

**EG on Prison Health
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Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

Reference	PH 4/3b/Info 1
Title	Draft NDPHS Progress Report
Submitted by	Secretariat
Summary / Note	This progress report covers the period from January until October 2007 ¹ the Secretariat will update this report should new relevant information become available in the meantime.
Requested action	For comments

NDPHS Progress Report for 2007
Draft version 1.0

¹ The progress report was prepared on 24 September 2007, but takes into account all activities until 31 of October as past events. In case new, unforeseen activities occur between 24 September and 31 October, they will be included in the final progress report which will be presented to PAC.

Table of Contents

Background	3
Introduction.....	4
Progress of the Partnership.....	5
Executive Summary.....	5
Progress of the Partnership (by action lines).....	5
Action Line 1: NDPHS Project Database.....	5
Action Line 2: Financing NDPHS' and other parties' undertakings.....	6
Action Line 3: NDPHS Expert Groups	7
Action Line 4: Engaging non-Partner Countries and Organizations	9
Action Line 5: Increasing the visibility of the Partnership	9
Strengths and opportunities	9
Obstacles and weaknesses.....	10
Conclusions.....	10
Annex 1	12
HIV/AIDS EG - Draft progress report for 2007	12
Annex 2	23
PHC EG - Draft progress report for 2007	23
Annex 3	30
PH EG - Draft progress report for 2007	30
Annex 4	35
SIHLWA EG - Draft progress report for 2007	35
Annex 5	54
WGCC – Progress report 2006/2007	54
Annex 6	55
Partner Participation in Expert Group Activities (Tables)	55

Background

From the beginning of 2007, the Northern Dimension is defined by two documents, namely the [Political Declaration on the Northern Dimension Policy](#) and the [Northern Dimension Policy Framework Document](#) – both endorsed at the ND Summit on 24 November 2006 in Helsinki, Finland. Unlike the former Actions Plans for the Northern Dimension (1st Action Plan 2000-2003 and 2nd Action Plan 2004-2006), the two above-mentioned policy documents are of a permanent nature. The new Northern Dimension policy strongly emphasizes on cooperation between the EU and Russia, with the full participation of the other two partners, namely Iceland and Norway, in matters relevant to the ND.

The [Parliamentary Conference on the New Northern Dimension Policy](#), held on 28 February and 1 March 2007 in Brussels, reinforced the important role of the Northern Dimension Policy and supported its overall aim to provide a common framework for the promotion of dialogue and concrete cooperation and stressed the importance of the Northern Dimension Partnership in Health and social Well-being.

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is mentioned in the Political Declaration on the Northern Dimension Policy and works towards relevant priorities of the Northern Dimension Policy Framework Document, such as, social welfare and health care, including prevention of communicable diseases and life-style related diseases and promotion of cooperation between health and social services.

As mandated by the Oslo Declaration, the Partnership shall promote co-operation and internationally coordinated action in order to fulfill specific objectives within the following two priority areas:

(i) Reducing major communicable diseases and prevention of life-style related non communicable diseases

The main focus shall be on HIV/AIDS, tuberculosis, sexually transmitted diseases and antibiotics resistance. Concerning non-communicable diseases, special attention shall be paid to the determinants of cardiovascular diseases, including excessive use of alcohol and smoking as well as the use of and their risk factors including the excessive consumption of alcohol, the illicit use of drugs.

(ii) Enhancing and promoting healthy and socially rewarding lifestyles

Under this objective, the Partnership shall focus on nutrition, the enhancement of physical activity, creating smoke-, alcohol-, and drug-free environments, the practice of safe sexual behaviors, and supportive social and work environment and constructive social skills. Children and young people shall be the main target groups.

The Partnership's aim is therefore to provide "a framework for enhanced co-operation on issues relevant to the fulfillment of its stated objectives", which shall be achieved by NDPHS Partners, Expert Groups and a Secretarial unit. All NDPHS actors were working on political, practical/technical and organizational levels to create tangible results in the NDPHS Area.

Introduction

Under the period of review, the Partnership was chaired by Lithuania and co-chaired by Norway². During their Chairmanship, the Committee of Senior Representatives (CSR) adopted the NDPHS workplan³ for 2007 in its 3rd PAC meeting on 12 December 2006 in Oslo, Norway. This workplan was composed of five action lines against which the progress of the NDPHS could be measured:

Action Line 1: NDPHS Project Database

(Taking a coordinated approach to preventing major public health and social problems in the Northern Dimension area)

Action Line 2: Financing NDPHS' and other parties' undertakings

(Ensuring adequate funding for NDPHS and Partnership-relevant activities and projects, *inter alia*, through the Project Pipeline)

Action Line 3: NDPHS Expert Groups

(Providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework)

Action Line 4: Engaging non-Partner Countries and Organizations

(Involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives)

Action Line 5: Increasing the visibility of the Partnership

(Making the NDPHS more recognizable and well-known)

Each of the action lines included a number of actions to be implemented by the Partnership as such or its individual Expert Groups. This progress report measured the overall progress made against the above mentioned objectives and action lines of the NDPHS workplan 2007, covering the period of January – October 2007. The Expert Groups' workplans/action plans are attached to the overall NDPHS workplan, which was posted on the NDPHS website for download at www.ndphs.org/?doc,NDPHS_workplan2007.pdf⁴.

² For more information see http://www.ndphs.org/?partners#Chair_and_Co-chair

³ To download the NDPHS workplan 2007, please go to http://www.ndphs.org/?doc,NDPHS_workplan2007.pdf

⁴ As regards the PH workplan, it was adapted on ... 2007 and can be viewed at http://www.ndphs.org/?doc,EG_on_PH_Work_Plan_2007-2008.pdf

Progress of the Partnership

Executive Summary

In general, all the action lines defined in the workplan had been met. NDPHS website, project database and pipeline were developed and provide a new framework for the future NDPHS actions. The advocacy and visibility of the Partnership was significantly enhanced through the new NDPHS website and the information dissemination mechanism embedded in it.

All four Expert Groups worked according to set workplans and meeting routines. They actively contributed to the NDPHS goals and objectives and also provided additional input for the Database project. Some of the Expert Groups covered many project activities and are active in the development of new ideas. Most of the projects with Expert Group involvement focus on Russia.

Partners were contributing actively both financially and in-kind to the success of the Partnership and to meeting the objectives stated in the Oslo Declaration, however, not all of them had nominated their representatives to participate in Expert Group activities.

Progress of the Partnership (by action lines)

Based on the action lines described in the NDPHS workplan for 2007 the following progress was made:

Action Line 1: NDPHS Project Database

(Taking a coordinated approach to preventing major public health and social problems in the Northern Dimension area)

From 1 February 2007 onwards, the Partners began to implement the NDPHS project on "A Database on Public Health Projects in North Eastern Europe and its neighbouring countries" (NDPHS Project Database), with the strategic objective to achieve a coordinated policy and project approach in actions against HIV/AIDS and lifestyle-related diseases as well as to promote healthy and socially rewarding lifestyles. The Project was co-funded by the NDPHS Partner Countries and the European Commission⁵ with a duration of 2 years.

Specific actions taken

- **Database Project Steering Group**
The DPSG met twice in 2007 and was actively involved in the Project Database. All Work Packages enjoyed the support of a WP Lead Partner.
- **NDPHS Website**
The new NDPHS website⁶ features several advocacy instruments to reach out to the NDPHS target groups. These include the information provided on the website itself, an e-news section, and an e-newsletter and press releases.

⁵ Subject to successful completion of the negotiations with the EC.

⁶ www.ndphs.org

- **Other advocacy and information tools**
Presentations at conferences given by the Chair and the Secretariat, the participation in and the organization of conferences and workshops add to the advocacy and visibility of the Partnership. The Secretariat has started to develop a first concept for an NDPHS information folder.
- **Database development**
The NDPHS database provides an overview of many health-related projects, conducted in the Northern Dimension Policy Area. A parsing mechanism searches databases for new health-related projects and adds these projects automatically to the NDPHS project database. A blank formula also allows anyone to enter projects manually. The database can be viewed at www.ndphs.org/?database.
- **Project pipeline**
The NDPHS project pipeline became operational beginning of October 2007. It allows a fluent exchange from a project idea to the stage of project financing. Its objective is to better coordinate and channel concrete ideas for health improvement and to support groups, active in the NDPHS area in identifying suitable donors.

Some NDPHS Partners committed themselves to financing NDPHS projects through the pipeline. In a test phase, a Norwegian 2 Million EUR grant for health-related projects was channeled through the first prototype of the pipeline. Projects that have received funding through the pipeline were automatically added to the NDPHS Project Database.

In addition to the funding of projects through the pipeline, the NDPHS also offers an overview of funding possibilities for the NDPHS area, provided by selected financing agencies, which are not yet connected to the pipeline, but stipulated their commitment to tackle health issues in NDPHS Partner countries. The Secretariat took the initiative to contact several financing agencies in order for them to get connected to the new NDPHS Project Pipeline. These efforts will be continued in 2008.

- **Thematic reports**
The Expert Groups started to evaluate the current situation in the ND area by preparing thematic reports. The Expert Group on Primary Health Care developed Terms of Reference for defining the scope of the PHC Thematic Report while the Expert Group on Prison Health has started writing their Thematic Report on Women's Health in Prison.

Action Line 2: Financing NDPHS' and other parties' undertakings

(Ensuring adequate funding for NDPHS and Partnership-relevant activities and projects, *inter alia*, through the Project Pipeline)

In accordance with the Oslo Declaration, the Partners recognized that in order to meet the objectives of the Organization, it was necessary to ensure adequate funding for Expert Groups, the Secretariat and other relevant activities, such as meetings or projects.

Specific actions taken:

- **Contributions to the NDPHS Expert Groups**
All Expert Groups enjoyed the financial and organizational support of their Lead Partner countries. This commitment ensured that each Expert Group had a Chair and two of the Expert Groups (EG on HIV/AIDS and EG on PHC) enjoyed the support of an ITA⁷.

⁷ The EG on PH has identified the financial resources to employ an ITA in due course.

