

**EG on SIHLWA
Fifth Meeting
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Reference	SIHLWA 5/2/ Info2 ENG
Title	SIHLWA EG Action Plan 2008 FINAL
Submitted by	SIHLWA Coordinating Chairman
Summary / Note	This proposed Action Plan for 2008 summarizes the actions proposed to be taken by the SIHLWA EG during 2008 and estimates their approximate expenses
Requested action	for implementation

SIHLWA¹ Action Plan 2008

1. Introduction

Following the recommendation made by the Oslo Ministerial Conference of Northern Dimension Partnership² 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:

¹ SIHLWA = Expert Group on **Social Inclusion, Healthy Lifestyles & Work Ability**

² NDPHS consists of following members: 5 Nordic countries, 3 Baltic States, Russian Federation, Poland, Germany, France, Canada, Nordic council of Ministers, Council of Baltic Sea States, Barents Sea Collaboration, WHO, ILO, IOM, UNAIDS, & Baltic Sea States Subregional Co-operation (BSSSC).

- 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-subgroup 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.
- **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 Center 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.

2008 SIHLWA EG Action Plan NDPHS

SIHLWA Action Plan 2008 submitted by:

**NORTHERN DIMENSION PARTNERSHIP
IN PUBLIC HEALTH AND SOCIAL WELLL-BEING (NDPHS)**

**EXPERT GROUP ON SOCIAL INCLUSION,
HEALTHY LIFESTYLES & WORK ABILITY (“SIHLWA”)**

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2) Subgroup on alcohol

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