

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

Reference	PH 4/5/Info 1
Title	Draft NDPHS Annual Work Plan for 2008
Submitted by	Secretariat
Summary / Note	<p>This NDPHS Annual Work Plan contains the overall foreseen activities of the NDPHS for 2008, as well as, the work plans of the NDPHS “core” (HIV/AIDS, PH and SIHLWA)¹ and “associated” (CBSS WGCC) Expert Groups. NB. Some of the Expert Groups’ work plans are draft documents, which are currently undergoing the approval procedure within those groups.</p> <p>CSR 12 has approved this draft work plan, with the understanding that additional information may be included for submission to PAC</p>
Requested action	For Information

¹ PHC EG has not submitted their Work Plan yet. If available, the Secretariat will include this plan as Annex 2 and submit a revised draft NDPHS Annual Work Plan for 2008 to the CSR 12 Meeting.

NDPHS Work Plan for 2008

(Draft as of 8 October 2008)

I. Introduction and policy context

The guiding vision and strategies of the 2003 Oslo Declaration are translated in this Work Plan into specific action lines aimed at advancing sustainable development in the Northern Dimension area through the improvement of public health and social well-being. Efforts to achieve the enhanced quality of life and demographic situation envisaged by the Declaration will be undertaken via intensified cooperation between and co-ordination among the Partner Countries and Organizations, as well as all other relevant stakeholders.

Within the Northern Dimension area there are extreme disparities in health conditions, and related social and economic problems, which lead to high levels of mortality and non-communicable diseases, violence, alcohol- and drug-abuse, and the spreading of infectious diseases. In particular, the incidence of HIV/AIDS in the area points to the need for immediate measures to be taken. This Work Plan is thus a basis for the promotion of health and social well-being at the international, national, regional and local levels, to address the challenges of the current situation and to ensure that progress is made towards achieving the Partnership's objectives. The relevant stipulations contained in the Oslo Declaration, the United Nations Millennium Declaration and its Development Goals, as well as the Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document describing the new Northern Dimension Policy from 2008 provide the frameworks for this Work Plan.

All relevant stakeholders have a key role to play in the improvement of health and social well-being, through the mechanisms set in place by the Partnership. 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 Organizations, 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.

II. Objectives and targets

As mandated by the Oslo Declaration, the Partnership will during 2008 direct its overall efforts to achieving the following two main objectives and meeting the respective targets:

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

Among communicable diseases, priority focus will be placed on HIV/AIDS, tuberculosis, sexually transmitted diseases and antibiotics resistance. Concerning non-communicable diseases, efforts will center on the determinants of cardiovascular diseases, and their risk factors including the excessive consumption of alcohol, the use of tobacco and illicit drugs.

➤ **Targets¹**

- Prevent chronic and infectious diseases and their consequences, including by strengthening communities' capacities to detect and control diseases;
- Promote sexual and reproductive health;
- Support efforts to increase the numbers persons who have access to and receive quality, comprehensive and preventive health care services;
- Prevent alcohol and other drug abuse;
- Increase cross-sectoral and cross-boarder collaboration between all Partners and interested non-Partner bodies at all relevant levels (e.g. health and social sectors, education sector, NGOs, businesses and other private sector actors, as well as local authorities);
- Increase the frequency of the regular exchange of information and best practices, as well as joint projects and activities, between the Partners and interested non-Partner bodies (use, *inter alia*, the Project Database and Pipeline, when available);
- Enhance cooperation in health surveillance, statistics and analysis on communicable and non-communicable diseases and their determinants;
- Support reforms and other efforts that ensure peoples' equitable access to and receipt of quality and comprehensive medical services.

(ii) Enhancing and promoting healthy and socially rewarding lifestyles

Under this objective, the Partnership will 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.

Targets¹

- Create accessible and safe physical and social environments that promote healthy behaviors and social connectedness for adults, adolescents and children (e.g. through the promotion of sports and other recreational activities, the creation of youth centers and peer education programmes);
- Support reforms and other efforts that ensure peoples' equitable access to and receipt of health education, social-services, and primary health care;
- Increase the priority-status of issues of health and social well-being on political agendas;
- Strengthen communities' capacities to secure their citizens from toxic, infectious and other harmful substances or developments;
- Promote healthy activity and nutrition to prevent obesity and its consequences;
- Prevent violence, depression and suicide;
- Prevent the use of tobacco, alcohol and drugs among adolescents and youth;
- Increase the frequency of the regular exchange of information and best practices, as well as joint projects and activities, between the Partners and interested non-Partner bodies (use, *inter alia*, the NDPHS Project Database and the NDPHS Project Pipeline);
- Encourage and guide individuals and communities to prioritize their health and social-well-being and provide people (especially young people) with the framework to do so;
- Promote preventive and supportive measures that will support the health and social well-being of victims of trafficking in human beings.

¹ The following targets can be viewed as not only applicable to 2008, as they also serve as longer-terms aims for the Partnership.

III. Action lines

The Partnership will endeavor to meet its objectives during 2008 through the following lines of action.

(i) **NDPHS Database Project: taking a coordinated approach to preventing major public health and social problems in the Northern Dimension area**

As endorsed by the second Partnership Annual Conference, the **Partnership Co-ordinating and Financing Mechanism** is the mechanism through which Partners will make decisions on funding or other contributions and which at the same time stimulates Partners and Participants to formulate their needs in the fields of public health and social well-being, in accordance with national plans. The main elements of this co-ordinating and financing mechanism are the Partnership website, the NDPHS Project Database and the NDPHS Project Pipeline all of which have been developed during the first year of the implementation of the NDPHS Database Project.

During 2008 the Partners will continue implementation of the NDPHS Database Project. This Project foresees many different activities that fall under this Work Plan and has, as its strategic objective, the achievement of 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. It is co-funded by the NDPHS Partner Countries and the European Commission, and is scheduled to be completed in January 2009.

➤ **Specific actions**

- NDPHS Expert Groups should continue to be actively involved in the implementation of all work packages of the NDPHS Database Project. This includes, but is not limited to the following efforts in the Expert Groups' respective fields of expertise:
 - Based on the evaluation of the current situation in the ND area, develop thematic reports in support of policy and project development (those of the Expert Groups that will not have their thematic reports completed by the end of 2007). The reports could identify (i) geographical locations, themes and topics concerning what projects should be included in the Pipeline, and (ii) what organizations can become involved in the development and implementation of those projects;
 - Actively assist in making the NDPHS Database and Project Pipeline effective tools for policy and project development by promoting and publicizing them, as well as disseminating their results;
 - Contributing to the efforts aimed at possible further extending of the NDPHS Database by including additional sections therein.

