnel and decision-makers, but also other parties/organizations engaged in the health and well-fare of the elderly can benefit from the results of this project.</p> <p>The NDPHS Secretariat will provide support in arranging the conferences and in developing the flyers. They will also be a valuable disseminating body of the outcomes of the project via the NDPHS network of stakeholders.</p>

Work package 9: Strengthening the organizational capacity of the NDPHS

Item	Description
Objective and purpose	<p>This Work package is aimed at overall strengthening the organizational capacity of the NDPHS. Main focus will be on creating opportunities for the NDPHS Expert Groups' members to enhance knowledge in the fields of interest defined by the Expert Groups, such as in project development, advocacy, etc., and for creating opportunities for exchange of experience through study/field visits among the experts representing different NDPHS Partner Countries.</p> <p>Furthermore, the activities within this WP are aimed at increasing the efficiency and impact of the NDPHS in the future, by analysing the current functioning of the network and developing a strategy for improving modes and methods of work.</p>
Activities	<p>9.1. Organisation of capacity building trainings: Conducting a survey among the NDPHS Expert Groups on the capacity building needs and subsequently contracting external provider(s) to organize seminars (Output: 4 seminars organized).</p> <p>9.2. Organisation of study visits: Conducting a survey among the NDPHS Expert Groups on themes and locations of study/field visits and subsequently organizing the visits (Output: 10 study visits organized).</p> <p>9.3. Development of a change management plan: Contracting an external provider to develop a change management plan for the NDPHS in close cooperation with all relevant internal stakeholders and building upon the recommendations developed in the most recent evaluation of the Partnership and the outcomes of the design thinking workshop organised by the previous Latvian chairmanship. The plan shall identify areas for future improvement of the network functionality, impact and added value to its partners (Output: NDPHS change management plan).</p>
Role of actors	<p>The NDPHS Secretariat will be overall responsible for the implementation of the activities in this WP, including contracting of external service providers. The NDPHS Expert Groups will be invited to voice their needs for capacity development and exchange of experience.</p>

Financial Support

Financial support is planned to be given to grassroot initiatives on the local level for piloting of methodologies to improve the interaction between the cultural and health and social sectors, as planned in WP 2, Activity 2.3 “Arts and Health project”. The activity is part of a larger project “The art of staying healthy – Can culture improve our well-being?” in cooperation with the NDPC, who is financing the great majority of its activities. Therefore, the implementation of the financial support will be impacted by the earlier project stages and their outputs. The aim of the joint project is to untap the health-promoting potential of arts-based interventions, by mapping relevant stakeholders in the health and cultural sectors, engaging them in design-thinking workshops to define main challenges, end users and target audiences, organising national workshops based on the result of the design thinking workshop during which methodologies for better cooperation between the cultural and health sector will be developed.

Objective and results of the financial support: The objective of the financial support is to enable smaller local initiatives, some of which might have been involved in earlier stages of the project, to pilot promising methodologies in their communities. The expected results will be findings on the feasibility and sustainability of the methodologies and lessons learned for their improvement and potential upscaling. Ideally, the result will also be the establishment of local initiatives that successfully and sustainably continue after the piloting.

Types of activities eligible for financial support:

- activities aiming at integrating arts and cultural activities into the provision of health and social care services;
- activities establishing a link between stakeholders of the arts and cultural as well as health and social sectors, and other sectors, if relevant;
- activities designed to include a larger or new group of people into arts and cultural activities in order to benefit their physical or mental health and wellbeing;
- activities on using digital and other novel ways to increase the access to art and culture for citizens, in particular vulnerable or marginalised communities.

Types of entities eligible: NGOs, authorities and grassroots initiatives operating on a local or regional level will be eligible. Private persons are not eligible.

The criteria for selection will include at least the following:

- fulfilment of formal criteria regarding types of eligible entities
- realistic and feasible planning of activities and budget
- presentation of a sustainability plan, showing of the activities might be continued after the piloting
- capacity and previous experience of the applying entity

Applications will be selected based on an evaluation grid developed together with the NDPC during the project, which might contain additional selection criteria, if necessary.

Criteria for determining the exact amount of financial support: The exact amount of financial support shall be determined based on an evaluation of the applicant's proposed budget, making sure the suggested expenditure is realistic and well justified.

Maximum amount: A maximum of 10.000 EUR per applicant can be awarded. The maximum planned amount of 45.000 EUR has been allocated to the activity.

Main studies conducted in view of defining the scope of the action and lessons learned

The evaluation of the NDPHS (September 2019) ^[1] points to that members of the CSR are confident that the NDPHS has raised the profile of health in the Northern Dimension region, including the Baltic Sea Region. While the CSR highlights the Partnership's potential relevance for policy development, the Expert Groups' members also see the continuous exchange of knowledge as the most significant potential of the partnership. At the same time, the evaluation point out that the NDPHS as a comprehensive organisation did not succeed to implement fully the recommendations from the mid-term evaluation in 2013 (which still remain valid in 2020), namely to review quality management, NDPHS institutional and organisational set up and accountability and EG annual planning processes.

While core funding seems to be sufficient, most or all of project funding for EG depends on the financing facilities of the EU or other external sources. The structure of the NDPHS is not ideally suited for project development and implementation since the NDPHS Expert Groups are not able to assign sufficient resources for project development and project management, mostly because of the limited time experts can bring into the Partnership if not remunerated from some side. There is general agreement that Expert Groups don't have, and don't need, the capacity and the resources to develop and implement their own projects. However, Expert Groups can provide the NDPHS label to third-party interventions and will always need a partner organisation to launch an intervention themselves. There is a need for additional

funding in the future, but also a need to reduce the scope of the NDPHS strategy, with a stronger focus on exchange of knowledge and experience in the region and across countries.

Until now, the results most consistently achieved by NDPHS activities are in the areas of (inter)-communication and exchange of expertise and experience (meetings and conferences, technical exchange and work of the Expert Groups). Development and implementation of collaborative programmes (especially at the level of the EGs) appear to be difficult, mainly due to difficulties to mobilize and/or access funding. Added complexity by horizontally integrating multi-country projects are important factors that explain observed implementation delays.

Information on upstream (policy) follow-up of findings and recommendations from concluded projects is sparsely documented. More focus has to be put on efficient outward communication of the partnership and its visibility. The influence of the Partnership beyond the work of the Expert Groups in order to influence Partner Countries' health policies in key areas needs to be strengthened to contribute to achieving common public health goals in the region.

[1] Mid-term Evaluation of the Northern Dimension Partnership on Public Health and Social Well-being and Northern Dimension on Culture. Final Report. September 2019.

2.1.2. Implementation approach

a) Project management (WP1):

This work package is designed to facilitate the implementation of the project, ensure visibility of the action and increase the communication capacity of the NDPHS Secretariat.