- **Contributions to the NDPHS Secretariat**
Most, but not all Partners paid their contributions for 2007. The NDPHS Secretariat was able to provide sound support to the Partners, as its administrative capacities were increased. The Secretariat also enjoyed a legal capacity for the period under review, while, in parallel, the Partners continued to work on a modification of the Secretariat's Terms of Reference to establish a legal capacity of permanent nature. For more information concerning the work of the Secretariat, please refer to the Secretariat's progress report for 2007⁸.
- **Contributions to the NDPHS Database Project**
7 Partner countries and one Partner organization paid their contributions to the NDPHS Database Project.
- **Other contributions**
Besides the financing of activities, Partner Countries and Organizations also provided in-kind contributions. The Nordic Council of Ministers assigned two of its staff members in Russia to support the NDPHS Secretariat on a ½ time basis. Partners were also involved in the co-organization of conferences and provided their work force for achieving the objectives of the Partnership at all levels.

Action Line 3: NDPHS Expert Groups

(Providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework)

Currently the NDPHS has four Expert Groups, and two Associated Expert Groups⁹. This Progress report only takes into account the progress reports received by the NDPHS Expert Groups. All Expert Groups met on a regular basis, 1-3 times a year. The members of each Expert Group maintained relations within their countries as well as with regional and international organizations. Chairs and ITAs of the Expert Groups also participated in a range of other conferences, workshops and meetings to advocate their activities. The Expert Group Progress Reports are attached as Annexes 1-5 to this report.

Specific actions taken:

- **Increased engagement of the European Commission in EG activities**
The European Commission, Directorate General – Health and consumer protection attended the PH EG meeting in June in Paris. The Chairman of the EG on HIV/AIDS represented the EG in the HIV “Think-Tank” organised by DG Sanco of CEC.
- **Organization of Conferences and workshops**
The Chair of the SIHLWA EG conducted a workshop for health and social sector administrators on Hazardous & harmful use of alcohol: Early Identification and Brief Intervention Vologda Oblast (Cherepovets) in North-West Russia in January 2007 and participated in the 3rd Neighborhood-seminar on child protection and work with families in Petrozavodsk (Republic of Karelia/ RF). He also participated in Nordic Food Week activities (healthy nutrition issues) under auspices of NCM Information Office in St Petersburg 19-21 September and also acted as a facilitator at the Worldbank and WHO Europe conference on “Meeting the Challenge on noncommunicable diseases and

⁸ http://www.ndphs.org/?download,1090,CSR_12-4.2-Info_1__Secretariat_progress_report__Apr-Sep_2007.pdf

⁹ The Baltic Sea Network joined the NDPHS as Associated Expert Group in 2007

injuries in the CIS.

Furthermore, the SIHLWA EG co-organized the Conference on "Reducing Alcohol Problems in the Baltic Sea Region: Effective approaches to tackle alcohol related problems in local communities, 12-13 March 2007 in Riga"; and the EUPHA European Conference: "The Future of Public Health in the Unified Europe", 13-14 October 2007 in Helsinki. SIHLWA has also provided support to the Baltic Sea Network Meeting 30-31 October in Bonn, Germany. SIHLWA (sub-group on OSH) also co-organized the "Healthy Life –Healthy Work Pre PAC supported by the ADO and ALC sub-groups and NDPHS Secretariat¹⁰.

The SIHLWA EG also started to provide advice and technical support to the NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December 2007 in St. Petersburg.

The EG on HIV/AIDS was involved in the organisation of the Steering Committee Meeting of the Barents HIV/AIDS Programme with a specific theme on HIV in Helsinki, 29-30 March 2007.

The Prison Health Expert Group was involved in providing expert input to the HIPP Annual Conference and Network Meeting, 18-19 October in Trečín, Slovakia where it also gave a presentation on woman's health in prison.

- **Co-ordination and cooperation with other Expert Groups**

All Expert Groups exchange their views and experiences through regularly held Chairs and ITAs meetings and through attending CSR and PAC meetings. Furthermore, EG Chairs of the Expert groups on Primary Health Care, Prison health and HIV/AIDS participated in other Expert Group's meetings

- **Reviews of project proposals**

The Expert Group on Prison Health examined a project from an NGO in Russia with the aim to provide funding for it through the pipeline.

- **Leadership and Co-ordination**

All NDPHS Expert Groups enjoyed the support of a Lead Partner who also provided the Chairmanship of the Expert Group.

International Technical Advisers (ITAs) provided support to the Expert Groups on HIV/AIDS EG and Primary Health Care. The ITA position for the PH EG was vacant but expected to be filled as soon as possible. The PHC ITA enjoyed the support of three additional task managers from Belarus, Canada and Russia. The Expert Groups on HIV/AIDS and Prison Health still awaited the nomination of a Co-Chair/Co-lead partner. An overview of the current Lead and Co-lead Partners of the NDPHS Expert Groups as well as the Partner participation in Expert Group Activities is provided in the tables of Annex 6.

- **Contribution to the implementation of the Project Database**

All Expert Groups were involved in the provision of thematic reports, a project activity funded by the European Commission (NDPHS Database project). They also actively contributed to the development of the NDPHS Project Pipeline and promoted the Database project throughout meetings, conferences and workshops when presenting the Expert Groups work. All Expert Groups were prepared to review project proposals, submitted to the Partnership via the Project Pipeline, if requested.

¹⁰ For more information on SIHLWAs work on conferences and workshops, please also consult Attachment 2 of the SIHLWA progress report 2007.

Members of the Expert Groups on Prison Health, HIV/AIDS and SIHLWA started working on a list of projects in the NDPHS region, in which the Expert Groups were involved, to be added to the NDPHS Project Database.

- **Securing funding for Expert Group Activities**

All Expert Group Lead Partners provided the necessary funding for the Expert Groups activities, meetings, travels as well as the remuneration for consultancies, or the work of Chairs or ITAs. The funding for all Expert Groups was secured for the period under review.

- **Project based activities**

Besides the contributions provided to the implementation of the EC funded project database, Expert Groups are involved in a range of project based activities. These Expert Group activities are listed in the respective Expert Group progress reports (attached as Annexes 1-5) in the section, named "project based activities."

Action Line 4: Engaging non-Partner Countries and Organizations

(Involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives)

On 24 August 2007, the Baltic Sea States Subregional Co-operation (BSSSC) joined the NDPHS as the 22nd Partner in the Partnership. By getting the BSSSC on-board, the NDPHS has now better tools to reach out to sub-regional authorities in the Baltic Sea Region. On its own part, the BSSSC intends to establish a BSSSC Working Group on Public Health whose tasks will include sharing experiences and advocating the need to take measures on national and EU levels. The NDPHS will also be able to benefit from the BSSSC's expertise arising from its own ongoing project focusing on health and quality of life in the Baltic Sea Region, and involving 32 partners coming from 8 countries from the region and representing various levels.

Action Line 5: Increasing the visibility of the Partnership

(Making the NDPHS more recognizable and well-known)

The above described activities, such as the development of the NDPHS website, pipeline and database as well as the attendance of conference and workshops by the Chair and Co-chair countries, Expert Groups and the Secretariat contributed to an increased visibility of the NDPHS.

Strengths and opportunities

The strength of the Partnership could be seen in the multi-faceted structure and its broad network composed of countries, international and interregional organizations as well as its network of experts. This constellation allowed a wide range of activities to be carried out, from policy shaping to project planning, and from administrative decision making to concrete initiatives with measurable impact in the Partner countries.

The strength of the NDPHS Expert Groups was the involvement of highly competent experts, with varying backgrounds, representing the NDPHS Partners. Their position allowed open discussion about key issues of prevention policies and the process enhanced regional collaboration and harmonisation far beyond the practical projects that were implemented. It also provided an important forum for mutual information concerning trends and phenomena not yet published elsewhere.

As regards the opportunities for the NDPHS, these ranged from a strong network to the setting up of an institutional capacity and project work. It should also be noted that the Partnership's meetings fertilized a common ground for understanding and mutual interest.

Obstacles and weaknesses

The main weakness in the work of most of the EGs was the lack of financing mechanism that would allow rapid planning and implementation. This applied for both, the financing of ITAs as well as project activities the Expert Groups would like to be involved in. Often the impetus can be lost if the financing can only be expected after 12-18 months after the planning phase. The Expert Group activities could be very valuable in getting experience and information about approaches that are innovative and "unusual" but may have very good impact. Mechanisms that make this possible have been developed and implemented elsewhere, but not yet in the NDPHS.

Another aspect that hampered the progress was that not all countries in the Northern Dimension were taking part in the work of the Expert Groups. Concerning country representation, it was noticed during some meetings that Experts, acting as country representatives did not have the full support of their governments to endorse decisions.

Conclusions

The Northern Dimension policy had given a sound foundation by the ND Summit on 24 November 2006 in Helsinki. The NDPHS, as one of the two ND Partnerships worked towards accomplishing the overall goals and objectives defined by the summit and stipulated in the Oslo Declaration.

The Partnership made good progress in terms of setting up its administrative structures. The NDPHS Secretariat was able to provide sound support to the Partners, as its administrative capacities were increased. The Secretariat also enjoyed a legal capacity for the period under review.

All four Expert Groups worked according to set workplans and meeting routines. The advocacy and visibility of the Partnership was significantly enhanced through the new NDPHS website and the information dissemination mechanism embedded in it. Partners were contributing actively to the success of the Partnership and to meeting the objectives stated in the Oslo Declaration. However, not all of them have nominated their representatives to participate in Expert Group activities and some Partners have not yet allocated sufficient financial resources to the Partnership.

The financial and human resource support of the Ministries of Health of many of the Partner countries for NDPHS activities has been continuous. A sound support of Partners at all levels is a prerequisite for the functioning and thus crucial for the Partnership. The Partnership's overall activities vary from a wide range of activities, including policy work, projects, networking solidification, Expert Group work and administrative/organizational issues, mostly covered by the Secretariat and supported by the Chair and Co-Chair country.

However, the challenge lies in making best use of both, the visible and invisible resources that can be allocated for the Partnership. The NDPHS network is huge and may be explored further.

The NDPHS' visibility will be further enhanced in the near future as the Project Pipeline and Database are going to gradually become important tools for gaining data on activities and

statistics in the NDPHS area.