(ii) **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 recognize that in order to meet the objectives of the organization, it is necessary to ensure adequate funding for activities and relevant projects carried out within its framework. Thereby, the Partners will during 2008 actively seek additional sources of funding, having in mind that the Project Database and Pipeline should play important roles in this process.

➤ **Specific actions**

- Actively seek and ensure that funding is available for the NDPHS Expert Groups' activities and the functions of the NDPHS Secretariat;

- Encourage relevant financing agencies to use the Project Pipeline;
- Publicize the Project Pipeline to obtain input from project proponents (as soon as financing agencies are connected to it);
- NDPHS Expert Groups: assess projects included in the Pipeline, if requested,¹ and assist in search for donors for projects included in the Pipeline;
- Organize a NDPHS-sponsored resource mobilization (pledging) conference in 2008, bringing together potential donors from the Northern Dimension area and beyond to fund selected projects in the Pipeline. This action will include, but be not limited to the following efforts:
 - Establish an *Ad hoc* Working Group as the body responsible for preparing the 2008 pledging conference (unless done so in 2007). For this purpose, the *Ad hoc* group will be in contact with donor communities and organizations (i.e. SIDA, the Norwegian Barents Secretariat, GTZ, and other relevant potential donors and international financial institutions from outside the Partnership);
 - The *Ad hoc* Working Group should identify new sources of financing for NDPHS relevant projects, and also involve businesses as well as non-Partner and non-EU countries in this process;
 - If deemed appropriate by the Partners, the *Ad hoc* Working Group should re-open and move forward the issue of the NDPHS Voluntary Fund.

(iii) NDPHS Expert Groups: providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework

As stipulated in the Oslo Declaration, the NDPHS Committee of Senior Representatives may establish expert groups, which facilitate professional exchanges, increase co-ordination among Partners and monitor joint activities. The core and associated NDPHS Expert Groups have developed their own action plans for 2008. These action plans are attached to this Work Plan as Annexes 1-5.² Thus, the Work Plan covers cross-cutting actions to be taken by all Experts Groups, as well as specific actions to be taken by individual Expert Groups.

Taking all planned actions below into account, the Partners shall work to ensure that they are actively involved and properly represented in the NDPHS Expert Groups.

➤ **Specific actions to be taken by all the core NDPHS Expert Groups**

- Appropriate action shall be taken by the Expert Groups to increase the engagement of the European Commission (EC) in their respective activities. This entails, but is not limited to, applying to the EC for project funds, if applicable, and including, where appropriate, EC-bodies in their activities;
- Organize, if possible, topical conferences and workshops in selected health areas / geographical areas, in addition to regular Expert Group meetings, in order to promote more widely the involvement of other relevant actors in the Groups' efforts;
- Establish connections, co-ordinate and cooperate with other relevant Partnership Expert Groups and collaborate with other relevant organizations with compatible objectives;
- Provide professional advice and technical support to relevant authorities;
- Provide the NDPHS website and the NDPHS Database with information concerning the Expert Groups' work;

¹ Subject to specific conditions of cooperation to be agreed between each Expert Group and each financing agency.

² The NDPHS "core" Expert Groups are HIV/AIDS EG, PHC EG, PH EG and SIHLWA EG and the "associated" Expert Groups are the CBSS Working Group for Cooperation on Children at Risk (WGCC) and the Baltic Sea Network on Occupational Health and Safety (BSN). As the BSN's involvement in the NDPHS is primarily done through the SIHLWA Expert Group in which the BSN participates, it does not submit a separate work plan.

- With help of the NDPHS Database and the NDPHS Project Pipeline promote the coordination and cooperation of ongoing projects. Assist in initiating, catalyzing, and promoting relevant project initiatives; encourage coordinated development of new projects, *inter alia* based on the thematic reports, as well as support their planning and implementation;
- Advise and, if necessary, assist project groups in contacting financiers and recommend relevant project proposals to financial bodies within the Northern Dimension area. In this respect, utilize the Project Pipeline to its full extent, whenever possible, and provide information to relevant persons concerning the use of the pipeline;
- Monitor and evaluate the results of projects and activities implemented under the Partnership initiative, in order to ensure that financing is allocated in a way that achieves maximum results;
- Promote the dissemination of successful projects recently implemented in the Northern Dimension area;
- Consistent with the respective action listed in item ii above, conduct reviews of project proposals submitted to the Partnership via the Project Pipeline, if requested;
- Nominate, if possible, Co-Lead Partners for the respective Expert Groups. In each Expert Group the Co-Lead Partner should entail a country from the side of the Northern Dimension area not represented by the Lead Partner of the group;
- See to and ensure the availability of adequate funding for Expert Group activities (i.e. funding for the coordination of the Expert Group, including the employment of an ITA, as well as funding for meetings and conferences);¹
- Expert Groups on SIHLWA, Prison Health and Primary Health Care will continue their efforts to develop concrete project-based activities, following the successful example of the Expert Group on HIV/AIDS.

➤ **Additional specific actions to be taken by the Expert Group on HIV/AIDS**

- Encourage new members to develop and implement new activities, such as exchange visits (for instance in collaboration with the ESTHER organization in France and health officers in Spain and Portugal);
- Activate regional collaborative networks and projects, among others with the help of the NDPHS Database and the NDPHS Project Pipeline;
- Provide help in developing national HIV-policies and enhancing development of clinical training and harmonization of case-management;
- Continue and reinforce collaboration with other expert groups, in particular with the NDPHS Prison Health Expert Group;
- Appoint a Tuberculosis expert to the Expert Group;
- Continue surveillance and follow-up of the epidemiological situation in the region;
- Promote collaborative projects focusing on the implementation of targeted prevention among vulnerable groups, development of optimal models for anti-retroviral treatment, and harmonization of case management practices;
- Hold two Expert Group meetings during 2008.

The estimated cost of for leading activities of the Expert Group on HIV/AIDS for 2008 is EUR 100,000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Finland.

The complete list of the planned activities of the Expert Group on HIV/AIDS during 2008 is presented in the Expert Group's Action Plan, attached as Annex 1.

¹ The costs of financing the Expert Groups' coordination shall continue to be borne by their respective Lead Partners.