Project management activities will ensure the implementation of planned activities in accordance with the proposed timelines and ensuring the delivery of outputs. They will also consist of setting up a system for internal monitoring and evaluation of the project, including financial monitoring mechanisms safeguarding the compliance with rules and regulations laid out in the grant contract.

Activities designed to increase the NDPHS Secretariat's communication capacity are aimed at overhauling the currently existing communication tools and channels and developing a strategy for sustainably placing the communication function for the whole network in the NDPHS Secretariat. These activities will also ensure the visibility of the project. Two further activities within the work package are designed to increase visibility of the project results within and beyond the NDPHS network through the implementation of two conferences, a mid-term project conference to publicise first results and reflect on the future direction of the project and a final conference showcasing the activities conducted by the Partnership and marking its 20 year anniversary in 2023.

The responsible project manager will be the Director of the NDPHS Secretariat. The financial management will be provided by the NDPHS Secretariat Administration. To ensure the implementation of project activities through the NDPHS Secretariat, the employment of four full-time additional project staff is foreseen: a project manager responsible for the day to day handling of project's implementation, administration and monitoring, two thematic coordinators taking responsibility for the activities in WP 2 as well as other activities in the remaining WPs, appropriate to their background and expertise, and a communication assistant, supporting the proposed communication activities and ensuring the project's and the overall Partnership's visibility.

As regards the expenditure verification, this will be produced by an external auditor in accordance with the grant contract.

b) WPs 2-8

The implementation methods for the eight work packages have been developed based on a common approach. The key elements of the project implementation are thus similar and have identical features/components. The different WPs will be similar in structure as well as components, although a few differences are foreseen.

Preparation of studies/surveys: Almost all of the WPs plan to carry out a study/survey in their field (goal and purpose is explained in the WPs descriptions). The studies/surveys will include following key standard elements:

- Planning and preparing of the study (ToR, protocol, scope, timing etc.)
- Engaging expertise for the study
- Engaging participating countries/institutions
- Implementation of the study
- Analysis and developing a report
- Peer review or validation

Events/workshops/conferences: Workshops and/or conferences will be undertaken in all WPs either for data collection, validation or presentation. The key standard elements in workshops and conferences are:

- Concept and plan
- Preparation (venue, participants etc.)
- Engaging possible expertise/speakers
- Implementation of conference
- Post conference activities

Policy briefs: An important part of the work of the NDPHS Expert Groups is to provide policy advice to the participating countries. Many WPs foresee the development of a policy brief capturing the results of the work and activities and translating them into policy advice. Based on the studies and work of the Expert Groups policy briefs should be developed to be provided to policy makers at regional, national and international level. Policy briefs will be prepared by the Expert Groups or expertise engaged to assist the Expert Groups.

- Planning of policy brief; de-briefing with the EG members and other key experts
- Engaging expertise
- Preparation of policy brief

Policy labs: In WP 2, the organisation of two policy labs is proposed. Policy labs are supposed to be workshops that utilise methodologies from the design-thinking approach. The participants of a policy lab should be diverse and represent different backgrounds/fields of expertise connected to the topic of the event. The outcome of a policy lab should be innovative approaches and suggestions to policymaking.

- Identification and contracting of a suitable provider to conduct policy lab
- Planning and concept
- Engaging relevant participants
- Implementation of policy lab
- Follow-up and reporting on outcomes in cooperation with provider

Publications: Several WPs foresee the development of publications of the study/survey that is to be undertaken by the Expert Group. The publication will take several forms depending on the purpose and the intended audience.

- Planning of publication
- Engaging possible expertise/speakers

- Preparation of publication
- Submitting manuscript to relevant journals
- Payment of fees if applicable

Dissemination: The dissemination of the results and works of the Expert Groups in the various WPs will be disseminated through different channels. Each group will in cooperation with the NDPHS Secretariat and the overall dissemination strategy for the NDPHS plan and conduct dissemination activities.

- Development of dissemination plan/strategy (what has to be disseminated when)
- Engaging possible expertise/speakers
- Undertake dissemination

c) WP 9 - Institutional strengthening of the NDPHS

The activities within this work package are aimed at increasing the efficiency and impact of the NDPHS in the future.

The core of this work is the analysis of the current functioning of the networking and the development of a strategy for improving modes and methods of work. The outcome of this will be a change management plan developed jointly with all structures of the Partnership. A participatory approach in the development and shared ownership of the suggested actions is expected to ensure the future implementation of the change management plan.

Among the planned activities is the organisation of a series of capacity building workshops, based on the needs of the network and the organisation of study-visits to facilitate expert exchange and mutual learning. These activities are expected to increase the knowledge and abilities of members of the network and thereby aiding the Expert Groups in the achievements of their goals.

Building on the results of previous actions

This application builds on the work done in the framework of the NDPHS Strategy 2020. The strategy is (until a new is developed) the guiding instrument for achieving improvements in the chosen priority areas. The NDPHS Strategy 2020 aimed to strengthen the recognition of health and social well-being on the political agenda in the Northern Dimension area and to ensure a broader stakeholder commitment to include the aspects of health and quality of life in policymaking.

The Strategy was developed in 2014 and early 2015 in a process engaging all levels of the Partnership. Lessons learned during the evaluation of the NDPHS and its first strategy covering the years of 2009-2013 were taken into account. The NDPHS Strategy 2020 was prepared by a Strategy Working Group set up by the NDPHS Committee of Senior Representatives.

The action builds on activities undertaken by the EGs in the seven key areas of the NDPHS since 2009.

The action as part of a larger programme

A new strategy for the NDPHS is to be developed as the current NDPHS strategy expires in 2020. The new strategic direction for the NDPHS was welcomed in the Chair's Conclusions of the 6th Senior Officials meeting of the renewed Northern Dimension focusing, amongst others, on a horizontal programme addressing population aging. In fulfilling this role, the NDPHS takes into account the interests of all Partners aiming to make health more integrated and inclusive in the regional cooperation. The EUSBSR Action Plan, the Objectives of the State Program and Priorities of the State Policy on Health of the Russian Federation, the Strategy for Socio-Economic Development of the North-West Federal District of Russia and other regional strategic documents shall be used for formulating the NDPHS priorities and strategic actions for the new strategic period.

Organisational structure and the team proposed for the implementation of the action

The implementation of the Action will be monitored by the **Project Steering Group (PSG)** comprising NDPHS EG representatives and representatives of the NDPHS CSR who have expressed an interest to participate in the PSG's work.

The PSG convenes at least once a year online in order to avoid extra travel costs. The first PSG meeting will be held during the first 2 months of project implementation as a kick-off meeting for the project. The main function of the PSG is to monitor the progress of the project and to report to the CSR/PAC on a regular basis. The PSG approves the project's communication plan and implementation schedule.

The Lead Partner together with the WP management groups (see below) will coordinate the preparation of the further 12 months action plans in collaboration with the PSG.

The PSG approves the project interim and final report(s).