The Partnership set up an overall coordinating financing mechanism. One of the immediate challenges, which would require the support of all Partners and Expert Groups will be, to continuously increase the number of financing agencies being part of the NDPHS project pipeline – as its overall coordinating financing mechanism, so that a one-entry point for project activities in the NDPHS area can be created.

Reference	Annex 1
Title	HIV/AIDS EG - Draft progress report for 2007
Submitted by	HIV/AIDS EG ITA in coordination with the HIV/AIDS EG Chair
Summary / Note	This proposed DRAFT Progress Report 2007 summarizes the actions taken by the HIV/AIDS EG during 2007
Requested action	For adoption

HIV/AIDS Expert Group Draft Progress Report for 2007

1. Expert Group leadership and coordination

1.1 Lead Partner

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Co-Lead Partner - to be discussed during the next Expert Group meeting in October 9-10.

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Combined task of ITA, coordinator of the Barents HIV/AIDS Programme and director of the project "Development of Low Threshold Support Centre in Murmansk Region". About 40% of work time reserved for ITA tasks.

1.3 Financial resources for leadership

Funding for the chairperson (travel costs) has been covered by the Ministry of Social Affairs and Health, Finland. Negotiations about continuation of financing are ongoing. Funding for ITA activities have been covered through a project financed by the Ministry for Foreign Affairs and implemented by STAKES. Negotiations for continuation of financing during 2008–2010 are ongoing.

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group and its Sub-group(s) (if any)

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Above mentioned partners take part in the Expert Group meetings. In addition, Health Canada has sent representatives as observers.

Observers have been invited to represent CEC, UNAIDS, WHO, IOM, EuroHIV and some other international organisations and NGOs.

2.2. Participation of Partners in EG project-based activities

All partners have taken part to projects coordinated or initiated by the EG. Norway, Finland and Russia are involved in several collaborating projects focusing on NW Russia, in particular Murmansk region where long-term projects aimed at decreasing the risk of transmission among vulnerable groups by serving them easy-to reach access to counselling, testing and practical preventive measures. St. Petersburg has been another focus area with numerous projects involving among others Sweden, Finland and Norway. Baltic countries have collaborated with each other and with the Nordic countries. Discussions have been ongoing to establish cross-border collaborative projects between i.e. Estonia and Russia. Poland and Germany have been active in several projects in the past involving among others prevention among drug users and other vulnerable groups. France has supported a project aiming at a better coordination between national HIV and Tb-programmes. Several partners have also supported activities by hosting exchange visits or expert group meetings.

A list of ongoing projects initiated, coordinated or evaluated by the expert group is attached as Attachment 1.

Barents HIV/AIDS Programme is working under the umbrella of NDPHS and has tight contacts with the HIV/AIDS Expert Group. The ITA is simultaneously the Programme coordinator of the Barents HIV/AIDS Programme. Steering Committee of the Programme meets twice a year to map the HIV situation and activities in prevention, surveillance and treatment in the region, as well as to review project proposals. All Norwegian applications

concerning HIV projects in Northwest Russia are sent to the ITA for consulting before admitting financing.

3. Actions taken to implement the Expert Group's annual Work Plan

Implementation of the Action Plan for 2007

1. The group has had a working meeting in Berlin, Germany, in March 14-15 hosted by the Koch Institute. "Specific issues" included HIV epidemiology among ethnic minorities (as exemplified by Canada), changing risk behaviour among certain groups (the meeting minutes are available in the address http://www.ndphs.org/?mtgs,hiv-aids_6,_berlin) The next meeting is will be held in October 9-10 in Porto, Portugal, and it will have a specific focus on HIV prevention among migrant populations.
2. Coordinating activities: The chairman and ITA have participated in development of project pipeline and database, assisting to the Secretariat of NDPHS. The chairman is a member of the Database Project Steering Group. The chairman also participated in a Baltic Sea Convention in Gotland in June 25-27 where a specific issue on HIV prevention and regional collaboration was in the programme. Furthermore the Chairman represented the EG in the HIV "Think-Tank" organised by DG Sanco of CEC. A seminar as part of the Barents programme was organised in Helsinki March 29-30 with a specific theme on HIV. The EG was represented by the Chairman and ITA. The chairman also participated in the meeting of the EG for Prison Health in June in Paris.
3. As depicted in the working plan, the representative from ESTHER has become an active partner into the EG. Discussions concerning the possible Tb specialist to become a member of the group have not resulted in a concrete result yet.
4. Revision of the General Working Programme is ongoing and a new version has been submitted to the members of EG for comments and revisions.
5. Development and support of projects.
The **Barents HIV/AIDS Programme** has continued and has new subprojects added during the year. This Programme is basically for NW Russia but parts of it have been used to enhance cross-border collaboration between Russia and the Baltic countries.

The group is looking for new project proposals during the year 2007. An Estonian-Russian project for **cross-border collaboration** is in the planning phase. Several other project proposals have either been developed and evaluated or planned during the previous meetings. The large project from the Danish Church Aid, approved by the EG, is still looking for financing. Several other initiatives have been discussed in previous meetings but have not been taken further due to the lack of money for the planning phase.

6. Evaluation of national AIDS policies. During the meetings the EG has reviewed and evaluated the current epidemiological situations in the partner countries and discussed about suggestions concerning national policies.

4. Other actions taken by the Expert Group (not covered in item 3)

4.1 Examples of project-based activities

1. Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions

i) Project objectives are:

To stop and better control the spread of HIV/AIDS in Finland's neighbouring regions; and to reduce the social and economic costs of HIV/AIDS that causes a burden on societies.

The purpose of the project (the immediate objective) is an implementation of comprehensive and well coordinated multisectoral and multilateral program for fighting the spread of HIV/AIDS, as part of the Northern Dimension Partnership and Barents Region cooperation.

Geographical area: Barents and Northern Dimension Partnership Regions

ii) Project leader;

STAKES, International Development Collaboration

iii) Main project donor(s);

Ministry for Foreign Affairs, Finland

iv) Project time frame;

February 2005 – December 2007

v) Overall conclusions and recommendations for the future.

The project will be evaluated during the autumn of 2007. The project also covers coordination of Barents HIV/AIDS Programme and ITA activities of the HIV/AIDS EG of NDPHS. Both tasks need to be continued, and a proposal for continuation of financing has been submitted.

The Project includes a subproject called "Development of Low Threshold Support Services in Murmansk Region", which is described below.

2. Development of Low Threshold Support Services (LTSC) in Murmansk Region

i) Project objectives and geographical area;

To make services preventing the spread of HIV/AIDS available to high-risk groups in the Murmansk region while establishing an operational model that is easily transferable to the other regions of North-Western Russia and the Northern Dimension Partnership on Health and Social Well-being (NDPHS).

ii) Project leader;

STAKES, International Development Collaboration

iii) Main project donor(s);

Ministry for Foreign Affairs, Finland

iv) Project time frame;

February 2005 – December 2007

v) Overall conclusions and recommendations for the future.

The project has recently been evaluated and according to the evaluation, all important benchmarks have been met. The Murmansk authorities and employees of the LTSC at the Murmansk Regional AIDS Centre are motivated to continue the work. A new site is Kantalahti with a very serious epidemiological situation. The project has also collaborated with outreach projects supported by Norway and this collaboration is getting new partners (Provincial administration of Northern Finland and University of Lapland). It would be important to extend the project also to Leningrad Oblast and perhaps St. Petersburg. Further financing is pending.

3. Psychological and social support to HIV infected women in Leningrad Oblast

i) Project objectives

Overall objectives:

Reduction of stigma of HIV positive people, especially pregnant women and their children
Social and psychological adaptation of HIV+ women and their families
Reduction of mother-to-child transmission of HIV
Reduction of abandonment of children

Purpose:

Capacity of specialists and service system to give psychological and social support to HIV+ women increased

ii) Project leader;

STAKES, International Development Collaboration

iii) Main project donor(s);

Ministry for Foreign Affairs, Finland

iv) Project time frame;

2007–2009

v) Overall conclusions and recommendations for the future:

Project was started in April 2007. Expected results are:

1. Network between relevant local organizations formed
2. Needs of HIV positive women in social and psychological support assessed
3. Capacity of specialists in giving social and psychological support to HIV infected women increased
4. Working methods of psychological and social support created and tested in pilot districts
5. Capacity of service system increased

4. Prevention of HIV infection in the Republic of Karelia

i) Project objectives and geographical area;

The overall project objective is to stabilise the incidence of HIV/AIDS in the Republic of Karelia. The purpose of the project is to improve the professional capacity of specialists working in the Karelian health care and educational institutions in the field of HIV prevention work.

ii) Project leader;

STAKES, International Development Collaboration

iii) Main project donor(s);

Ministry for Foreign Affairs, Finland

iv) Project time frame;

2007–2009

v) Overall conclusions and recommendations for the future

Project was started in April 2007. Expected results are:

1. Partnerships between project participants created and infrastructure updated
2. Professional level of healthcare and education specialists in HIV prevention developed
3. Knowledge level in working and studying youth 17-29 years old improved
4. Knowledge level among inmates improved

5. Workshop of workers in LTC sites for IDUs

i) Project objectives and geographical area;

To improve laboratory diagnostics and clinical management of HIV in Northwest Russia.

ii) Project leader;

National Public Health Institute, Finland

iii) Main project donor(s);

Ministry for Foreign Affairs, Finland

iv) Project time frame;

2007

v) Overall conclusions and recommendations for the future.

The workshop is planned to be organised in November 2007 in collaboration with HIV projects of STAKES. (The ITA will participate in planning).

6. Development of Low Threshold Centre activities in the region

i) Project objectives and geographical area;

Development of low threshold services for injecting drug users, their partners and commercial sex workers

Work packages:

7. Development of surveillance methods
8. Development of clinical management
9. Advocacy
10. Networking
11. Training

Geographical area: Latvia, Lithuania, Estonia, Bulgaria, Finland

ii) Project leader;

Public Health Agency, Latvia (Ferdats) (National Public Health Institute, Finland, as a partner)

iii) Main project donor(s);

EC SANCO, participating countries

iv) Project time frame;

July 2006 - July 2009

In addition to these projects, there are 18 projects going on under the umbrella of the EG, 10 project proposals have been reviewed by the Group, and three projects have been completed. See the project list in Attachment 1.