➤ **Additional specific actions to be taken by the Expert Group on Primary Health Care**

- Ensure proper framework for PHC EG functions: develop and maintain functioning meeting procedures, ensure horizontal collaboration with other Expert Groups, report to and participate in NDPHS general activities as well as strengthen the role and visibility of the EG in PHC development between the ND countries;
- Produce thematic reports and situation analysis concerning the following three topics and present the former during an event to be organized by the Group on the 2008 World Health Day devoted to Primary Health Care:
 - Information on PHC in all the Northern Dimension countries and remuneration systems for PHC and their implications;
 - The role of PHC in health promotion and disease prevention;
 - Implications of demographic changes for PHC;
- Consider proposing to the CSR to have PHC as the main theme of the PAC in 2008;
- Assist in the elaboration of joint or other initiatives to support the development of PHC in the Northern Dimension countries;
- In the light of changing societies, initiate a discussion on the long term development of PHC;
- Hold two Expert Group meetings during 2008.

The estimated cost for leading the activities of the Expert Group on Primary Health Care for 2008 is EUR 100,000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Sweden.

The complete list of the planned activities of the Expert Group on Primary Health Care during 2008 is presented in the Expert Group's Action Plan, attached as Annex 2.

➤ **Additional specific actions to be taken by the Expert Group on Prison Health**

- Support initiatives for reorienting prison systems to improve the implementation and status of health care;
- Propose topics and issues for new project proposals on prison health;
- Formulate criteria for future support for projects in the field of Prison. This should include the application of the Logical Framework Approach (LFA);
- Promote general awareness concerning prison health and work towards the development of positive attitudes towards this field by producing thematic reports;
- Ensure connections and co-operation with other Partnership Expert Groups and organizations. Cross-cutting issues will include communicable diseases and disease prevention, improvement of health care and social work in prisons, rehabilitation of drug and alcohol abusers, and social inclusion and mental health;
- Elect a Vice-Chair for the Expert Group and recruit an International Technical Advisor for the Group (unless done during 2007);
- Hold three to four Expert Group meetings during 2008.

The estimated cost for leading the activities of the Expert Group on Prison Health for 2008 is EUR 100,000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Norway.

The complete list of the planned activities of the Expert Group on Prison Health during 2008 is presented in the Expert Group's Action Plan, attached as Annex 3.

- **Additional specific actions to be taken by the Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA)**
 - Strive to perform a SIHLWA stakeholder analysis in Leningrad Oblast, Murmansk, St. Petersburg and Republic of Karelia, thereafter expanding it to other Russian regions and other countries;
 - Perform Potential Years of Life Lost (“PYLL”) assessment in selected N-W Russian regions;
 - Review possibilities to implement “Life at Stake” popular TV-show on a Russian TV-channel
 - Develop thematic reports for the NDPHS Database project:
 - Thematic report on ADO – compile a profile on youth’s health behavior and on existing policies targeted at youth’s health at north-west Russia and Northern Europe. Compile a profile on youth’s health behavior and on existing policies targeted at youth’s health at north-west Russia and Northern Europe (ADO Sub-group);
 - Thematic report on ALC – focus on brief intervention-related questions and support for controlled drinking (ALC Sub-group);
 - Thematic report on OSH – specifically on the situational analysis of the national occupational safety and health situation in selected countries (OSH Sub-group).
 - Organize a seminar: “Impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies” (ALC Sub-group) as well as two joint meetings with the Baltic Sea Network on Occupational Health & Safety including dissemination and promotion of the Partnership OSH strategy, specifically the preparation of national OSH profiles in selected countries (OSH Sub-group);
 - Continue and expand project on “Alcohol and Drug Prevention among Youth in St. Petersburg” (ADO Sub-group);
 - Further explore and facilitate project on “Children at Risk” in St. Petersburg together with the NCM and the CBSS Working Group for Cooperation on Children at Risk (ADO Sub-group);
 - Develop and, if successful in fund-raising, implement project on the Prevention of Hazardous & Harmful Use of Alcohol: Early Identification and Brief Intervention “EIBI” (ALC Sub-group);
 - Participate in the Annual meeting with the Baltic Sea Network on Occupational Health & Safety including dissemination and promotion of the Partnership OSH strategy and promote the preparation of regional and national OSH profiles in selected countries (OSH Sub-group);
 - Develop recommendations for the implementation of the Partnership OSH strategy for the Partner countries;
 - Continue the 2nd phase of “Occupational Safety and Health (OSH) in North-Western Russia” (OSH Sub-group);
 - Continue the development and, if successful in fund-raising, implement project on the development of OSH in the Public Transport Sector in the Baltic Countries (OSH Sub-group).
 - Hold two Expert Group meetings during 2008.

The estimated cost for leading the activities of the Expert Group on SIHLWA for 2008 is EUR 130,000. This cost shall be borne by the Expert Group, including but not limited to the Lead Partner Finland.

The complete list of the planned activities of the Expert Group on SIHLWA during 2008 is presented in the Expert Group’s Action Plan, attached as Annex 4.

➤ **Specific actions planned to be taken by the CBSS Working Group for Cooperation on Children at Risk**

- Update the Child Centre web site with adequate NGOs and public organizations working to assist children at risk;
- Implement the WGCC Programme on the Rights of Children in Institutions;
- Map out resources in the region assisting children leaving institutions;
- Develop and implement training programme for staff monitoring institutions for children;
- Organize an expert meeting: "Criminal lifestyles among young persons;"
- Organize an expert meeting: "Children Exploited in Internet related settings: The role of and Possible Cooperation between law Enforcement and Child Professionals;"
- Organize roundtable hearing in connection with the follow up to the UN study on violence focusing on Trafficking as one form of severe violence against children;
- Develop and publish the report on how cases of children being trafficked are assisted and handled within the regional cooperation;
- Organize a meeting with the established network of National Contact Points on Unaccompanied and Trafficked Children in the 11 CBSS member states and Belarus, Ukraine and Moldova;
- Hold two working group meetings in 2008.

The complete list of planned activities of the CBSS Working Group for Cooperation on Children at Risk until mid-2008¹ is presented in its Action Plan, attached as Annex 5.

(iv) Engaging non-Partner Countries and Organizations: involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives

The Partnership should continue in a dedicated manner its efforts to involve all relevant actors in its work, including those which are not NDPHS members, in the organization's activities.

➤ **Specific actions**

- Continue efforts to involve new countries and re-activate previously involved ones;
- Take appropriate action to involve relevant other expert groups in pursuing the NDPHS goals and objectives, including those which are active in Russia;
- Connect with and engage local and regional administrations in Russia, as well as NGOs;
- Connect with and engage representatives of the business community in the Northern Dimension area.