Each work package will have a **WP management group** which includes representatives of the relevant EG (or EGs), and the NDPHS Secretariat. The management group will be responsible for the overall progress of the WP. Management in the individual project work packages will be provided by the WP Leaders together with NDPHS Secretariat. The WP management group will mostly work through electronic communications, including electronic meetings as needed. The role of the WP management group will be to plan and organize the tasks and activities of the WP. The representatives of the EG will be responsible for content of the WP secure the technical inputs to the activities of the WP i.e. planning the conference, identifying experts etc. The NDPHS Secretariat will assist with the organization of the activities, such as contracting of experts, conference venues, management of travel and travel expenses.

The NDPHS Secretariat will work with the WP management groups to implement the work packages to ensure smooth development and submission of the project expenditure verification report, as well as dissemination of WP results.

Role and participation various actors and stakeholders

The **NDPHS Secretariat** has extensive experience with successful administration of international projects in different fields. This justifies its role as leading the project management. In addition, the NDPHS Secretariat has a role as co-lead of the WPs securing the practical implementation of the WPs. Within the NDPHS Secretariat one staff member will be assigned to each WP management group and will work on a daily basis with the WP management.

The NDPHS Secretariat will be responsible for:

- Overall management of the project
- All activities of WP1
- All activities of WP2
- All activities of WP9
- Co-administration of WPs 3-8
- Contracting of experts, venues, travel etc.
- Accounting and financial management for the entire project

All **Expert Groups** are well established with specific remits to work with the relevant field of action making them suitable both regarding their expertise in the field and worked up channels for communication to professionals, national authorities and the general public. In relation to the WP or activities within their area, each Expert Group will be responsible for the implementation (in co-administration with the NDPHS Secretariat):

- Planning the activities of the WP
- Initiating and implementing the activities

- Management, monitoring and follow-up of
- Quality assurance of experts' work
- Conduct activities as described

Planned monitoring arrangements and subsequent follow up

The implementation of the Project will be monitored by the **NDPHS Project Steering Group**. A project leader from NDPHS will report on progress of the Project at each Expert Group meeting.

All the **WP management groups** will be collecting information about the project implementation in their countries and providing it to the NDPHS.

Internal/external evaluation processes

There will be three internal evaluations made (two interim and one final), the results of which will be presented to and discussed by the PSG. Furthermore, an external evaluation of the project is foreseen to be contracted and conducted towards the end of the project (see further details in WP 1 - Evaluation).

Visibility of the action

The visibility of the Action and the EU funding will be ensured with the dissemination of project results, which will be done on several levels and through several channels. Communications about the project are primarily targeted towards policy and decision makers on the international, national and regional level for ensuring the use and multiplication of project outcomes. Furthermore, the Beneficiary and stakeholders involved in the project will aim to reach a wider expert community, to distribute insights gained through the Action. Information will also be presented to a wider audience, including interested general population. During the project's inception phase, a visibility plan will be created that shall ensure the optimal dissemination of all outcomes to different levels of stakeholders through the NDPHS website, a dedicated sub-page for the project on the NDPHS webpage, the NDPHS' social media channels (Facebook, Twitter and LinkedIn) and the NDPHS newsletter. Furthermore, the Beneficiary will seek opportunities to present on the project and its results during relevant regional and national events, such as events organised by the Northern Dimension Institute, and submit contributions to relevant publications and newsletters, such as the NDI newsletter. The project visibility plan as well as the development of the new NDPHS communication strategy (see WP 2) will be developed in liaison with the NDI to ensure alignment with the NDs overall communication strategy.

A mid-term and final conference are planned within the project to create a platform for all project stakeholders to present achievements and increase visibility both within and outside the ND network.

The Beneficiary will ensure full compliance with the requirement of guaranteeing the visibility of the EU financing consistent with the Communication and Visibility Manual for EU External Actions (<http://ec.europa.eu/europeaid/work/visibility/>).

2.1.3. Indicative action plan for implementing the action (max 4 pages)

Time and activity plan

	1 half year	2 half year	
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Work package and activity	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
WP1 – Project management													
1.1 Establishing and maintaining a project management system:													Applicant
1.2 Increasing NDPHS Communication capacity:													
1.3 Ensuring visibility of the project													
1.4 Organisation and implementation of a mid-term project conference to present outcomes and plan future activities													
1.5 Organization and implementation of an NDPHS conference													
1.6 Evaluation													
WP2 – Addressing cross-cutting thematic areas													
2.1. Developing strategic concepts for addressing the cross-cutting priorities of the PAC (ageing, digitalization, mental health and integrated care) in the NDPHS' work and structures													Applicant in cooperation with the NDPHS Expert Groups
2.2 Development and dissemination of four policy briefs													
2.3 Organisation and implementation of four policy events													
2.4 Arts and health project													

2.5 Identify best practices on organisational health literacy in the ND region																					
2.6 Organisation of two policy labs related to HiAP																					
2.7 Follow-up study to the AgeFLAG project																					
2.8 Event on COVID-19																					
2.9. Event on prison health																					Applicant in cooperation with the NDPHS Expert Group on Prison Health
WP3 - HIV, TB and AI																					
3.1 Comparative analysis of EMIS data for ND countries																					Applicant in cooperation with the NDPHS Expert Group on HIV, Tuberculosis and Associated Infections
3.2 Development of inventory of approaches to Latent Tuberculosis Infection (LTBI) in ND countries																					
WP4 – PALET																					
4.1 Network meetings																					Applicant in cooperation with the NDPHS Alcohol and Substance Abuse Expert Group
4.2 Dissemination																					
WP5 - Contribute to improved policy response to the use of Cannabis and Novel Tobacco and Nicotine Products (NNTP)																					
5.1 Study																					Applicant in cooperation with the NDPHS Alcohol and Substance Abuse Expert Group
5.2 Seminars, workshops																					

5.3 Development of policy recommendations																				
5.4 Dissemination																				
WP6 - Remote services in primary health and social care																				
6.1 Best practice and gaps study																				Applicant in cooperation with the NDPHS Primary Health Care Expert Group
6.2 Presentation of the study																				
6.3 Dissemination																				
WP7 - Updating the core competency of OSH professionals in the changing world of work																				
7.1 Survey/study on best practices:																				Applicant in cooperation with the NDPHS OSH Expert Group
7.2 Gap analysis																				
7.3 Development of capacity																				
7.4 Development of recommendations																				
7.5 Dissemination of results																				
WP 8 -Antibiotic treatment in the elderly																				
8.1 - Map existing data sources, identify knowledge gaps, Perform surveys																				Applicant in cooperation with the NDPHS Antimicrobial Resistance Expert Group
8.2 - Workshops																				

8.3 - Dissemination of results														
WP9 - Strengthening the organizational capacity of the NDPHS														
9.1 - Organisation of capacity building trainings														Applicant
9.2 - Organisation of study visits														
9.3 - Development of a change management plan														