5. Strengths and opportunities

The strength of the EG is the involvement of high level experts representing the partners. Their position allows open discussion about key issues of prevention policies and the process enhances regional collaboration and harmonisation far beyond the practical projects that have been implemented. It also provides an important forum for mutual information concerning trends and phenomena not yet published elsewhere.

6. Obstacles and weaknesses

The main weakness in the work of the EG is the lack of financing mechanism that would allow rapid planning and implementation. Often the impetus is lost if the financing can only be expected after 12-18 months after the planning phase. The expert group activities could be very valuable in getting experience and information about approaches that are innovative and “unusual” but may have very good impact. Mechanisms that make this possible have been developed and implemented elsewhere, for instance in tb-prevention.

7. Conclusions and recommendations

(To be discussed).

Attachments

Attachment 1 (HIV/AIDS EG) List of projects under the umbrella of the HIV/AIDS

Expert Group on HIV/AIDS of Northern Dimension Partnership in Public Health and Social Well-being

List of projects being implemented (update 1.10. 2007)

1. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions in 2005–2007" Coordination of the Barents HIV/AIDS Programme and support to EG on HIV/AIDS for the ND partnership. Coordination: Finland. Approximate budget - 715 000 EURO (3 years). Financier: Finnish Government.
2. "Development of Low Threshold Support Centre in Murmansk region". Pilot project of the above mentioned programme. Coordination: Finland. Approximate budget 300 000 EURO (3 years). Financier: Finland
3. "Workshop of workers in LTC sites for IDUs". Coordination: Finland. Approximate budget- 20 000 EURO. Financier: Finland
4. "Empowerment of Self-help groups in St. Petersburg. Creation of a forum for self-help organizations for HIV+ in St. Petersburg". Coordination: Norway. Approximate budget NOK 733 000. Financier: Norway
5. "Territory of Life. Mobile unit work for prevention of HIV in Murmansk Region" Coordination: Norway. Approximate budget – 270 000 NOK. Financier: Norway
6. "Youth peer education in St. Petersburg, related to HIV/AIDS, narcomania and life style". Coordination: Norway. Approximate budget: 45 000 NOK. Financier: Norway
7. "Cross action between STI Clinic in Archangelsk and Olafia Clinic in Oslo". Coordination: Norway. Approximate budget: 190 000 NOK. Financier: Norway
8. Development of Low-Threshold-Center activities in the region. Coordination: Latvia. Approximate budget 1.3 ME. Financiers: EU, National governments
9. "HIV/STI and Drug preventive efforts in Murmansk, Archangelsk and Karelia". Coordination: Sweden - Noaks Ark Barents. Approximate budget – SEK 980 000
10. "The ConTact Bus- Murmansk Region". Coordination: Norway. Approximate Budget 34 700 USD
11. "Decreasing stigmatization of HIV-positive prisoners-Arkhangelsk region" Coordination: Norway. Approximate Budget 317 000 NOK
12. "Palliative care to People living with HIV/AIDS in St. Petersburg" Coordination: Norway. Approximate budget NOK 383 796
13. Youth education Program - HIV/AIDS and Drug Abuse - Murmansk region". Coordination: Norway. Approximate budget - NOK 549 779
14. "Activate patients at Murmansk Municipal HIV/AIDS Centre". Coordination: Norway. Approximate budget NOK 16 000. Financier: Norway
15. The Clinton HIV/AIDS initiative and Russia. Exchange of Russian and Norwegian clinicians". Coordination: Norway. Approximate budget - NOK 460 000
16. "The ConTact Bus – Arkhangelsk Region". Coordination: Norway. Approximate Budget: 280 000 NOK
17. "Scaling up treatment and care for HIV/AIDS and TB and accelerating prevention within the health system in the Baltic States" - WHO/EURO. Approximate budget: 15 000 EURO
18. "The Bus" for Republican AIDS Centre, Petrozavodsk. Approximate budget 250 000 NOK. Financier: Norway (Humanitarian Fund of Crown Prince Haakon and Crown Princess Mette-Maarit)
19. "Prevention of HIV infection in the Republic of Karelia in 2007–2009". Coordination: Finland. Approximate budget 300 000 EURO (3 years). Financier: Finland

20. "Psychological and social support to HIV infected women in Leningrad Oblast 2007–2009". Coordination: Finland. Approximate budget 300 000 EURO (3 years). Financier: Finland
21. Education program for pedagogical personal and health specialists in the field of "Healthy lifestyle" and prevention of HIV/AIDS and drug addiction. Coordination: Norway. Approximate budget 257 000 NOK. Financier: Norway.
22. Hospital and home-based palliative care to people living with HIV/AIDS in St. Petersburg and Kaliningrad. Coordination: Norway. Approximate budget 550 000 NOK. Financier: Norway.
23. HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania. Coordination: UNODC. Approximate budget 5,000,000 USD. Financier: UNODC
24. Youth peer education in Murmansk related to HIV, STI and communication skills. Coordination: Norway. Approximate budget 90 000 NOK. Financier: Norway.

List of projects under consideration (update 1.10. 2007)

25. "Preventing HIV by increasing diagnostic impact in NW Russia, HIV serology, HIV RNA viral load and CD4/CD8. Archangelsk" Coordination: Norway. Project proposal
26. "Prevention of HIV infection among young people through advocacy, support, development of policies and actions in Murmansk region". Coordination: Norway. Project proposal.
27. DanChurchAid "Prevention and Management of HIV/AIDS and Opportunistic Infections in North-West Russia". Project proposal. Partially financed. Financers: Danish sources, others (undefined)
28. HBV vaccination of prison personnel in the Leningrad oblast. Coordination: Russia, approximate budget 30 000 Euros, Financers: open
29. Rehabilitation of injecting drug users in East- and West-Viru Counties. Coordination: Estonia. Project Proposal
30. Tool Kit for HIV case management and secondary prevention. Coordination: Lithuania
31. Strengthening and integrating intersectoral HIV prevention efforts in Central Europe. Coordination: Poland. Project proposal
32. "Empowerment of self help groups in St. Petersburg working for the interests of HIV+ people and being run by HIV+ people themselves". Continuation of the ongoing project applied from Norway.
33. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II." Coordination: Finland. Project proposal for 2008–2010.
34. "Strengthening of intersectoral action to fight drug abuse and drug related harm in Murmansk Region 2008–2010". Coordination: Finland. Project proposal.

List of completed projects

35. "AIDS Alarm in North-West Russia". Coordination: Norway. Approximate budget NOK 151 000. Financier: Norway
36. "Sexual and reproductive Health of Adolescents in Northwestern Russia" Coordination: Sweden, RFSU. Approximate budget - SEK 16 091 000 (1997–2007)
37. "Development of network interaction between organizations of NW Russia, Finland and Norway, dealing with CSW". Coordination: Norway. Approximate budget: 45 000 NOK. Financier: Norway.

Reference	Annex 2
Title	PHC EG - Draft progress report for 2007
Submitted by	PHC EG ITA in coordination with the PHC EG Chair
Summary / Note	This proposed DRAFT Progress Report 2007 summarizes the actions taken by the PHC EG during 2007
Requested action	For adoption

EG on Primary Health Care Draft Progress Report for 2007

1 Conclusions and recommendations

When initiating an expert group like this finding financing bodies is maybe the most important initial activity. In this group very few actions could be taken until support from SEEC (The East Europe Committee of the Swedish Health Care Community) was established. With a confirmed budget actions will start including the search for sustainable economic support from different sources.

The Expert group recommends that partners encourage their financing agencies to use the NDPHS project pipeline as a tool to offer financial support for expert groups' project based activities.

Partners who do not take part in the work of the expert group should be encouraged to participate.

2 Expert group leadership and coordination

2.1 Lead partner

Lead partner: Sweden

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2.2 International Technical Advisor (TA) and Task Managers (TMs)

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Valentin Rusovich, Belarus address::...

2.3 Financial resources for leadership

Funding for the chairperson (travel costs) has been covered by the Ministry of Health and Social Affairs, Sweden. Funding for ITA:s and TMs has been provided by the East Europe Committee of the Swedish Health Care Community. Funding covering other purposes has been provided by the SEEC, the Baltic Sea Unit of the Swedish International Development Cooperation Agency (Sida) and the Ministry of Health and Social Affairs.

3. Partner participation in Expert Group activities

3.1 Participation of Partners in meetings of the Expert Group

The expert group has had two meetings, in Krakow and in Stockholm.

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Participating experts were from Finland, St Petersburg, Germany and the NDHPS Secretariat.

3.2 Participation of Partners in EG project-based activities

So far no project based activities have been implemented

4 Actions taken to implement the Expert Group's annual Work plan

At its meeting in Krakow in February 2007 the Expert Group elaborated a new workplan. The plan covers four working areas:

Working Area 1: Framework for the PHC EG functions

Working Area 2: Production of thematic reports and situations analyses

Working Area 3: Support to planning, implementation and monitoring projects

Working Area 4: PHC contribution to database and project pipe-line activities as cross-cutting principles.

The work plan, further developed at the Stockholm meeting, is a strategy aiming at contributing to:

Improved public health for all groups of the whole population through

- Developing equitably accessible, high quality and cost effective primary health care in all ND countries including
 - o Promotion of healthy lifestyles by functioning health promotion mechanisms
 - o Enhancement of collaboration with social and other relevant sectors and local communities
 - o Strengthening holistic approach when working with patients, families and local community by primary health care teams
 - o Control of communicable diseases
 - o Prevention of non-communicable diseases
 - o Evidence-based diagnostics and treatment of and rehabilitation after diseases and injuries

In order to reach this objective the Expert Group decided to give priority to the production of thematic reports including situation analysis for dissemination and policy analysis and reports in the following fields:

1. Collecting and aggregating information from PHC
2. Role of PHC in health promotion and disease prevention
3. Implications of demographic changes for PHC
4. Information sharing about remuneration systems and their implications

For every item a reference group has been set up of members of the group or other experts. Work has started on a combined report concerning items 1 and 4 as well as a report on item 2.

They are planned to be finalised before the end of January 2008. The report on item 3 is planned for the spring of 2008.