(v) Increasing the visibility of the Partnership: making the NDPHS more recognizable and well-known

In line with the NDPHS Information Strategy, the Partners, Associated Partners, Expert Groups as well as the Chairmanship and the Secretariat shall continue work to increase the visibility of the Partnership.

¹ CBSS WGCC's annual work plans cover periods from July to June of the following year.

➤ **Specific actions**

- Interact with relevant actors in the Northern Dimension area and keep them informed about developments within the NDPHS;
- Include provisions regarding the NDPHS in relevant high-level and other documents;
- Provide input to relevant publications, if possible;
- Make presentations at national and international conferences and workshops.

(vi) Overall review and evaluation of the Partnership

In line with the Oslo Declaration, the Partnership will perform the overall review and evaluation of the Partnership, in accordance with a procedure established by the CSR. The final outcome of this review and evaluation shall be presented by the CSR to the Partnership Annual Conference in the fall of 2008 for consideration and decision.

IV. Annual reporting

In accordance with the Terms of Reference for the NDPHS Expert Groups, the Expert Groups shall prepare individual Annual Progress Reports concerning their respective activities during 2008. These reports are to be submitted to the autumn Committee of Senior Representatives (CSR) meeting. Following-up these reports, the Expert Groups shall develop Annual Action Plans for 2009, taking into account their progress made during the previous year.

Based on the reports developed by the NDPHS Expert Groups, the Secretariat shall prepare an overall NDPHS Annual Progress Report for 2008, for presentation to the autumn CSR meeting. If the CSR deems it appropriate, the Progress Report for 2008 can also be presented, after any necessary revisions, to the fifth Partnership Annual Conference (PAC) in the fall of 2008.

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Expert Group on HIV/AIDS

Action Plan for 2008

(Draft of October 1, 2007)

I. Background

Within the Northern Dimension area, there are extreme disparities in health conditions and outcomes, including social and economic problems which lead to the spreading of infectious diseases such as HIV/AIDS. Thus the priority objectives of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) are prevention of lifestyle related non-communicable diseases and the reduction of major communicable diseases as well as the enhancement and promotion of healthy lifestyles.

In order to achieve these objectives, the Partnership recognizes that health systems must be strengthened with a particular emphasis on HIV/AIDS prevention and treatment. While the development and implementation of policies towards HIV/AIDS varies among the Partnership members, there is a need to share experiences and expertise in education, case management, and testing. The opportunities for education health care to support health promotion and disease prevention are consistent with the Partnership objectives to improve public health and health conditions.

Thus, pursuant to the following provision for the Committee of Senior Representatives (CSR) as spelled out in the "Declaration Concerning the Establishment of a Northern Dimension Partnership in Public Health and Social Well-being," adopted by the Ministerial Meeting in Oslo, Norway, on 27 October 2003:

- "In order to carry out its tasks, the Committee of Senior Representatives may establish Expert Groups, consisting of experts from interested Partners and Participants and other international experts, as appropriate,"

the CSR decided at its 3rd meeting in Copenhagen on 20-21 September 2004 to establish the NDPHS Expert Group (EG) on HIV/AIDS.

II. Objectives

According to the HIV/AIDS Mandate, the main role of the EG on HIV/AIDS is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the EG on HIV/AIDS has the overall objectives to: work towards the inclusion of policies that emphasize the priority of HIV/AIDS on political agendas; support co-ordinated and collaborative efforts to prevent the spread of HIV/AIDS in the Northern Dimension area; and, to promote networking and Partnership building among relevant stakeholders.

III. Scope of Responsibilities

According to the abovementioned Oslo Declaration, under the guidance of the CSR, an Expert Group may have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership.

Also, the Declaration permits Expert Groups to “facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise.”

Consistent with these provisions, the EG on HIV/AIDS has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the field of HIV/AIDS and develop strong Partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions as appropriate;
- Establish connections and co-operation with other NDPHS Expert Groups;
- Facilitate the project proposal processes such as by expediting relevant technical reviews, negotiating specific terms and conditions, and establishing assessment mechanisms, with an emphasis on performance and verifiable results. In this respect, the Expert Group can identify needs and develop initiatives for new projects, identify actors and new partners;
- In selected cases, act as a technical referee for new project proposals, project identification, planning, implementation and monitoring. This includes making recommendations on project proposals and implementation, as well as assisting in planning, as requested;
- Contribute to the development of national policies that respond to the needs and requirements of Partner Countries;
- Map and identify Member Countries' needs for technical and financial support to scale-up national HIV/AIDS programmes, and encourage requests for assistance;
- In association with Partners, and with assistance from the NDPHS Secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up HIV/AIDS treatment, care and prevention. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;
- Monitor and evaluate the results of projects and activities implemented under the Partnership;
- Provide the Partnership website/database with information concerning the Expert Group's work;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information and support, when appropriate;
- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities;
- When relevant, review the Expert Group's Terms of Reference and advise on any necessary amendments;
- Other responsibilities, as approved by the CSR or the Partnership Annual Conference (PAC).

The official language of the Expert Group is English.

IV. Outputs and Results

The general scope of outputs and results from the work of the Expert Group shall be as follows:

- Oversight of the implementation of strategic objectives defined by the group and approved by the CSR;
- To advise the Partnership through the NDPHS Secretariat on related Partnership activities and proposals for various forms of support;
- To facilitate the exchange of information on programmes and projects;
- To provide expert contributions to policy evaluation;
- To promote Partnership-building and activities relevant to achieving the goals of the Partnership;
- To promote regional synergies and synergies with other international organisations;
- Monitoring and peer evaluation of ongoing activities;
- Short progress reviews/reports submitted to CSR meetings and annual PAC meetings.

V. Activities in 2008

The HIV EG of NDPHS will continue its work during the next two years with a financial support from the lead-Partner (Finland). The current working concept will be continued with two working meetings during the year. Also new activities by new members are expected to be implemented. These include increase of exchange visits (for instance in collaboration with the ESTHER organisation in France and health officers in Spain and Portugal).

Regional collaborative networks and projects will be activated; here the help of the new database and project pipeline will be of help. Meetings that will be organised twice yearly will include thematic meetings. The group has also provided help to develop national HIV-policies and enhance development of clinical training and harmonisation of case-management. In the next two years, proper implementation of ARV and its connection with effective preventive work will be a great challenge.

Collaboration with other expert groups, in particular with the prison group will continue, the chairperson of the prison group has taken part in the HIV expert group meetings in 2007 and this will continue. A tb-expert will be introduced to the group. Negotiations about the co-lead partner will continue and are expected to be completed in 2008.