	2nd year		3rd year		
Work package and activity	3	4	5	6	Implementing body
WP1 – Project management					
1.1 Establishing and maintaining a project management system					Applicant
1.2 Increasing NDPHS Communication capacity:					
1.3 Ensuring visibility of the project					
1.4 Organization and implementation of a mid-term project conference to present outcomes and plan future activities					
1.5 Organization and implementation of an NDPHS conference					
1.6 Evaluation					
WP2 – Addressing cross-cutting thematic areas					

2.1. Developing strategic concepts for addressing the cross-cutting priorities of the PAC (ageing, digitalization, mental health and integrated care) in the NDPHS' work and structures					Applicant in cooperation with the NDPHS Expert Groups
2.2 Development and dissemination of four policy briefs					
2.3 Organisation and implementation of four policy events					
2.4 Arts and health project					
2.5 Identify best practices on organisational health literacy in the ND region					
2.6 Organisation of two policy labs related to HiAP					
2.7 Follow-up study to the AgeFLAG project					
2.8 Event on Covid-19					
2.9. Event on prison health					Applicant in cooperation with the NDPHS Expert Group on Prison Health
WP3 - HIV, TB and AI					
3.1 Comparative analysis of EMIS data for ND countries					Applicant in cooperation with the NDPHS Expert Group on HIV, Tuberculosis and Associated Infections
3.2 Development of inventory of approaches to Latent Tuberculosis Infection (LTBI) in ND countries					
WP4 – PALET					
4.1 Network meetings					Applicant in cooperation with the NDPHS Alcohol

4.2 Dissemination					and Substance Abuse Expert Group
WP5 - Contribute to improved policy response to the use of Cannabis and Novel Tobacco and Nicotine Products (NNTP)					
5.1 Study					Applicant in cooperation with the NDPHS Alcohol and Substance Abuse Expert Group
5.2 Seminars, workshops					
5.3 Development of policy recommendations					
5.4 Dissemination					
WP6 - Remote services in primary health and social care					
6.1 Best practice and gaps study					Applicant in cooperation with the NDPHS Primary Health Care Expert Group
6.2 Presentation of the study					
6.3 Dissemination:					
WP7 - Updating the core competency of OSH professionals in the changing world of work					
7.1 Survey/study on best practices					Applicant in cooperation with the NDPHS OSH Expert Group
7.2 Gap analysis					
7.3 Development of capacity					
7.4 Development of recommendations					
7.5 Dissemination of results					
WP 8 -Antibiotic treatment in the elderly					

8.1 Map existing data sources, Identify knowledge gaps, Perform surveys					Applicant in cooperation with the NDPHS Antimicrobial Resistance Expert Group
8.2 Workshops					
8.3 Dissemination of results					
WP 9 - Strengthening the organizational capacity of the NDPHS					
9.1 - Organisation of capacity building trainings					Applicant
9.2 - Organisation of study visits					
9.3 - Development of a change management plan					

2.1.4. Sustainability of the action (max 3 pages)

Impact of the action on its target group/beneficiaries

The project is expected to significantly and sustainably increase the capacity of the NDPHS network by enabling the NDPHS Expert Groups to develop and implement key strategic activities in their areas. The outcomes of those activities will be disseminated widely, within and beyond the NDPHS structures. Many of the project activities aim at providing national and regional level authorities and stakeholders with policy advice based on research, which is expected to inform, and shape decision making and thereby sustainably impact the ND region.

Moreover, the activities within the project are also designed to strengthen the NDPHS experts' and the Secretariat's ability to communicate the Partnership's achievements and attract funding for future projects. By increasing the Secretariat's capacity to support all other structures of the Partnership, in particular the Expert Groups, the project will ensure that the NDPHS is in a much better position to achieve its strategic targets for the upcoming period and provide added-value to its Partners. By increasing the capacity of the NDPHS and its structures, the organisation is also expected to produce more tangible results for citizens of the ND region in the future. Most of the activities in Work Packages 2-8 are ultimately targeted at improving the health and well-being of the population by addressing key public health challenges and facilitating evidence-based policy making on the national and local level. Various activities (WP 2,4,6) are aiming to involve civil society organisations in partner countries to enhance local 'ownership' of the results of the action.

Technical: The action is providing technical input to the work areas of the NDPHS and supporting the work of the Expert Groups through external expertise. Technical support from outside contractors is also provided to the NDPHS Secretariat and the rest of the Partnership through consultancy input for, e.g. communication activities and change management.

Economic: The project provides economic support to the Partnership’s activities on an unprecedented scale, allowing for activities with a higher impact than in the past.

Social: The activities of the action contribute to the SDGs, most importantly SDG 3, but also 1,2,4,5,6,8,10 & 11.

Policy level: As described above, it is expected that the project will have a lasting impact on policy developments through policy briefings, policy-level events and improved overall communication with decision makers.

Risk analysis and contingency plan

WP number	Activity	Risk type <i>physical, environmental, political, economic and social</i>	Mitigation
WP1- Project management	Project management, monitoring and evaluation, visibility actions and communication	Physical: Covid-19 or similar emergency situations might affect key stakeholders’ possibility to engage in the project	The NDPHS CSR and all NDPHS EGs have back-up mechanisms through alternate representatives, who can be activated. Scheduling of communication and meetings can be adjusted to needs, due to heavy reliance on online meetings.
		Economic: Economic depression will not allow the set co-financing	Co-financing is set and agreed already before the start of the project.
		Physical/environmental: travel and meeting restrictions due to Covid-19	The PSG meetings are planned to be implemented online. The NDPHS conference is planned for 2023 when there hopefully will no longer be restrictions in place. All other activities in the work package do not require physical meetings.
WP2 – Addressing cross-cutting thematic areas	Healthy ageing, mental health, digitalisation, integrated care, promoting HiAP approach, organisational health literacy, impact of arts and culture on health and well-being	Physical/environmental: travel and meeting restrictions due to Covid-19	A part of the events planned within the WP could be organised as online meetings, if the scope and content is adjusted. Other more interactive formats (e.g. policy labs) are not suitable for online implementation but are planned for later phases of the project and could be rescheduled.
		Physical: it could be hard to identify suitable organisations to receive sub-	Earlier project activities are already designed to reach out to NGOs and grassroots initiatives.