5 Strengths and opportunities

With a reliable budget covering this year and 2008, qualified ITA and task managers and with support from The Ministry of Health and Social Affairs of Sweden as well as active members in the reference groups, the expert group feels confident that the planned activities now will be implemented.

...

6 Obstacles and weaknesses

In order to be as effective as possible the group would benefit from participation from all partners. It is also important that all appointed members of the group have full support from their governments and organisations.

Reference	Annex 3
Title	PH EG - Draft progress report for 2007
Submitted by	PH EG Chair
Summary / Note	This proposed DRAFT Progress Report 2007 summarizes the actions taken by the PH EG during 2007
Requested action	For adoption

EG on Prison Health Progress Report for 2007

Background

The Progress report for the PH EG 2007 covers the period from mid-February to the end of August 2007.

The decision to establish an Expert Group on Prison Health was taken by the CSR already in 2004 with the following objective:

“...the main role is to act as the focal point for national inputs from the Partner countries and Organisations. In this capacity, the EG on Prison Health has the overall objective to work towards the improvement of prison systems and prison reforms, and to promote networking and partnership building among relevant stakeholders.”

The Mandate was agreed upon and decided by the CSR in 2005 and the Terms of Reference were adopted in March 2007. The Expert Group's Work Plan for 2007-2008 was adopted in the PH EG's 3rd meeting in June 2007 and will be presented to the CSR in October 2007 together with the Progress report.

Worldwide, more than 9 million persons are held in penal institutions. The prison population varies however considerably between different regions of the world, and between different parts of the same continent. The majority of prisoners are, not surprisingly, detained in the three countries with the largest population, i.e. USA, China and the Russian Federation. In Europe close to 2 million prisoners are detained in various penal establishments (pre-trial institutions, correctional facilities, colonies, prisons, juvenile detention centres etc.) The highest number are to be found in the Russian Federation, which per 1.6.2007 had 889 650 detainees, of which 7 % were women and 2,5 % children and young persons.

A considerable numbers of penal institutions are located within the NDPHS area:

Denmark	87	Lithuania	15
Estonia	7	Norway	47
Finland	38	Poland	213
France	185	The Russian Fed.	1051*
Latvia	15	Sweden	86

We have regrettably no statistics which shows the number of institutions located in North West Russia).

The rate per 100 000 of the national population varies from 628 in the Russian Federation, to 237 in Poland, 85 in France, and between 66-82 in the Scandinavian countries. Surprisingly high is the number of prisoners per 100 000 of the national population in Estonia (268), Latvia (292) and Lithuania (235).

Several of the penal establishments are overcrowded, especially in the central eastern European countries, with unhealthy living conditions, which unfortunately also constitute breeding grounds for diseases.

The obvious purpose of a prison sentence is to punish the offender and to prevent him from re-offending. For detainees who spend shorter or longer time, even life-time, inside an institution, a well-functioning medical service is of utmost importance in order to ensure prevention and treatment of many complicated health problems and to offer possibilities for rehabilitation and reintegration into society.

The majority of penitentiary establishments have some semblance of a system of health care in place. The quantity and quality of the service varies however considerably, and a number of problems remain unsolved. From our experience, it is people from the poorest and most marginalized section of the population who make up the bulk of those serving prison sentences. That means that it consists of persons with poor somatic health, persons infected with different kind of transmissible diseases, chronic untreated conditions, vulnerable persons with psychological/psychiatric problems, and those who engage in risky activities such as injection drugs and commercial sex work. The biggest challenge for the medical service is to treat and prevent the spread of communicable diseases such as TB, HIV/Aids, hepatitis, and other sexually transmissible diseases, as well as to care for prisoners with mental disorders and those who are using drugs.

1. Group leadership and co-ordination

1.1. Lead Partner and Co-Lead Partner

Norway is the Lead Partner of the PH EG. So far, no vice chair or co-lead partner has been elected.

Chairperson: Specialist in psychiatry Ingrid Lycke Ellingsen

1.2 International Technical Advisor

The Lead Partner will within short announce a position as an International Technical Advisor for the group.

1.3 Financial resources

The Lead Partner has ample funding in place for the leadership and for employment of an ITA.

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group

Upon the re-vitalisation of the group, a letter was sent to all partners requesting nomination of members to the group in the summer of 2006. Seven partners responded. Participation at the two meetings of the group has been as follows:

February: Estonia, Finland, France, Latvia, Lithuania, Norway, Sweden, Russia, WHO
June: Estonia, Finland, Latvia, Lithuania, Norway, Sweden, WHO, EC

2.2 Participation of Partners in EG project-based activities

Members of the PH EG has contributed in developing the structure of the Project Pipeline with the focus to make it easy operational, especially to present new projects to the Pipeline, and make them attractive to possible stakeholders. Members have also tested out the Pipeline. For further information – see point 4.

3. Actions taken to implement the Expert Group's annual Work Plan

Following the responsibilities of the PH EG's Work Plan, the following activities have taken place during the last 9 months:

1. *Meetings:* The PH EG has met two times in 2007: 13-14 February (in Oslo) and 18-19 June (in Paris). The third meeting in 2007 will be held 24-25 October (in Copenhagen).

Three members of the PH EG have formed a working group, which due to the lack of an ITA, has met between the formal meetings. The working group has discussed the functioning of the EG, drafted the annual Work Plan, prepared meeting programs and follow up of already taken decisions.

2. The PH EG has established *connections and co-operation with other Partnership Expert Groups*. The chair has taken part in one meeting for chairs and ITAs in February (in Vilnius) and one meeting for the CSR (in Warsaw) where representatives for all Expert Groups were present.

The chair of the PH EG has visited Professor Pauli Leinikki, chair of the HIV/Aids Group in Finland in April and discussed things of mutual interest.

Professor Pauli Leinikki was invited to PH EG's meeting in June in order to discuss cooperation and provide information about the situation concerning communicable diseases in the NDPHS region.

The chair of PHC EG, Doctor Carl-Eric Thors, has been invited to take part in the next meeting of the PH EG in October.

The chair has had a meeting in August with Doctor Lars Möller, Manager Health in Prisons Project and Illicit Drugs in the WHO's Regional Office for Europe, in order to discuss plans for closer cooperation. Publishing in Russian of the WHO Health in Prison Guidelines is in process, with financial support from Norway. There are plans to co-organise an event in Russia for the launch of the publication. Furthermore, there are plans to develop a new publication on women's health in prisons.

3. Ms Natacha Grenier, The European Commission, Directorate General – Health and consumer protection, was invited to PH EG meeting in June and informed about the project Drugs in prison.

4. The members of the Group have *established and maintained relations within their*

respective countries as well as with international and national organisations. It can for instance be mentioned that the chair has had meetings with the Ministry of Justice in Norway in order to discuss possibilities for project planning in North West Russia, with the Ministry of Health and Care Services, and with the Directorate of Health and Social Affairs, as well as a meeting with some doctors in the Council of Europe, and several meetings with non-governmental organisations to discuss the situation of transmissible diseases in prisons and other prison-related issues, especially in the Arkhangels/Murmansk region. In addition it has been contact with the Harstad University College in order to be informed about mental health in one of the prisons in Arkhangelsk and the situation for children with disabilities in the same region.

5. Several of the members have communicated “*collective knowledge*” while taken part and/or lectured about the prison health care in different national and international forum and conferences.

6. *Projects:* Members of the Group have worked actively to get an oversight of past and present projects in the NDPHS region (which has turned out to be very difficult). A great deal of the projects has been published on the NDPHS Database.

The Expert Group has examined a project from an NGO in Russia with the aim to publish it on the Pipeline.

7. *Work Plan:* The members of the EG have developed the Work Plan, covering 2007-2008. The Plan was adopted in the 3rd PH EG meeting in June 2007.

4 Other actions taken by the Expert Group

Project-based activities

PH EG has not completed any own projects and is currently not running any. The individual members of the Expert Group are however active in research or other project-based activities.

4.2 Non-project based activities

The PH EG has visited two prisons in the NDPHS region: Bredtvedt prison for women in Oslo and Versailles prison for women outside Paris. The Group had useful discussions with the leadership and the staff and an interesting exchange of views concerning the medical service.

The PH EG has provided the Partnership website/database with some information.

5. Strengths and opportunities

The strengths of the PH EG: It consists of a group of highly competent persons with varying background. The members have very good knowledge in the special field of prison medical service and some of them have experience from working in penal establishments.

The EG has the advantage of enjoying close co-operation with the Lead Partner, other Expert Groups and the Secretariat. When the EG has received representatives from **all** member countries of the NDPHS and has employed an ITA, we are of the opinion that it will

function effectively and fulfil the expectations of the NDPHS.

6. Obstacles and weaknesses

A clear obstacle is that not **all** countries in the Northern Dimension are represented in the PH EG. This weakness need to be solved as soon as possible. As long as Denmark, Germany, Iceland, Poland and the Russian Federation have not nominated/appointed their representatives, who actively can participate in promoting activities, the work of the Expert Group will be hampered.

Another obstacle for the work is the lack of an ITA (a situation which we hope will be solved at the beginning of 2008).

The lack of an actively working Vice-chair has also a big impact on the functioning of the Expert Group.

7. Conclusions and recommendations

The PH EG has learnt that the Expert Group's functioning is dependent of having all countries of the NDPHS represented. A clear obstacle is especially that one of the most important countries, the Russian Federation, has not nominated any representative to the PH EG. This has a big negative impact on the EG's work in the future.

The EG has also learnt that lack of an ITA and a Vice-chair makes the functioning of the chair less effective and very time consuming.

We strongly recommend that the three mentioned obstacles be solved as soon as possible.