Careful surveillance and follow-up of the epidemiological situation will continue. Collaborative projects focusing in the implementation of targeted prevention among vulnerable groups, development of optimal models for anti-retroviral treatment, harmonisation of case management practices will be promoted.

VI. Monitoring and Reporting

The group is discussing on proper indicators to follow the planning and implementation of projects.

**Expert Group on Primary Health Care
Action Plan for 2008**

[to be inserted]

Expert Group on Prison Health

Action Plan for mid-2007 – 2008

I. Background and context

In Oslo, the 27th of October 2003, a declaration concerning the establishment of a Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) was agreed on by the Ministers of Health and Social Affairs and representatives of other founding partners from the Northern Dimension area. The objective of the Partnership is to promote sustainable development in the Northern Dimension area through improving human health and social well-being. The Partnership aims at contributing to intensified co-operation in social and health development and assist Partners and Participants in improving their capacity to set priorities in health and social well-being, as well as to enhance co-ordination of international activities within the Northern Dimension countries.

Over 9 million people are held in penal institutions throughout the world. The prison population rates vary however considerable between different regions of the world, and between different parts of the same continent. In Europe the median rate per 100 000 of the national population for central and eastern European countries is 184, ranging from 532 in the Russian Federation to 65-75 in the Scandinavian countries. Surprisingly high is the number of prisoners per 100 000 of the national population in Estonia (339), Latvia (337) and Lithuania (234). Poland has around 209 inmates per 100 000 of their national population.¹

The obvious purpose of a prison sentence is to punish the offender and to prevent him from re-offending, but as a matter of fact many released prisoners just return to crime in a vicious circle. For those who have to spend shorter or longer time, even life-time, imprisoned, several aspects are especially important. Such important aspects are for instance to ensure prevention and treatment of many complicated health problems and to offer possibilities to the inmates for rehabilitation and reintegration in society after release.

Within the Northern Dimension area the penal system presents a section of the society where major health problems are concentrated. In order to promote development in the field of health and social well-being in the penitentiary establishments, the Committee of Senior Representatives (CSR) of the NDPHS decided at its 3rd meeting in Copenhagen on September 20-21 2004 to establish the NDPHS Expert Group on Prison Health (NDPHS PH EG). The Mandates of the Expert Groups were decided by the CSR in Vilnius, Lithuania, on April 14-15 2005, and the Terms of Reference were adopted by the CSR in Warsaw, Poland, on March 27-28 2007.

The PH EG has so far organized three meetings: in Tallinn (2004), in Oslo and in Paris (both in 2007).

II. Overall objectives

The NDPHS Prison Health Expert Group's overall objective is to promote sustainable development within the penal systems of the Northern Dimension area through improving health and social wellbeing.

¹ Statistics provided by the International Centre for Prison Studies, London, per February 2005.

According to the Mandate given by the Partnership, the main role of the PH EG is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the PH EG 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.

There are major health problems concentrated in the penitentiary establishments. The spread of communicable diseases occurs predominantly within groups that live under harsh socio-economic circumstances, of which many individuals may subsequently enter the penal system. There are also obvious connections between social disparities, mental disorders, drug use, crime and imprisonment. Thus, the scope of joint work concerning the penal systems in the Northern Dimension area must deal with communicable diseases, psychiatric disorders, the rehabilitation and treatment of drug abusers, education, improved custodial conditions for inmates and staff and strengthened co-operation between the prison system and the civil and social services.

III. Scope of Responsibilities

According to the abovementioned Oslo Declaration, and the EG's mandate, under the guidance of the CSR, an expert group may have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership. Also, the Declaration permits expert groups to "facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise.

Consistent with these provisions, the PH EG has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the field of prison health and develop strong partnerships with a wide variety of stakeholders to ensure that it achieves maximum results;
- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions as appropriate;
- Promote general awareness concerning prison health and work towards the development of positive attitudes towards this field;
- Communicate "collective knowledge" within the field on prison health;
- Contribute to the development of national policies that respond to the needs and requirements of the Partnership Countries;
- Map and identify Partner Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;
- In association with Partners, and with assistance from the NDPHS secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up prison health. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;
- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate;
- Other responsibilities, as approved by the CSR or Partnership Annual Conference (PAC).

IV. Outputs and Results

- Oversight of the implementation of strategic objectives defined by the group and approved by the CSR;
- To advise the Partnership through the NDPHS Secretariat on related Partnership activities and proposals for various forms of support;
- To facilitate the exchange of information on programmes and projects;
- To provide expert contributions to policy evaluation;
- To promote partnership-building and activities relevant to achieving the goals of the Partnership;
- To promote regional synergies and synergies with other international organisations;
- Monitoring and peer evaluation of ongoing activities;
- Short progress reviews/reports submitted to CSR meetings and annual PAC meetings.

V. Activities

- The PG EG group shall meet at appropriate intervals, usually 3-4 times per year;
- The PH EG group shall establish connections and co-operation with other Partnership Expert groups. Examples on cross-cutting issues that the Expert Group wishes to work with other Expert Groups on include communicable diseases and disease prevention, improvement of health care and social work in prisons, rehabilitation of drug and alcohol abusers, and social inclusion and mental health.
- Support initiatives for reorienting prison systems to improve the implementation and status of health care;
- Collaborate with other relevant organisations with compatible objectives, especially those working towards healthy life styles and disease prevention and including those from other sectors which have an impact on prison health;
- Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner countries and through written correspondence;
- Propose topics and issues for new project proposals on prison health;
- In selected cases, act as a technical referee for new project proposals, project identification, planning, implementation and monitoring. This includes making recommendations on project proposals and implementation, as well as assisting in planning, as requested, including in the development of terms of reference for such reviews;
- Monitor and evaluate the results of projects and activities implemented under the Partnership initiative, in order to ensure that financing is allocated in a way that achieves maximum results;
- Assist in initiating, catalyzing, and promoting relevant project initiatives, evaluate and discuss project proposals with project owners and also support ongoing projects in the field of prison health and social well-being in the Northern Dimension area;
- Advise and, if necessary, assist project groups in contacting financiers and recommend relevant project proposals to financial bodies within the Northern Dimension area;
- Formulate criteria for future support for projects in the field of Prison. This should include the application of the Logical Framework Approach (LFA);
- Provide the Partnership website/database with information concerning the Expert Group's work;
- Provide information to relevant persons concerning the use of the pipeline system;

- When relevant, review the Expert Group's Terms of Reference and advises on any necessary amendments.