		grant for piloting methodologies of arts and health project	The project and the call for applications will be widely publicised in both the networks of NDPHS and NDPC.
WP3 - HIV. TB and AI	WP3 – HIV. TB and AI 1 - Comparative analysis of EMIS data for ND countries	Physical: some ND countries/EG experts are reluctant to engage	Dialogue with the NDPHS CSR representative.
		Physical: travel bans or limitations due to COVID-19 pandemic	Videoconferencing is an option for early 2021. It is expected the travel bans and limitations will be lifted in the second half of 2021.
		Political: Low engagement of the countries or politization of the issue	Political issues are not intermingled with the study objectives and are thus nor discussed in the project
		Economic: the planned co-funding in the form of work time contribution by EG members may not be realized due to economic hardships and financial cuts	The co-funding in the form of worktime should be ensured from the countries whose experts are on the expert team of the study
		Technical: some experts may find it difficult in joining online meetings due to inadequate and user-unfriendly communication tools	The EG ITA will examine the options. One of the options is Zoom, and the NDPHS Secretariat might help in establishing meetings as they have a subscription. Zoom looks to have dealt with privacy and data security issues. Besides, Microsoft Teams can be used for online communication, and this does not require assistance from the NDPHS Secretariat.
	WP3 – HIV, TB and AI 2 Latent Tuberculosis Infection	Physical: access to data needed for the inventory from some countries may be hindered	In the planning stage, when formulating the questions, the study aims to find answers to, it is crucial to ensure the sources of information (experts or documentation) can be retrieved

	(LTBI) in ND countries – epidemiology, strategies, approaches, treatment options	Physical: bans for international travel may still be valid	The action should prop on activities without face-to-face contacts. All activities, which really need physical contacts, should be planned for later stages of the action, when the travel bans being lifted are more likely
		Technical: information for the inventory in some countries may only be available in national languages	It is important to envisage funding for translation
WP4 - PALET	A1.2 Seminars and Workshops. ASA EG will arrange the workshop and Seminar (one per subject), with the assistance from the NDPHS Secretariat. ASA EG will set the agenda and suggest the list of speakers and participants. The research team will participate in the events and make presentations. The meeting conclusions and policy briefs will be prepared and disseminated	Physical: Some NDPHS partners cannot provide participants for the workshops and seminars	Dialogue with NDPHS CSR-representative.
		Environmental: Difficulties in travelling due to epidemiological situation	If travelling will be difficult an interactive video-meeting will replace the workshop.
		Political: Unstable political situation in one or more of the states of the participating co-Applicants.	Political issues are not intermingled with the study objectives and are thus nor discussed in the project.
		Economic: Economic depression will not allow the partner countries to finance the participation of their representatives in the events	An interactive on-line participation can be arranged.
		Social risks: Difficulties in communication between the Researchers and NDPHS representatives due to different cultural backgrounds.	Activities to facilitate socialisation between the researchers and the ASA EG members
WP5 - Cannabis and NNTP	A1.1 Study on Cannabis and NNTP. The research team compiles and reviews the literature, collects data	Physical: Not all ten partners will participate in the implementation of the study. The draft and final reports are not presented and agreed in a timely manner	Dialogue with NDPHS CSR-representative to assist in data collection. Dialogue between the NDPHS Secretariat and researcher team on a regular basis, starting immediately on the commencement of the project

	with the assistance of the ASA EG, analyses data, discusses the preliminary findings and recommendations with the ASA EG, produces the final report and policy briefs, presents findings at the seminar. Makes use of NDPHS website for dissemination	Environmental: Difficulties in travelling due to Epidemiological situation	If travelling will be difficult to do, an interactive video-meeting will replace the workshops.
		Political: Unstable political situation in one or more of the states of the participating co-Applicants.	Political issues are not intermingled with the study objectives and are thus not discussed in the project.
		Social risks: Difficulties in communication between the experts and researchers due to different cultural backgrounds. Difficulties in agreeing on a common study-protocol due to sensitivity of study topics in the respective participating countries.	Activities to facilitate socialization among the researchers and the ASA EG members
WP6 - Remote services in primary health and social care	Best practice and gaps study: To provide overview of the best practices in provision of remote health and social care services and identify the gaps from the perspective of service users and providers. Focus on identify needs and strategies for training of service providers and users, including barriers and facilitators. (Output: study report)	Physical: Some countries cannot provide the study with appropriate representatives	Dialogue with PHC EG experts and NDPHS CSR-representative to promote the assignment of country representatives.
		Environmental: Difficulties in travelling due to overdrawn CO2-emissions	If travelling will be difficult an interactive video-meeting will replace the workshop.
		Social risks: Difficulties in communication between the project partners due to different cultural backgrounds. Difficulties in agreeing on common priorities due to different social structures / health services in the respective participating countries.	Include in preparation timeline a part of agreement on common priorities which should be useful for all the partner countries
	Presentation of the study: to connect policymakers, practitioners and other stakeholders – providing	Environmental: Difficulties in travelling due to overdrawn CO2-emissions	If travelling will be difficult an interactive video-meeting will replace the workshop.
		Physical: Some countries participants cannot provide the study with appropriate	Dialogue with PHC EG experts and NDPHS CSR-representative to promote the assignment of

	opportunities to interact and engage. Organization of event with presenting results of the desktop study and interviews: Develop a policy brief based on the findings (Output: Policy brief)	representatives	country representatives.
WP7 - Updating the core competency of OSH professionals in the changing world of work	Survey/study on best practices: surveying the current OSH workforce and establish national profiles for selected professions;	Physical: Multidisciplinary research teams at national level and international level cannot keep workshops physically. This might decrease the quality of outputs because co-creation and development become difficult.	The leader of online workshops has to be a good facilitator and online tools enable multiple people to write, draw, speak etc.
		Environmental: COVID-19 situation may prevent travelling.	Possibility to join workshops online.
		Political: Countries at political level do not see the importance of research or do not want to admit it.	Convince the political leaders by providing data and giving an opportunity to benchmark the national situation with other countries.
		Economic: Resources are limited, possibly all actions cannot be carried out.	The actions have to match with the resources.
		Social: Data collection at national level is not reliable. Comparing country results is difficult due to different practices, and harmonizing workforce survey strategies and methods fail.	At national level, the responsible national expert is a competent member of EG OSH. We will double check the results of all inquiries, questionnaires etc.
	Workshop on study findings: based on survey, defining the required OSH	Physical: Multidisciplinary research teams at national level and international level cannot keep workshops physically. This might	The leader of online workshops has to be a good facilitator and online tools enable multiple people to write, draw, speak etc.