Reference	Annex 4
Title	SIHLWA EG - Draft progress report for 2007
Submitted by	SHILWA Co-ordinating Chair
Summary / Note	This proposed DRAFT Progress Report 2007 summarizes the actions taken by the SIHLWA EG during 2007
Requested action	For adoption

DRAFT

1 January – December 31
PROGRESS REPORT 2007

**NDPHS¹¹ Expert Group
“Social Inclusion, Healthy Lifestyles & Work Ability”**

SIHLWA¹²

Attachment 1: SIHLWA terminology in NDP-area languages
Attachment 2: 2007 SIHLWA members' individual activities and accomplishments
Attachment 3: NDPHS/ SIHLWA members

¹¹ Northern Dimension Partnership in Public Health and Social Wellbeing

¹² SIHLWA = Expert Group on **S**ocial Inclusion, **H**ealthy Lifestyles & **W**ork Ability

1. SIHLWA leadership and coordination

1.1 SIHLWA Lead Partner(s) and Co-Lead Partner(s)

<p>SIHLWA's "Lead Partner": Ministry of Social Affairs & Health P.O. Box 33 , FI-00023 Government, FINLAND Focal point 1 Jan – 31 July 2007: M Seija Saana, Ministerial Adviser E-mail: seija.saana@stm.fi Focal point 1 Aug. – 31 Dec. 2007: Olli Kuukasjärvi, Ministerial Adviser E-mail: olli.kuukasjarvi@stm.fi Phone: +358 9 160 73168 Fax: +358 9 160 73296</p>	<p>SIHLWA's "Co-Lead Partner": Ministry of Health/ Lithuania Focal point: Ms Virginija Ambrazevičiene Chief Officer of Foreign Affairs Division Ministry of Health Vilnius 33, LT-01506 Vilnius, LITHUANIA Phone: +370 526 047 19, Fax: +370 526 614 02 E-mail: virginija.ambrazeviciene@sam.lt</p>
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1.2 SIHLWA technical management support

SIHLWA Expert Group due to its structure of 3 sub-groups has decided to have a **Coordinating Chairman** for the whole group. This position was held since the beginning of SIHLWA's existence by:

Dr Mikko Vienonen
Consultant in International Public Health, M.D., Ph.D.
e-mail: m.vienonen@kolumbus.fi
GSM: +358-50-442 1877
Address: Sysimiehenkuja 1, 00670 Helsinki, Finland
SIHLWA has so far never had an International Technical Adviser (ITA)

The **EG SIHLWA** consists of 3 sub-groups:

- Subgroup on adolescent health and socially-rewarding lifestyles
- Subgroup on alcohol
- Subgroup on Occupational Safety & Health

Each sub-group have their own functionaries

1) Subgroup on alcohol¹³

<p>Chairperson (acting) Mr. Kari Paaso Senior Expert kari.paaso@stm.fi Ministry of Social Affairs & Health/Finland P.O. Box 33 , FI-00023 Government, FINLAND GSM: +358-50-565 837</p>	<p>Co-chairperson Dr. Evgeny Krupitsky Chief, Department of Addictions kru@ek3506.spb.edu Research Laboratory, Leningrad Regional Center of Addictions Novo-Deviatkino 19/1 Leningrad Region 188661, RUSSIA Tel/Fax: +7-812-296 9905</p>
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2) Subgroup on adolescent health and socially-rewarding lifestyles

<p>Chairperson¹⁴ Dr Mikko Vienonen m.vienonen@kolumbus.fi Sysimiehenkuja 1, 00670 Helsinki, FINLAND GSM +358-50-442 1877</p>	<p>Co-chairperson Ms. Daiva Zeromskiene Head of Children Environment Health Division State Environment Centre Kalvariju str. 153, LT-08221 Vilnius, LITHUANIA e-mail: daiva.zeromskiene@takas.lt Phone: + 370 5 236 0493 Fax: + 370 5 273 7397</p>
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3) Subgroup on occupational safety and health¹⁵

<p>Chairperson Mr. Wiking Husberg Senior OSH Specialist e-mail: husberg@ilo.org ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA Petrovka 15, 107031 Moscow, Russian Federation Tel. work: +7-495-933 0827 Fax.: +7-495-933 0827</p>	<p>Co-chairperson Dr. Remigijus Jankauskas, Director of Occupational Medicine Center e-mail: jank@dmc.lt Institute of Hygiene under the Ministry of Health Didzioji 22, 01128 Vilnius, LITHUANIA Phone: + 370 5 212 19 69 Fax: +370 5 212 18 10</p>
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¹³ for alcohol sub-group the Chair in principle was expected to be identified from WHO-EURO cosponsoring the subgroup. Temporarily since January 2007 the group was chaired by Mr Kari Paaso (former technical adviser on alcohol for WHO-EURO). In 2007 EURO was not able to select a successor for Mr Paaso. In the future the chairmanship is expected to return to WHO and Mr Paaso would continue as partner country nominee in the group.

¹⁴ N.B. Mikko Vienonen had a double role in SIHLWA: In addition to acting as Coordinating Chair for the whole SIHLWA EG, he also was selected as Chair of the ADO sub-group.

¹⁵ for OSH sub-group the Chair in principle identified from ILO cosponsoring the sub-group.

1.3 Financial resources for leadership

Funding for SIHLWA half time coordinating chair (consultative basis) is provided by the MoSA&H/ Finland. Additionally, travel of SIHLWA functionaries to necessary administrative meetings (e.g CSR, Chairs and ITAs meetings, etc.) are covered by the Lead Partner. Also participants to SIHLWA expert group meetings are to some extent covered by the MoSA&H/ Finland budget allocation to SIHLWA, such as Finnish national experts' participation, and expenses of certain key-note speakers and some Russian participants.

Presently, SIHLWA leadership functions have been allocated directly from MoSA&H budget, and the Coordinating Chair has not been a "fund holder" of this allocation. It needs to be discussed in CSR as to how detailed the Lead Partners are willing to report on their budget and its implementation.

2. Partner participation in Expert Group activities

In 2007 the 4th SIHLWA Expert Group met in Helsinki 29-30 May in Helsinki. All three sub-groups were present and altogether 37 persons attended. The report of the 4th SIHLWA meeting (as well as reports of all previous meetings) is available on www.ndphs.org/meetings/SIHLWA.

The 5th SIHLWA meeting was planned to take place in December 2007, but the group decided to postpone it until February 2008 in Oslo. The reason for shifting the time was due to two big meetings which were organized at the end of 2007 with strong SIHLWA involvement, namely the pre-PAC meeting in Vilnius on 15 November on "Healthy Life – Healthy Work Partnership for health and safety" and the Nordic Council of Ministers' Chairmanship Conference in St. Petersburg 11-12 December on Promotion of Healthy Lifestyles, Work Ability and Social Inclusion. It also helps us to place the upcoming SIHLWA meetings in 2008 in a slightly more peaceful timing.

2.1 Participation of Partners in SIHLWA meetings

Partners are invited to nominate participants to the biannual SIHLWA meetings, always without exception bringing together all three subgroups. It would be very important to have all Partner Countries and relevant organizations do this nomination. So far no country has officially indicated that they would not be interested to participate, so we keep sending information and invitations to all.

In the attached table one can see the present situation after four SIHLWA meetings, aiming to illustrate how different partner countries and organizations having sent their representatives to previous SIHLWA meetings (1st Stockholm, 2nd Helsinki, 3rd Vilnius, 4th Helsinki)

KEY TO TABLE : a = Alcohol sub-group was represented; b = Adolescent health sub-group was represented; c = OSH sub-group was represented

Countries & Organizations*	1 st Stockholm	2 nd Helsinki.	3 rd Vilnius	4 th Helsinki
CANADA	a,b	-	-	a
DENMARK	-	-	-	-
ESTONIA	a	a	a,b	a,
FINLAND	a,b,c	a,b,c	a,b,c	a,b,c
FRANCE	-	-	-	-
GERMANY	-	-	-	-
ICELAND	-	-	-	-
LATVIA	a	b	a,b	a,b
LITHUANIA	-	a,b,c	a,b,c	a,b,c
NORWAY	a	a	a	a
POLAND	b	-	b,c	c
RUSSIAN FED.	a	a,b,c	b	a,b
SWEDEN	a,c	a,b	a,b	a
BEAC	-	-	-	-
EUC	b	-	-	-
CBSS	-	-	b	b
ILO/Russia	c	c	c	c
IOM	-	-	-	-
NCM	-	b	b	a,b
NHV(Nordic School of PH)		b	-	b
WHO/EURO	a,b	a	a	c

Each partner was invited to send at least one participant to every sub-group. Therefore, ideally the table should after the 5th SIHLWA meeting look like:

Countries & Organizations*	5 th SIHLWA mtg Oslo Feb 2008	6 th SIHLWA mtg Place?	7 th SIHLWA mtg Place?
COUNTRY A	a,b,c	a,b,c	a,b,c
COUNTRY B	a,b,c	a,b,c	a,b,c
COUNTRY C	a,b,c	a,b,c	a,b,c
ETC.	a,b,c	a,b,c	a,b,c

[N.B.: for specialized organizations it may be logical to be selective regarding sub-group participation, although some reasons would also support flexible participation to all SIHLWA sub-groups, as well.]

2.2. Participation of Partners in EG project-based activities

- **In implementation:**
 - ILO, Russian Federation and Finland: Occupational safety and health project in N-W Russian Federation (Leningrad Oblast & Republic of Karelia). 1st phase 2005 – 2007 and 2nd phase in 2007 – 2008.
 - SIHLWA-OSH subgroup: Thematic report on OSH for NDPHS Data-Base project and PAC – conference in November 2007.
- **Project started in autumn 2007:** NCM, Russian Federation (St. Petersburg), Finland and Sweden: Alcohol and drug prevention among youth 2007- 2008;
- **In planning:**
 - SIHLWA Stakeholder Analysis 2008
 - Potential Years of Life Lost (“PYLL”) assessment in selected N-W Russian regions (Karelia, Vologda?)
 - Hazardous & harmful use of alcohol: **Early Identification and Brief Intervention “EIBI”**. Possible regions/countries for implementation: St. Petersburg City (will be agreed upon with the St. Petersburg City Health Committee). Other potential candidates: Leningrad Obl., Republic of Karelia, Murmansk, Cherepovets city /Vologda Obl., Arkhangelsk, Republic of Komi, Nenets Autonomic Area. Potential funders (tentative): Finland, Norway, EC, others?
 - “PYLL” – analysis for the Republic of Karelia and/or Vologda/ Cherepovets city
 - “Life at Stake” (“Elämä Pelissä”) TV programme on healthy lifestyles’ impact on individual people