VI. Assumptions

All countries in the Northern Dimension area must be represented in the PH EG.

All members of the PH EG must be actively participating in promoting the activities above.

The PH EG shall be composed by a variety of individuals who are representing different fields of the penal system such as doctors, jurists, social workers, individuals with practical experience of working in prisons etc.

The financial basis for running the PH EG must be guaranteed.

An ITA must be employed.

A Vice-Chair must be appointed.

Expert Group on SIHLWA

Action Plan for 2008

1. Introduction

Following the recommendation made by the Oslo Ministerial Conference of Northern Dimension Partnership in Public Health and Social Wellbeing (2003), new Expert Group on “**Social Inclusion, Healthy Lifestyles & Work Ability**” (“**EG SIHLWA**”) was established in 2005. It held its 1st meeting in Stockholm in November 2005, where Finland and Lithuania pledged financial support for its operation. The 2nd meeting of the Expert Group was held in Helsinki 16-17 May 2006, the 3rd meeting in Vilnius 30 November -1 December 2006, and the 4th meeting in Helsinki 29-30 May 2007.

The EG SIHLWA consists of 3 sub-groups:

- Subgroup on adolescent health and socially-rewarding lifestyles (ADO)
- Subgroup on alcohol (ALC)
- Subgroup on Occupational Safety & Health (OSH)

We know already a lot about the epidemiological changes of unhealthy lifestyles and what will be the consequences to population health. The message is clear: all our countries are already in public health crisis and it is getting worse. Unhealthy lifestyles are not a natural catastrophe but a man-made problem. It can also be reversed by man-made policies and practical measures. It will require strong political action supported by integrated action by health-, social-, education- and other sectors. New innovation, holistic approach, and international collaboration will be needed, where the NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (“SIHLWA”) will act as catalyst through:

- Bringing together key stakeholders from the core health constituencies within the health system and broader society, including those other government sectors whose policies impact on health;
- Carrying out a situational analyses, which analyse the size of the problem and identifies the priority areas for action;
- Evaluating what is already in place, strengths and weaknesses, and identifies current gaps;
- Strengthening international, bilateral and multilateral cooperation we could start by developing of an alliance for advocacy and action on non-communicable diseases which unites major international players in Europe, including intergovernmental organizations, NGOs and others;
- A special challenge for this Expert Group will be how we can best benefit from the synergy that the three subgroups will pose.
- Elaboration of viable and practical projects in NDP area.

In 2008 on the SIHLWA agenda primarily will be the following issues:

1. Meetings:

- **Two SIHLWA meetings** together with all 3 subgroups (February 2008 and September 2008);

- **ALC sub-group** plans for a seminar: “Impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies”. Lessons learned from EC court cases with relevance to alcohol control policies will also be discussed. The seminar aims to increase understanding of the functioning of international trade legislation, and of the public health and social policy considerations involved, as well as of the political interests at stake in the legislative processes. For instance, Sweden has had many experiences from EU court cases that have led to vast changes in the Swedish national alcohol and health policy. ALC-sun-group members would be able to disseminate the experiences to other NDPHS partner countries and organizations to inform policy makers etc about the public health and social policy considerations involved in an EU membership. Target groups include ministries’ health/social policy experts dealing with alcohol policy or related issues, EU law generalists from various ministries/departments concerned, researchers, key politicians and NGOs. [N.B.: identification of funding is difficult but in process]
- **OSH sub-group** plans for two joint meetings with the Baltic Sea Network on Occupational Health & Safety including dissemination and promotion of the Partnership OSH strategy, specifically the preparation of national OSH profiles in selected countries.

2. Projects:

2.1 Common for all three sub-groups

- Re-applying and starting (if funds become available) SIHLWA stakeholder analysis in Leningrad Oblast, Murmansk, St. Petersburg and Republic of Karelia. Exploring for expanding the stakeholder analysis in other Russian regions and other countries, such as Baltic States, Nordic countries and Poland, if funding can be identified. [involved unit: SIHLWA secretariat].
- Potential Years of Life Lost (“PYLL”) assessment in selected N-W Russian regions (Karelia, Vologda?). [involved unit: SIHLWA secretariat].
- **2008 Wild-Card:** Reviewing possibilities to implement “Life at Stake” (“Elämä pelissä”) popular TV-show on a Russian TV-channel in 2008. The prototype started in Finland in September 2007 on prime TV-time involving national VIP-persons such as a minister of health, trade-union leader, pop-artist, sports-figure and others. The program is entertaining, yet scientifically based and clearly demonstrates why life expectancy for many is as low as it is, and which factors (alcohol, tobacco, obesity, stress, lack of physical activity etc.) influence it and how much. Most importantly, it also can demonstrate what one can do about it and how much one can “manipulate” the length of your life. A challenging task is to try to transfer the concept into another setting in the NDP area but it would be worth trying. SIHLWA has good links with those who have developed the basic data for the “Life at Stake” program (National Public Health Institute/ Finland and Duodecim Association of Finnish Physicians). [involved unit: SIHLWA secretariat].

2.2 ADO sub-group projects

- Continuing and expanding the NCM and Finland funded project on “**Alcohol and Drug Prevention among Youth in St. Petersburg**” which started in October 2007.

- Further exploring and facilitating a project on **“Children at Risk”** in St. Petersburg together with NCM and the CBSS Expert Group of Children at Risk. Funding sought primarily through NCM and EU.
- **Thematic report on ADO for NDPHS Data-Base project** to compile a profile on youth’s health behaviour and on existing policies targeted at youth’s health at north-west Russia and Northern Europe. This “Northern dimension youths health profile” would comprise information on youths (10-25 year olds) substance misuse and other risk behaviour, such as sexual behaviour and nutrition. Besides statistics on prevalence of risk behaviour, report would include information on laws and their implementation, health policies and programs targeted at youth’s health-behaviour in north-west Russia and in northern Europe. The already existing data would be gathered from various sources at these countries, and based on this possible gaps in policies would be identified and recommendations for actions needed pointed out. Data would be collected from various health monitoring activities, the Development of Child Health Monitoring (LATE) -project, and internationally from health monitoring systems such as Finbalt-project and WHO-EURO CINDI-Programme (Countrywide Integrated Non-communicable Disease Intervention).