	competencies and skills in light of in-depth changes in the world of work taking due account of national contexts and priorities	decrease the quality of outputs because co-creation and development become difficult.	
		Environmental: COVID-19 situation may prevent travelling.	Possibility to join workshops online.
		Political: Countries at political level do not see the importance of research or do not want to admit it.	Convince the political leaders by providing data and giving an opportunity to benchmark the national situation with other countries.
		Economic: Resources are limited, all actions cannot be carried out.	The actions have to match with the resources.
		Social: There is no common understanding of good practice or needs. National specificities are ignored. There is not enough existing information yet to assess the needs of a changing working life.	Understanding OSH and knowledge of OSH issues, as well as a vision for future challenges are very important requirements. OSH EG members are the best experts in OSH matters in their countries. The competence of the leader of the research project must be ensured. He or she must have a vision of the needs of a changing working life and the ability to coordinate between national actors.
Development of capacity of education and training institutions to prepare OSH professionals and opportunities for mainstreaming OSH in selected academic curricula.	Physical: Regional meetings cannot be held due to the situation in COVID-19.	The leader of online workshops has to be a good facilitator and online tools enable multiple people to write, draw, speak etc.	
	Economic: The national workshops cannot be carried out with national funds.	Ensure at the beginning of the project that national experts can organize national workshops with national funds.	
	Social: No national consensus will be reached. This would make it difficult for the project leader to draw definitive conclusions about the optimal content of the occupational health and safety training.	The basis for the conclusions and the requirements for the contents and needs of occupational health and safety training are created at earlier stages. The role of the leader of the research project is emphasized, and at the very	

			beginning of the research, critical points must be explored and monitored.
	Development of recommendations for the policy level (Ministries of Social Affairs and Health, Ministries of Labour) based on the report.	Physical: On-site interaction and presentation is not possible.	Short written and informative presentations on the subject. Detailed analysis of the right target groups at national level to be informed.
		Political: The right political stakeholders will not be reached. No political interest in taking the matter forward.	Raising the issue in various forums. Accurate analysis of the right target groups.
		Social: At the national level, perceptions of the importance of the issue vary and no uniform recommendations can be made at the national level.	The role of the leader of the research project is emphasized, and at the very beginning of the research, critical points must be explored and monitored.
	Dissemination of results through a policy level event and/or webinar, national representatives in OSH EG will deliver information via national professional channels and social media. The report will be available at the NDPHS web pages.	Physical: On-site interaction and presentation is not possible.	Risk is low and the results are mainly disseminated electronically. Writing white paper adds weight to the issue.
		Social: No national interest in taking the matter forward.	Raising the issue in various forums. Accurate analysis of the right target groups.
WP8 - Increased general knowledge and understanding about the reasons for and consequences	Map existing data sources, Identify knowledge gaps, Perform surveys	Physical: Some participants cannot provide the study with appropriate project leaders	Those participants can have a role as advisors instead of active partners
		Environmental: Difficulties in travelling due to overdrawn CO2-emissions	If travelling will be difficult an interactive video-meeting will replace the workshop.

from antibiotic treatment in the elderly		Political: Unstable political situation in one or more of the states of the participating co-Applicants.	Political issues are not intermingled with the study objectives and are thus not discussed in the project.
		Economic: Economic depression will not allow the set co-financing	As much of the work as possible will be done in-line with the daily work and thus limit the need for extra resources
		Social risks: Difficulties in communication between the project leaders due to different cultural backgrounds. Difficulties in agreeing on a common study-protocol due to different social structures in the respective participating countries.	At start-up include activities in the program to facilitate socialisation among project leaders.
	Workshops	Physical: some participants do not have enough funding or time to travel.	If travelling will be difficult an interactive video-meeting will replace the workshop.
		Environmental: Difficulties in travelling due to overdrawn CO2-emissions	If travelling will be difficult an interactive video-meeting will replace the workshop.
		Political: Unstable political situation in one or more of the states of the participating co-Applicants.	Political issues are not intermingled with the study objectives and are thus not discussed in the project.
		Economic: Economic depression will not allow the set co-financing	As much of the work as possible will be done in-line with the daily work and thus limit the need for extra resources
	Dissemination of results	Physical: difficulty in reaching stakeholders	Use established networks
		Economic: Economic depression will not allow the set co-financing	As much of the work as possible will be done in-line with the daily work and thus limit the need for extra resources
		Social: difficulty to set aside enough time	As much of the work as possible will be done in-line with the daily work and thus limit the need for extra resources

WP9 - Strengthening the organizational capacity of the NDPHS	Organisation of capacity building trainings, study visits and development of a change management plan	Physical/environmental: travel and meeting restrictions due to Covid-19	Capacity building training events will be planned online. Study visits will be conducted when travel is possible.
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Sustainability after completion

a. Financial sustainability: e.g. financing of follow-up activities, sources of revenue for covering all future operating and maintenance costs.

The NDPHS is running through an established structure with secured funding mechanisms, which will ensure the continuity of actions. The project will provide new infrastructure and procedures, e.g. for communication activities, that will be sustainable for a long time after the project is finalised. During the project duration, new sources of funding for activities will be sought.

b. Institutional sustainability: e.g. structures that would allow the results of the action to continue to be in place after the end of the action, capacity building, agreements and local ‘ownership’ of the results of the action.

The NDPHS is a well-functioning network with established governance and developed expertise. Participating key stakeholders are national authorities, their participation in the development of the research and policies should ensure a high degree of institutional anchoring of the outcome.

The project aims also involving civil society who can contribute to putting knowledge and evidence into practice on the local level.

A key element of the action is the institutional strengthening of the NDPHS network. The capacity building and change management activities implemented through the project will benefit the organisation and its members sustainably and increase its ability to add value to partner countries and their citizens.

c. Policy level sustainability: e.g., where applicable, structural impact (improved legislation, consistency with existing frameworks, codes of conduct, or methods).

The key focus of this project is to develop evidence-based policies for implementation in the participating countries and institutions. The involvement of stakeholders at all levels (academia, policy, civil society) in the preparation of the policies is thus a key factor to ensuring sustainability.

d. Environmental sustainability (where applicable): what positive/negative impact will the action have on the environment — have conditions been put in place to avoid negative effects on the natural resources on which the action depends and on the broader natural environment?

No negative effects on the environment can be foreseen, except for the impact of travel planned within the project. The number of face-to-face meetings and travel has been reduced to a minimum. To mitigate the climate impact of the planned travel, all flights within the project will be offset through supporting CRM projects.

Dissemination plan

As mentioned above dissemination is an integral part of the project, both on the level of individual WPs and their outcomes as well as the project overall.

All the results of the project will be disseminated through well-established channels within the NDPHS structures and its networks, including professional organizations, local, regional and national authorities,

and international organizations. A project visibility plan will be developed during the inception of the project. All communication activities will be conducted in close liaison with relevant stakeholders, in particular the NDI to ensure compatibility with the ND communication strategy and visual identity.

Purpose: To communicate with and inform professional organizations and national authorities of key issues within the NDPHS expert groups as described in the WPs. Particular focus will be made on the key horizontal themes that will be the core of the NDPHS strategy beyond 2021.

Audience: NDPHS internal and external stakeholders, civil society, professional organizations, authorities and policy makers at local, regional, national and international level as well as interested general public.

Message: Key messages will be developed for each WP, the project as well as the NDPHS overall.

Communication channels: Publication in scientific journals, publication of report on NDPHS website and websites of relevant stakeholder, dedicated sub-page on NDPHS website for the project, its activities and results, conference presentations (national and international meetings), organisation and implementation of mid-term and final project conference to present outcomes, communication through social media

Timing: Dissemination will take place during the full duration of the project and beyond.