3. Action taken to implement the Expert Group’s annual Work Plan

- **January:** Coordinating Chair mission to St. Petersburg to discuss the launching of project on alcohol and drug prevention among youth together with SPb Public Health Committee and local NGOs.
- **January:** Coordinating Chair mission to Vologda Oblast (Cherepovets) in North-West Russia to participate in a regional healthy lifestyles conference representing NDPHS/SIHLWA and conducting a workshop for health and social sector administrators on Hazardous & harmful use of alcohol: **Early Identification and Brief Intervention**.
- **March:** SIHLWA cosponsored and provided technical support to the implementation of CBSS International Conference “Reducing Alcohol Problems in the Baltic Sea Region: Effective Approaches to Tackle Alcohol Related Problems in Local Communities”, Riga, Latvia, 12 – 13 March 2007. Considerable support was also provided to the conference by SIHLWA members from Sweden (Sven Andréasson and Pi Högberg) and from Finland (Kari Paaso). Report of the conference including PP-presentations is available on www.ndphs.org ->SIHLWA.
- **February:** Finalization of the report of 3rd SIHLWA EG meeting in Vilnius 30 Nov.-1 Dec. 2006. Report of the meeting including PP-presentations is available on www.ndphs.org ->SIHLWA.
- **February:** Coordinating Chair and SIHLWA sub-group Chairs participation in the 4th Chairs’ & ITAs’ meeting in Vilnius.
- **February-May:** Start of preparation for the NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December 2007 in St. Petersburg. The role of SIHLWA is advisory and technically supporting.
- **March:** Fifth European Network Meeting on Occupational Health held on 14–16 March 2007 in Buxton, the UK.
- **April:** SIHLWA Coordinating chair attended in Vologda/ N-W Russia a federal conference 4-5 April on NCD prevention strategies and briefed about the

activities of SIHLWA. The methodology on measuring the impact of NCD prevention by the “potential years of life lost” (PYLL) methodology.

- **April:** In connection with the mission to Vologda, in the capacity of SIHLWA ADO sub-group chair, Mikko Vienonen conducted extensive discussions on the start-up of project on NCM funded “Alcohol & Drug Prevention among youth in SPb” 2-3 and 6 April.
- **April:** Preparation for the EUPHA (European Public Health Association) Annual Conference in October in Helsinki in October 2007, where SIHLWA together with HIV/AIDS EG plan to organize a workshop on NDPHS and issues relevant to their area of work;
- **April – May:** SIHLWA OSH-subgroup provided on request preliminary ideas for the organizers of upcoming PAC in November 2007. Occupational safety and health will be one of the main themes was decided by the CSR.
- **May:** 4th SIHLWA EG meeting in Helsinki 29-30 May.
- **August 6th -7th:** Coordinating Chair mission to Pitkaryanta (Republic of Karelia/ RF) to participate in CINDI-seminar on non-communicable disease intervention annual consultations together with Public Health Institute/ Finland and North-Karelia program team. Links with upcoming SIHLWA projects were explored. Minister of Health and social Development of KR Dr V. Boinich and Head of Dept. Dr V. Ulich were met and upcoming plans and priorities were discussed.
- **August 29th -30th:** Coordinating Chair mission to Petrozavodsk (Republic of Karelia/ RF) to participate in 3rd Neighborhood-seminar on child protection and work with families. Links and potential partners with upcoming SIHLWA projects were explored. Deputy Minister of Health and Social Development of KR Dr E. Hidisjan was met and upcoming plans and priorities were discussed.
- **September:** Finalization of the report of 4th SIHLWA EG meeting in Vilnius 30 Nov.-1 Dec. 2006. Report of the meeting including PP-presentations is available on www.ndphs.org ->SIHLWA.
- **September 13-14** Coordinating Chair attended the 5th Chairs’ and ITAs’ meeting in Vilnius, Lithuania.
- **September 19-21** Coordinating Chair mission to St Petersburg together with Minister Paula Risikko/ Finland and Director General/NPHI-Finland Pekka Puska to participate in Nordic Food Week activities (healthy nutrition issues) under auspices of NCM Information Office in SPb. Also work of the A&DPrevY in SPb project start up was facilitated and 2008 upcoming project discussed with relevant authorities and NGOs in SPb.
- **October 12th:** European Public Health Association (EUPHA) Annual Conference (about 1000 participants), where SIHLWA together with HIV/AIDS EG and NDPHS/Secretariat/Data-base project organized a seminar on NDPHS action.
- **October 15th-16th:** Coordinating Chair participation in the 12th CSR meeting and in the NDPHS data-base project steering group meeting in Kaliningrad/RF.
- **October 30th-31st:** BSN-OSH meeting participation of SIHLWA-OSH sub-group representatives to discuss further collaboration and synergism in Bonn/ Germany.
- **October 30th -31st** in Moscow: participation of SIHLWA coordinating chair as facilitator at WB and WHO-EURO conference on meeting the challenge of noncommunicable diseases and injuries in the CIS (Commonwealth of Independent States)
- **November 1st – 2nd** in Moscow: participation of SIHLWA coordinating chair as facilitator at WHO-EURO second international consultation on preparation of a strategy for the prevention and control of noncommunicable disease in Russian Federation.
- **August – November:** Preparation for the PAC pre-meeting 15 November on “Healthy Life – Healthy Work: Partnership for health & safety” prepared primarily with SIHLWA OSH sub-group supported with ADO and ALC sub-groups and NDPHS secretariat.

- **June - November:** Preparation for the NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December 2007 in St. Petersburg.
- **November 15th-16th:** participation in Pre-PAC meeting and PAC Conference.
- **December 11th-12th:** NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December. Participation among others by Minister Paula Risikko/ Finland, Governor Valentina Matvienko from SPb, and other high level political figures.

4. Other activities

- SIHLWA coordinating Chair Mikko Vienonen, attended the 11th CSR meeting in Warsaw 27-28 March. He also attended the meeting of the NDPHS data-base project on 27 March prior to the CSR meeting.
- SIHLWA coordinating Chair Mikko Vienonen, attended the meeting on “Renewed Northern Dimension” held in Madrid 21-22/March as invited expert of the NDPHS/ SIHLWA expert group, as a member of the delegation of the Finnish MoFA lead by Mr. Markus Lyra, Under-secretary of State and Ms. Maimo Henrikson, Director, Unit of Northern Dimension. From NDPHS secretariat Mr. Marek Maciejowski also attended. [N.B.: this event was to provide information on NDP in general (not only on public health and social well-being) and the SIHLWA coordinating chair was asked to attend in expert capacity for NCD prevention and what SIHLWA is doing].

SIHLWA terminology in NDP-area languages

SIHLWA EG has agreed to use the following terminology (in process of being edited prepared in all NDP languages)

English:

NDPHS: NORTHERN DIMENSION PARTNERSHIP IN HEALTH AND SOCIAL WELLBEING

SIHLWA: Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability

Russian

NDPHS: ПАРТНЁРСТВО СЕВЕРНОГО ИЗМЕРЕНИЯ В СФЕРЕ ОБЩЕСТВЕННОГО ЗДОРОВЬЯ И СОЦИАЛЬНОГО БЛАГОСОСТОЯНИЯ

[PARTNERSTVO SEVERNOGO IZMERENIYA V SFERE OBSHESTVENNOGO

ZDAROVYYA I SOTSIALNOGO BLAGOSOSTOYANIYA]

SIHLWA: Экспертная группа социальной включенности, здоровый образ жизни и трудоспособности

[ekspertnaya gruppa sotsialnoi vkluchennosti, zdorovy obraz zhizni i trudospobnosti]

Danish: [not yet formulated]

NDPHS:

SIHLWA:

Estonian: [not yet formulated]

NDPHS:

SIHLWA:

Finnish:

NDPHS: POHJOISEN ULOTTUVUUDEN SOSIAALI- JA TERVEYSALAN KUMPPANUUS

SIHLWA: Asiantuntijaryhmä sosiaalinen osallisuus, terveet elintavat ja työkyky

French: [not yet formulated]

NDPHS:

SIHLWA:

German:

NDPHS: PARTNERSCHAFT DER NÖRDLICHEN DIMENSION FÜR GESUNDHEIT UND SOZIALES WOHLBEFINDEN

SIHLWA: Sachverständigergruppe für soziale Eingliederung, gesunde Lebensführung und Arbeitsfähigkeit

Icelandic: [not yet formulated]

NDPHS:

SIHLWA:

Latvian: [not yet formulated]

NDPHS:

SIHLWA:

Lithuanian:

NDPHS: ŠIAURĖS MATMENS PARTNERYSTĖ VISUOMENĖS SVEIKATOS IR SOCIALINĖS GEROVĖS SRITYJE

SIHLWA: Ekspertų grupė: Socialinės itraukties, sveikos gyvensenos ir darbingumo

Norwegian:

NDPHS: NORDLIG DIMENSJON PARTNERSKAP FOR HELSE OG LIVSKVALITET
SIHLWA:missing

Polish:

NDPHS: PARTNERSTWO PÓŁNOCNEGO WYMIARU W ZAKRESIE ZDROWIA
PUBLICZNEGO I SPRAW SPOŁECZNYCH

SIHLWA: [not yet formulated]

Swedish:

NDPHS: PARTNERSKAPET OM HÄLSA OCH SOCIALT VÄLBEFINNANDE INOM
NORDLIGA DIMENSIONEN.

SIHLWA: Expertgrupp på social delaktighet, hälsosam livsstil och arbetsförmåga

Attachment 2:
2007 SIHLWA members' individual activities and accomplishments at home-front¹⁶

I. ADO sub-group

Lithuania:

Daiva Zeromskiene,

Head of Children's Environmental Health Division, State Environmental Health Center

1. Participated in working group for preparation WHO report on "Home accidents in children and home safety regulations in Lithuania: status quo";
2. Made study on "Analysis of Public health specialists action in school";
3. Prepared report on "Implementation of Children's Environment and Health Action Plan for Europe (CEHAPE) in the Republic of Lithuania (2004-2006)";
4. Participated in working group for preparation draft on "National Children Health Promotion Programme";
5. Preparation of Regulations (Lithuanian Hygiene Standard) for internet cafe.