2.3 ALC sub-group projects

- Project on the **Prevention of Hazardous & Harmful Use of Alcohol: Early Identification and Brief Intervention “EIBI”**. Possible regions/countries for implementation: St. Petersburg City if possible with the St. Petersburg City Health Committee. Other potential candidates are Leningrad Oblast, Republic of Karelia, Murmansk, Cherepovets city /Vologda Obl., Arkhangelsk, Republic of Komi, Nenets Autonomic Area. Potential funders (tentative): Finland, Norway, Sweden, EC, and possibly others. Estonia, Latvia and Lithuania have joined the Primary Health Care European Project on Alcohol PHEPA (www.phepa.net) funded by the EU public health program and could possibly join with their own funding. Collaboration with the Nordic Council for Alcohol and Drug Research through a seminar on brief intervention, in which special attention could be given to NDP countries’ interests. Project objective: to disseminate brief intervention as a method for prevention of harmful and hazardous alcohol use. Sweden and Finland in particular could report on the dissemination of early detection and brief intervention activities implemented in the health care system dating from some years back and up until today. Early identification/brief intervention is an effective tool for the prevention of harmful drinking which makes use of a relatively well-established infrastructure and communication channels we believe that the project "Prevention of hazardous and harmful use of alcohol: Early Identification and Brief Intervention (EIBI)" should proceed.
- **Thematic report on ALC for NDPHS Data-Base project and focus on brief intervention-related questions.** The reports will be of best use if designed to respond to the specific information needs existing in the respective countries. In Finland, Norway and Sweden, for instance, the report could give an overall view of past and present efforts to disseminate brief intervention, of the results of such efforts and, depending on the availability of data, on the size of the population that could benefit from brief intervention and support for controlled drinking. In countries where brief intervention is still a novelty, the report could focus for instance on potential partners for co-operation, existing materials and resources, and on the data available to estimate the size and nature of the target population. The Country Profile Questionnaire developed in the PHEPA project could be used where applicable.

2.4 OSH sub-group projects

- Continuing 2nd phase of “**Occupational Safety and Health (OSH) in north-Western Russia**” with funding from Finland and ILO (2007-08);
- The SIHLWA OSH sub-group is preparing a project proposal on the development of **OSH in the Public Transport Sector in the Baltic Countries**. Practical implementation of the new Partnership OSH strategy against Cardio-vascular (CVD) morbidity is one of the priority issues for this project, and it is strongly related to lifestyles and work. There is a great deal of space for preventive activities. Cardiovascular problems have increased rates in transport, and that workplace can successfully be used as a setting for preventive activities. Partners in this project need to be defined; Enterprises to be selected; Benefits from the project to be described →social marketing → healthy drivers, safe public transport. Also indicators need to be defined in order to be able to evaluate the results afterwards. Partnerships need to be established at the country level and a proper stakeholder analysis would be needed from each of the participating countries. The institutions/countries need to commit themselves to the preparation and implementation of the project. Preliminarily, prevention of CVD morbidity in road transport has been planned as a topic of the project, but e.g. prevention of alcohol problems is another topic around which the project could be built up.
- **Thematic report on OSH for NDPHS Data-Base project**, specifically the preparation of national OSH profiles in selected countries. This activity already started in OSH sub-group in 2007 but will be continued in 2008.

3. Other activities:

- Continued work on strengthening links with main partners (especially WHO-EURO, ILO/Russia, and national actors on NCDs and healthy lifestyles);
- Strengthened collaboration with NDPHS Secretariat in Stockholm and in St. Petersburg (NCM Office);
- Collaboration and updating SIHLWA projects in the new NDPHS data base.

4. Budget:

In order to be operational EG SIHLWA needs a secretariat consisting of Coordinating Chair and secretarial support, which has been provided through the Ministry of Social Affairs and Health/ Finland and Ministry of Health/ Lithuania. SIHLWA core administrative activities consist of organizing and reporting two expert group meetings per year, keeping contact with relevant bodies and organizations operating in NCD- and social wellbeing sector in the NDP area and providing support to project planning and implementation.

In 2008 the establishment of a post for ITA under SIHLWA is planned. Discussions with MoSA&H/Finland have been started already in early 2007 and will continue. In the start-up phase ITA could be a part time (50%) job, and by the end of 2008 the future need would be assessed.

As expenses of SIHLWA have been and will be accounted for separately under each funding agency, it is not possible to present a detailed itemized project proposal. Total expenses of SIHLWA EG to be fully operational in 2008 can be estimated to be about 130.000 €. Project implementation is not included under this amount.

CBSS Working Group for Cooperation on Children at Risk Action Plan for July 2007 – June 2008

Member state	Priority	Activity	Funding	Responsible	Time limit	Tools and methods	Results and Outputs	Follow up
All	A, B, C, D, E	Updating the Child Centre. Including the five priority areas.	In budget for Secretariat and in national budgets for NCs	National Co-ordinators in co-operation with Competence Centres and the Secretariat	1 July 2007 – 30 June 2008	Keeping national networks aware of possibility to publish results.	Child Centre is a knowledge base for activities in the area of children at risk in the region. More and more professionals in the region use the Child Centre both for publishing material and for finding new knowledge.	Report to WGCC-meeting in fall 2007, report to WGCC- meeting in spring of 2008
All	A, B, C, D, E	Updating the Child Centre with adequate NGOs and public organisations working to assist children at risk. Revising old information on the site.	In budget	National Coordinators and the Secretariat	30 th of June 2008	Using web based form. Dissemination of the form to the entire network. Sending update requests to NGOs and organisations with old postings.	The Child centre should include all NGOs and public organisations and authorities in the region.	Report to WGCC in the fall of 2007. and in the spring of 2008.
All + Ukraine and Belarus	C	WGCC programme on the rights of children in institutions adopted	In budget	WGCC	September 2007	Written procedure	Plan adopted and in place for dissemination and use in contacts with other partners	WGCC in the fall of 2007

* Priorities: **A**: Protection from sexual exploitation. **B**: Street children and children without family. **C**: Children in institutions. **D**: Young offenders and self-destructive acts. **E**: Unaccompanied and trafficked children.