2.1.5. Logical framework

Please see Annex C.

2.1.6. Budget, amount requested from the contracting authority and other expected sources of funding

Please see Annex B.

2.2. Lead applicant's experience

- i) For similar actions.

Name of the lead applicant: Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)					
Project title: Northern Dimension Antibiotic Resistance Study (NoDARS)		Sector: Health			
Location of the action	Cost of the action (EUR)	Role in the action: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)²³	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
Finland Germany Latvia Norway Poland Russia Sweden	414,827.46	Coordinator	BGUE-B2013-19.080103-C1-DEVCO	288,716.83	01/10/2014 to 30/09/2017
Objectives and results of the action		<p>Objectives: 1. To assess if current national guidelines for treatment of uncomplicated infections, in the respective states, are based on data that are overestimating antibiotic resistance and if so, provide advice to relevant authorities and professional societies in order to facilitate and promote revision of such guidelines. 2. Strengthening of capacities regarding methodology in antibiotic susceptibility testing and thereby support ongoing global surveillance initiatives from the WHO and regional initiatives such as by the ECDC and WHO-Europe.</p> <p>Results: The project provided new useful information on the levels of antibiotic resistance in the countries participating in the project (Finland, Germany, Latvia, Poland, Russia, Sweden). NoDARS provided large and unique collections of E.coli isolates from uncomplicated UTIs that gave new insight into the resistance in one of the most under-sampled but at the same time common infections worldwide. The study shows that resistance patterns vary significantly among the partner countries. The NoDARS data also represents populations that are not normally included in surveillance of AMR, which contributes to raising the impact and interest in these groups. A major strength of the NoDARS project was the involvement of countries with different antimicrobial resistance situations, health care system organization and antimicrobial stewardship policies. Especially the perspective of Russia is important and often lacking in similar studies.</p>			

ii) Other actions

²³ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Name of the lead applicant: Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)					
Project title: Support to coordination and implementation of activities within the EUSBSR Policy Area "Health" (PA Health Support 2)		Sector: Health			
Location of the action	Cost of the action (EUR)	Role in the action: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)²⁴	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
Baltic Sea Region	235,293.87	Coordinator	Interreg Baltic Sea Region Programme	199,999.78	17/06/2016 to 01/08/2018
Objectives and results of the action		<p>Objectives: 1. To further strengthen the NDPHS Secretariat capacity and coordinating role in the EUSBSR PA Health. 2. To support the PA Health activities aimed to help achieve a broader, more efficient and better targeted cooperation in addressing health-related regional challenges.</p> <p>Results: Successful coordination process of the PA Health was ensured, capacity of relevant regional stakeholders to develop and implement actions and flagship projects was strengthened by organizing a training and providing individual consultations, regional dialogue in the health and social well-being area has been strengthened through series of meetings and events, the understanding of importance of health and social well-being for the economy was further strengthened by means of producing publications and dissemination of their results.</p>			

2.3. Co-applicant(s)'s experience (if applicable)

Not applicable

2.4. Affiliated entity(ies) experience (if applicable)

Not applicable

²⁴ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

3 THE LEAD APPLICANT²⁵

EuropeAid ID number²⁶	SE-2013-DKL-1807290409
Name of the organisation	The Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)

3.3. Identity

The lead applicant's contact details for the purpose of this action	Ms. Ülla-Karin Nurm, Director of the NDPHS Secretariat 111-30, Stockholm, Sweden Phone: +46 73 540 5900 Fax: n/a E-mail: ulla-karin.nurm@ndphs.org
Legal entity file number²⁷	LEF of the previously signed EU co-financed project No. 2014-344-660 should be used.
Abbreviation	NDPHS Secretariat
Registration number (or equivalent)	934003-4041
Date of registration	15 July 2013
Place of registration	Stockholm, Sweden
Official address of registration	Slussplan 9, SE 111-30, Stockholm, Sweden

²⁵ Remember to submit filled in organisation data forms (Annex F) for the lead applicant, each co-applicant and each affiliated entity together with the full application form.

²⁶ This number is available to an organisation which registers its data in PADOR. For more information and to register, please visit https://ec.europa.eu/europeaid/search/site/pador_en

This information does not need to be provided in case of calls where the European Commission is not the contracting authority.

²⁷ If the lead applicant has already signed a contract with the European Commission.

Country of registration^{28/} Nationality²⁹	Sweden
Website and e-mail address of the organisation	www.ndphs.org secretariat@ndphs.org
Telephone number: country code + city code + number	+46 73 540 5900
Fax number: country code + city code + number	N/A

The contracting authority must be notified of any change in addresses, phone numbers, fax numbers and e-mail, in particular. The contracting authority will not be held responsible in the event that it cannot contact an applicant.

²⁸ For organisations. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please give reasons for its location).

²⁹ For individuals. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please give reasons for its location).

4 THE CO-APPLICANT(S)

Not applicable

5 AFFILIATED ENTITY(IES) PARTICIPATING IN THE ACTION

Not applicable

6 ASSOCIATES PARTICIPATING IN THE ACTION

Not applicable

7 CHECKLIST FOR THE FULL APPLICATION FORM

BGUE-B2019-22.040304-C1-NEAR

ADMINISTRATIVE DATA	
<u>Name of the lead applicant</u>	The Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)
EuropeAid ID number	SE-2013-DKL-1807290409
Nationality³⁰/country and date of registration³¹	Sweden/15 July 2013
Legal entity file number³²	LEF of the previously signed EU co-financed project No. 2014-344-660 should be used.
Legal status³³	PUBL-PUBLIC LAW BODY
<u>Co-applicant³⁴</u>	Not applicable
Name of the co-applicant	
EuropeAid ID number	
Nationality/country and date of registration	
Legal entity file number (if available)	
Legal status	
<u>Affiliated entity³⁵</u>	Not applicable
Name of the affiliated-entity	
EuropeAid ID number	

³⁰ For individuals.

³¹ For organisations.

³² If the lead applicant has already signed a contract with the European Commission.

³³ E.g. non-profit, governmental body, or international organisation.

³⁴ Add as many rows as co-applicant(s).

³⁵ Add as many rows as affiliated entities.

Nationality/country and date of registration

Legal status:

Specify to which entity you are affiliated (lead applicant and/or the co-applicant).

Specify the kind of affiliation you have with that entity.