NHV (Sweden)/ NCM:

Max Petzold, Senior Lecturer,

Nordic Council of Ministers/ Nordic School of Public Health

1. Organized advanced course "Migration and health with focus on children";
2. Organized research course "Refugee ship, migration and health";
3. Second scientific conference on apathetic children;
4. Dissertation by Hildegunn Sagvaag. Work-related use of alcohol – a qualitative study in the Science of Public Health perspective;
5. Organized research course "Refugee ship, migration and health";
6. Organized conference on Adolescent Health.

¹⁶ The SIHLWA EG members were received the 2007 Progress report draft for comments. In this connection they were all asked to list "In their native countries in their official position/work in 2007, in what activities they had been involved with and accomplishments they had achieved in the field they have been representing their country in SIHLWA and its sub-groups". Out of the sent we received n responses.

II. ALC sub-group

Russian Federation:

Evgeny Krupitsky, St. Petersburg Pavlov State Medical University and St. Petersburg Bekhterev Research Psychoneurological Institute.

1. Study of new alcohol detoxification strategies and demonstrated the use of antiglutamatergic anticonvulsants effective (research findings were presented at the International Society of Biomedical Research on Alcoholism and published in the journal of "Alcoholism: Clinical and Experimental Research";
2. Study on the effect of behavioural intervention to reduce HIV-risky behaviour in detoxified alcoholics. Publication of results is in preparation.

Sweden:

Sven Andreassén and **Pi Högberg**, National Public Health Institute (Folkhälsoinstitutet),

1. Attendance and active discussion partner in all SIHLWA EG meetings and alcohol subgroup meetings held during 2007 and reporting back to relevant persons in our organisation as well as external networks.
2. Swedish sponsorship, active attendance and presentation of the Swedish nationwide dissemination of the "Responsible Beverage Service" model.
3. Presentation of the Swedish work on the PHEPA project on screening and brief intervention for alcohol problems in primary health care at the Riga International Conference on "Reducing alcohol problems in the Baltic Sea region: Effective approaches to tackle alcohol related problems in local communities", held in Riga, Latvia, 12-13 March 2007. The event was organized under the auspices of Swedish chairmanship of the Council of Baltic Sea States (CBSS), sponsored by the Ministry of Health of Sweden, co-sponsored by the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS)/ SIHLWA and organized in cooperation with the Ministry of Health of Latvia.
4. Active attendance and presentation at the pre- ministerial Annual Conference seminar on "Healthy work - Healthy life" in Vilnius, Lithuania, 15 November 2007. This seminar was a pre-conference Forum of the NDPHS Partnership Annual Conference (PAC), which was attended by many Nordic and other ministers. Short reference to the impact of alcohol on work and working aged population in general, and a working place screening and brief intervention project was presented.

III. OSH sub-group

[by 05.10.07 other responses were not yet received]

NDPHS/ SIHLWA members

**Expert Group on Social Inclusion,
Healthy Lifestyles & Working Ability
18 Sept 2007**

1	<p>Professor Salme Ahlström The National Research and Development Centre for Welfare and Health (STAKES), PL 220, 00530 Helsinki, Finland, tel.:+358-9-39671 salme.ahlstrom@stakes.fi</p>
2	<p>Dr. Sven Andréasson Director, Department for alcohol and drugs Swedish National Institute for Public Health Forskarens väg 4, 83140 Östersund, Sweden sven.andreasson@fhi.se</p>
3	<p>Dr. Ilze Bogdanovica Ministry of Health Brivibas Street 72, LV-1011 Riga, Latvia Tel: +371 7876009, Fax: +371 7876071 ilze.bogdanovica@vm.gov.lv</p>
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5	<p>Dr Boris Frolov Scientific adviser Saint-Petersburg Medical Academy of the Postgraduate Education (MAPE), Department of Clinical Psychology; Psychoprophylactic centre of the institution "Child psychiatry" 194017, ul. Gdanskaja 19,36, 197376 Saint-Petersburg, RUSSIA Tel: +7 812 3476252, Fax: +7 812 5548678 irina@io4259.spb.edu child-psychiatry@rembler.ru</p>
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8	<p>Ms Matilda Hellman</p>

	<p>Project leader Nordic Centre for Alcohol and Drug Research (NAD) Annankatu 29 A 23, 00100 Helsinki, Finland Tel: +358 9 6949572, Fax: +358 9 6949081 matilda.hellman@nad.fi</p>
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12	<p>Dr Remigijus Jankauskas Director Institute of Hygiene Didzioji 22, LT-01128 Vilnius, Lithuania Tel: +370 52624583, Fax: +370 52624663 jank@dmc.lt</p>
13	<p>Dr Svetlana Konova Chief of the dept. of the organization and development of medical aid to mothers and children The Ministry of Health and Social Development of Russian Federation, RUSSIA</p>
14	<p>Mr Vesa Korpelainen Executive manager North Karelia Center of Public Health Siltakatu 10 A, 80100 Joensuu, FINLAND Tel: +358 (0) 13 2546603, +358 (0) 500 273 258 Fax: +358 (0) 13 254 6610 vesa.korpelainen@kansanterveys.info</p>
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19	<p>Dr Tiina Laatikainen Senior Researcher National Public Health Institute Tel: +358 9 4744 8936, Fax: +358 9 4744 8338 tiina.laatikainen@ktl.fi</p>
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22	<p>Ms Heidi Liepold Senior Policy Analyst Office of the Drug Strategy Secretariat and Strategic Policy Healthy Environments and Consumer Safety Branch, Health Canada Tel: + 613 948 8961 heidi_liepold@hc-sc.gc.ca</p>
23	<p>Dr Roman Litvyakov OSH Expert, ILO/Moscow, Petrovka str., office 23, 107031 Moscow, RUSSIA Tel: +7 494 9330810, Fax: +7 494 93308820 litvyakov@ilo.org</p>
24	<p>Mr Lars Lööf Head of Children's Unit Working Group for Cooperation on Children at Risk, WGCC within the CBSS P.O.BOX 2010, SE-103 11 Stockholm, Sweden Tel: +46 8 440 19 24, Fax: +46 8 440 19 44 lars.loof@cbss.org</p>
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**Committee of Senior Representatives (CSR)
Twelfth Meeting
Kaliningrad, Russia
15-16 October 2007**

Reference	Annex 5
Title	WGCC – Progress report 2006/2007
Submitted by	WGCC
Summary / Note	This progress report is a progress report of an NDPHS Associated Expert Group and does not follow the same structure as the progress reports of the Expert Groups.
Requested action	-

[To be inserted, once received by the WGCC]]

**Committee of Senior Representatives (CSR)
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Reference	Annex 6
Title	Partner Participation in Expert Group Activities (Tables)
Summary / Note	The tables below provide an overview of the overall Partner participation in Expert Group activities

Leadership and Coordination

Table 1

NDPHS Partners / Associated Partners	HIV/AIDS EG	PHC EG	PH EG	SIHLWA EG			
				Overall leadership	SIHLWA Subgroups		
					ADO ¹⁷	ALC ¹⁸	OSH ¹⁹
Canada							
Denmark							
Estonia							
Finland	Chair and ITA			Coordinating Chair and ITA	Chair	Chair	
France							
Germany							
Iceland							
Latvia							
Lithuania		ITA ²⁰			Co-Chair		Co-Chair
Norway			Chair and ITA ²¹				
Poland		Co-Chair					
Russia						Co-Chair	
Sweden		Chair					
BEAC							
CBSS							
EC							
ILO							Chair
IOM							
NCM							
UNAIDS							
WHO							
Pending participation	Co-Chair		Co-Chair				

Lead Partner

Co-lead Partner

Chair's / Co-Chair's country or organization of origin is mentioned, where appropriate

International Technical Adviser (ITA)

¹⁷ Subgroup on Adolescent Health and Socially Rewarding Lifestyles.

¹⁸ Subgroup on Alcohol

¹⁹ Subgroup on Occupational Safety and Health.

²⁰ The work of the ITA is supported by three Task Managers from Belarus, Canada and Russia

²¹ The ITA is expected to be appointed shortly by the Ministry of Health of Norway, in the meantime, the EG has formed a working group consisting of 3 EG members to ensure the cover up for the EGs tasks.

Participation of Partners in meetings of Expert Groups and its Sub-group(s)

Table 2

NDPHS Partners / Associate Partners	HIV/AIDS EG	PHC EG	PH EG	SHILWA EG	SIHLWA		
					Subgroup representation at the meetings		
					ADO	ALC	OSH
Canada							
Denmark							
Estonia	1		1				
Finland	2	1		2			
France	1		1				
Germany	1						
Iceland							
Latvia							
Lithuania	1			1			
Norway			1				
Poland		1					
Portugal	1						
Russia							
Sweden		2		1			
BEAC							
CBSS							
EC							
ILO							
IOM							
NCM							
UN AIDS							
WHO							

The number in a cell indicates the number of meetings hosted by a given Partner. As regards the SIHLWA EG, all the three sub-groups meet at the same time and place.

Representative(s) to the Expert Group has/have been appointed and participate(s) in EG meetings

Representatives to the Expert Groups have been attending meetings in the past

Participation of Partners in EG project based activities

Table 3

NDPHS Partners / Associated Partners	HIV/AIDS EG	PHC EG	PH EG ²²	SHILWA EG
Canada				
Denmark				
Estonia	National Institute for Health Development		Ministry of Justice of Estonia	
Finland	Stakes; National Public Health Institute;		Criminal Sanctions Agency; Finnish Lung Health Association (FILHA)	
France				
Germany				
Iceland				
Latvia	Public Health Agency			
Lithuania	Lithuanian AIDS Centre		Prisons Department at the Ministry of Justice	
Norway			Ministry of Health ²³ ; Correctional Service of Norway Staff Academy (WINNING women programme)	
Poland	National AIDS Center Poland			
Portugal				
Russia	Northwest District AIDS Centre			N-W Russia; Leningrad Oblast and Republic of Karelia; St. Petersburg
Sweden		2		
Other Partners and Networks	Barents HIV/AIDS Programme		WHO Health in Prisons Project	

The name(s) in a cell indicates the Partner organization(s) or regions of the respective country taking part in project based activities.

²² Experts of the Expert Groups are involved in many different project activities in their respective countries and in other countries

²³ Currently considering funding of project activities