Member state	Priority	Activity	Funding	Responsible	Time limit	Tools and methods	Results and Outputs	Follow up
All + Ukraine and Belarus	C	Continuous monitoring of other organisations working on the topic in order to benefit from synergy effects	In budget	Secretariat	June 30 th 2008	Web search, monitoring known organisations, contacts with partners	Comprehensive overview of activities carried out in the region on the topic	WGCC fall of 2008
All + Ukraine and Belarus	C	Drafting of a pilot training programme for staff performing monitoring visits in institutions	In budget + using funds for follow up of ministerial meeting	The chairperson of WGCC and members from NO, SE, EE and Secretariat	October 2007	Drafting the programme, investigate funding possibilities for implementing the programme	Training programme drafted including suggested participants and identification countries interested to participate	WGCC in the fall of 2007
All + Ukraine and Belarus	C	Identifying organisations, public, private and non-governmental, running programmes on supporting young persons leaving institutions. Identifying programmes supporting children leaving institutions after short term placement. Also looking at children with disabilities leaving institutions.	In budget+ external funding	Secretariat and the National Coordinators	December 2007	Description of programmes in place, possibly tentatively looking at how best to facilitate increased dissemination of good practices	Organisations and programmes identified. Mapping in place	WGCC spring of 2008

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Member state	Priority	Activity	Funding	Responsible	Time limit	Tools and methods	Results and Outputs	Follow up
All	A, B, C, D, E	Associate Expert group within the NDPHS	In budget	Chairperson + Secretariat	December 2007	Through participation in the NDPHS meeting, explore the partner's interest in WGCC activities	Clear plan on how partners to the NDPHS that are not members to the CBSS would want to contribute to, and take stock of the work of the WGCC	WGCC spring of 2008
All	A	"Children exploited in Internet related settings: The Role of and Possible Cooperation between law Enforcement and Child Professionals"	EU + external + in budget	Secretariat and Russia+ EU	December 2007	Meeting in Moscow.	More knowledge on the link between exploitation off-line and on-line, improved cooperation between law enforcement and child professionals	WGCC spring of 2008
All	A, B, C, D, E	Strengthening of the European Commission participation in the work of the WGCC	In budget	Chairperson and the Secretariat	December 2007	Visiting EU's Child Rights coordinator, input to the EU work on trafficking and on issues prioritised by the WGCC, input to the Children's Forum.	Higher visibility of the WGCC within the European Commission	WGCC spring of 2008
All	A, B, C, D, E	Continued co-operation and co-ordination with the WG and task forces within the CBSS, the Council of Europe, the Nordic council of Ministers, the Barents Council, UNICEF, IOM, ILO and other intl org	In budget	Secretariat	July 2006 – June 2007	Meetings, exchange of reports, updating of funding sources.	Better co-ordination and more knowledge on who is currently active in what area. Report to the WGCC on how different actors contribute to the area of CAR. Funding possibilities.	Yearly.

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Member state	Priority	Activity	Funding	Responsible	Time limit	Tools and methods	Results and Outputs	Follow up
All + Ukraine, Belarus, Moldova	E	Implementation of the Action Plan on Unaccompanied children in the region.		Secretariat	June 2008	Enhance cooperation with police, supporting pilot projects, maintaining the network of National Contact Points.	NCPs active in cooperation on assisting children and young persons victims of trafficking. Exchange of experiences between the NCPs on line and off-line..	WGCC spring of 2008
All member states + UA, BL and MD	E	BSR CACVT project training professionals from 9 countries	EU (Daphne), SC Sweden, Oak foundation	Secretariat, EE, LT, PL and SE	January 2008	5 Regional training events, 5 national events	Professionals more aware of how to assist children victims of trafficking.	WGCC continuously and final report in spring of 2008.
All member states + UA, BL and MD	E	Documenting how regional cases of children being trafficked are assisted and handled within the regional cooperation	EU (Daphne)	Secretariat EE, LT, PL and SE	January 2008	Researcher will map all known cases of children and make interviews with children.	Report published including both the channels the assistance have used and the personal stories of the children involved.	WGCC spring of 2008
All + Ukraine, Belarus, Moldova	E	Meetings with established National Contact Points	National funding and some funding from regional sources	Involved ministries (DK) with support from Secretariat	June 2008	Meetings with dissemination of successful work of national contact points. Follow up of research and other regional initiatives.	National contact points in all 11 member states + UA, BL and MD should be established. Input to the continued work of the WGCC on the issue.	WGCC in 2008

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Member state	Priority	Activity	Funding	Responsible	Time limit	Tools and methods	Results and Outputs	Follow up
WGCC	E	Identifying gaps in care and assistance to unaccompanied children and children victims of trafficking, and in prevention and cooperation	LV + In budget	Chairperson and Secretariat in coop with TFTHB ⁸ Chair and secretariat	December 2008	Joint meeting WGCC + TFTHB + invited experts	Developed plan on areas to pursue jointly and areas where the WGCC should focus attention	WGCC spring of 2008
WGCC	E	Developing a plan for training of consular staff in member states	External	Chairperson and Secretariat in coop with TFTHB chairperson and secretariat	December 2008	Working meeting with prepared background documentation	Developed plan for a training	WGCC spring of 2008
All + Ukraine, Belarus, Moldova	A, E	Roundtable hearing with UN study on violence follow up on Trafficking as one form of severe violence against children	NO funding	WGCC	December 2008	Roundtable meeting.	Report from the meeting. Input to Mr Pinheiro's report to the UN Secretary General	WGCC Spring of 2008
All	D	Expert meeting: Criminal lifestyles among young persons. Analysing risk factors and identifying good practices	Russia and in budget	Russia and Secretariat	November 2008	Prepared meeting, background document, research input, NGO input	Identification of gaps in member states and areas for the possible attention by the WGCC	WGCC spring 2008

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⁸ Council of the Baltic Sea States' Task Force on Trafficking in Human Beings.

Member state	Priority	Activity	Funding	Responsible	Time limit	Tools and methods	Results and Outputs	Follow up
All	B, C, D, E	Extending the network of CCs and experts by inviting professionals to expert meetings and consultations on prioritised issues	In budget	NCs in co-operation with Secretariat.	June 2008	NCs to contact experts in fields of specific concern to the WGCC and to seek their active participation in expert meetings and activities in the region. Learning from Glykol monitoring of blogs and web sites.	Competent professionals in the field of child trafficking, sexually exploited children, children in institutions, children living in the street and children with delinquent behaviour will contribute to development of activities and actions	Continuous
LV	A, B, C, D, E	Establishing National Coordination supporting all aspects of the cooperation	In budget and national funding	Secretariat and the Latvian ministry	October 2007	Meetings with responsible ministry and possible NC partners	NC established actively promoting contacts with relevant experts and researchers. NC actively contributing to the web site	WGCC fall of 2007
All	A, B, C, D, E	WGCC meetings	In budget	Secretariat in co-operation with Denmark and Norway	October 2007, spring 2008	Two meetings in member states	Decisions on priorities, action plans, budget, staffing, specific activities.	Evaluation

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