BEFORE SENDING YOUR PROPOSAL, PLEASE CHECK THAT EACH OF THE FOLLOWING CRITERIA HAVE BEEN MET IN FULL AND TICK THEM OFF	Tick the items off below	
Title of the proposal: Support to the Northern Dimension Partnership in Public Health and Social Well-being in implementation of the new Strategy 2021-2025	Yes	No
PART 1 (ADMINISTRATIVE)	x	
1. The correct grant application form has been used.	x	
2. The declaration by the lead applicant has been filled in and signed. The lead applicant has filled in the declaration on honour on exclusion criteria and selection criteria	x	
3. The proposal is typed and is in English. Where more than one language is allowed, the proposal is drafted in the language most commonly used by the target population in the country in which the action takes place.	x	
4. One original and two copies are included	x	
5. An electronic version of the proposal is enclosed.	x	
6. Each co-applicant has completed and signed the mandate and the mandate is included.	Not applicable	
7. Each affiliated entity(ies) has completed and signed an affiliated entity(ies)'s statement and the statements are included.	Not applicable	
8. The budget is enclosed, in balance, presented in the format requested, and stated in EUR.	x	
9. The logical framework has been completed and is enclosed.	x	
PART 2 (ELIGIBILITY)	x	
10. The action will be implemented in an eligible region.	x	
11. The duration of the action does not exceed the maximum duration of 36 months.	x	
12. The requested EU contribution does not exceed the maximum of 1,850,000.00 EUR.	x	
13. The requested EU contribution is 95,00% (maximum percentage allowed).	x	
14. The amount of financing requested on the basis of simplified cost options is supported by appropriate justification in the "justification sheet" of the Budget and in case of other/recurrent SCO the methods are based on a priory obtained ex-ante assessment.	Not applicable	
You may add points if the guidelines for applicants foresee additional eligibility criteria for the action	Not applicable	

8 DECLARATION BY THE LEAD APPLICANT (FULL APPLICATION)

The lead applicant, represented by the undersigned, being the authorised signatory of the lead applicant, in the context of the present call for proposals, representing any co-applicant(s), affiliated entity(ies) in the proposed action, hereby declares that


- the lead applicant has the sources of financing specified in Section 2 of the guidelines for applicants;
- the lead applicant has sufficient financial capacity to carry out the proposed action or work programme;
- the lead applicant certifies the legal statuses of the lead applicant, of the co-applicant(s) and of the affiliated entity(ies) as reported in part 3, 4, and 5 of this application;
- the lead applicant, the co-applicant(s) and the affiliated entity(ies) have the professional competences and qualifications specified in Section 2 of the guidelines for applicants;
- the lead applicant undertakes to comply with the obligations foreseen in the affiliated entity(ies)'s statement of the grant application form and with the principles of good partnership practice;
- the lead applicant is directly responsible for the preparation, management and implementation of the action with the co-applicant(s) and affiliated entity(ies), if any, and is not acting as an intermediary;
- if the requested amount is above EUR 60.000 the lead applicant, the co-applicant(s) and the affiliated entities must fill in and sign the declaration on honour (PRAG Annex A14) certifying that they are not in any of the situations excluding them from participating in contracts which are listed in Section 2.6.10.1. of the practical guide (available from the following internet address: <http://ec.europa.eu/europeaid/prag/document.do>. Furthermore, it is recognised and accepted that if the lead applicant, co-applicant(s) and affiliated entity(ies) (if any) participate in spite of being in any of these situations, they may be excluded from other procedures in accordance with the Financial Regulation in force;
- the lead applicant and each co-applicant and affiliated entity (if any) is in a position to deliver immediately, upon request, the supporting documents stipulated under Section 2.4 of the guidelines for applicants.
- **the lead applicant and each co-applicant and affiliated entity (if any) are eligible in accordance with the criteria set out under Sections 2.1.1 and 2.1.2 of the guidelines for applicants;**
- if recommended to be awarded a grant, the lead applicant, the co-applicant(s) and the affiliated entity(ies) accept the contractual conditions as laid down in the standard grant contract annexed to the guidelines for applicants (Annex G) (or the Contribution Agreement, where applicable);

These are the sources and amounts of Union funding received or applied for the action or part of the action or for its functioning during the same financial year as well as any other funding received or applied for the same action: Not applicable

The lead applicant is fully aware of the obligation to inform without delay the contracting authority to which this application is submitted if the same application for funding made to other European Commission departments or European Union institutions has been approved by them after the submission of this grant application.

We acknowledge that if we participate in spite of being in any of the situations listed in Section 2.6.10.1 of the practical guide or if the declarations or information provided prove to be false we may be subject to rejection from this procedure and to administrative sanctions in the form of exclusion and financial penalties up to 10 % of the total estimated value of the grant being awarded and that this information may be published on the Commission website in accordance with the Financial Regulation in force. We are aware that, for the purposes of safeguarding the EU's financial interests, our personal data may be transferred to internal audit services, to the early detection and exclusion system, to the European Court of Auditors, to the Financial Irregularities Panel or to the European Anti-Fraud Office.

Signed on behalf of the lead applicant

Name	Ms. Ülla-Karin Nurm
Signature	
Position	Director of the NDPHS Secretariat
Date	7 September 2020

9 ASSESSMENT GRID FOR THE FULL APPLICATION

(FOR THE USE OF THE CONTRACTING AUTHORITY ONLY)

	YES	NO
For open procedures: [OPENING & ADMINISTRATIVE CHECK AND CONCEPT NOTE EVALUATION		
1. The submission deadline has been met.		
2. The application satisfies all the criteria specified in the checklist in Section 7 of Part B.		
Administrative compliance has been checked by: Date:		
DECISION:		
A. The committee has decided to evaluate the concept note, which passed the administrative checks.		
B. The committee has decided to recommend evaluation of the full application form.		
The concept note has been evaluated by: Date:		
For restricted procedures: [OPENING & ADMINISTRATIVE CHECK		
1. The submission deadline has been met.		
2. The full application satisfies all the criteria specified in the checklist in Section 7 of Part B.		
DECISION:		
The committee has decided to evaluate the full application, which passed the administrative checks.		
Administrative compliance has been checked by: Date:		
EVALUATION OF THE FULL APPLICATION		
DECISION:		
A. The proposal has been provisionally selected as one of the top ranked proposals within the available financial envelope and the committee has recommended eligibility checking.		
B. The proposal has been put on the reserve list as one of the top ranked proposals and the committee has recommended eligibility checking		
The proposal has been evaluated by: Date:		

ELIGIBILITY VERIFICATION		
3. The checklist for the full application form (part 2) has been duly completed.		
4. The lead applicant satisfies the eligibility criteria in Section 2.1.1 of the guidelines.		
5. The co-applicant(s), if any, satisfy the eligibility criteria in Section 2.1.1 of the guidelines.		
6. The affiliated entity(ies), if any, satisfy the eligibility criteria in Section 2.1.3 of the guidelines.		
7. The supporting documents listed below were submitted in accordance with the guidelines (Section 2.4)		
a. The lead applicant's statutes or articles of association		
b. The statutes or articles of association of the co-applicants and the affiliated entity(ies)		
c. The lead applicant's external audit report (if applicable)		
d. Copy of the lead applicant's latest accounts.		
Eligibility has been assessed by:		
Date:		
<u>DECISION:</u>		
The committee has checked the proposal's eligibility under the criteria laid down in the guidelines for applicants and has selected the proposal for funding.		