



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

REPORT ON
NDPHS¹ Expert Group
“Social Inclusion, Healthy Lifestyles & Work Ability”
4th Meeting of “SIHLWA”
Helsinki 29 – 30 May, 2007

Co-sponsored by WHO Regional Office for Europe
and
ILO Subregional Office for Eastern Europe and Central Asia

¹ Northern Dimension Partnership in Public Health and Social Wellbeing

⁷ Note: This could be a simple and understandable title for the PAC pre-meeting

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1. ABBREVIATIONS

ABBREVIATIONS/ ACRONYMS	
BSN	Baltic Sea Network on Occupational safety & Health
CIDA	Canadian International Development Aid
CSR	Committee of Senior Representatives
EC	European Commission
EG	Expert Group
EST	Estonia
EU	European Union
EUC	European Commission
EURO	Regional Office for Europe/WHO
FIN	Finland
ILO	International Labor Organization
IOM	International Organization of Migration
ITA	International Technical Advisor/ NDPHS
KTL	Kansanterveyslaitos/FIN; Public Health Institute/FIN
LTU	Lithuania
MoH	Ministry of Health
MoSAH	Ministry of Social Affairs and Health
NCD	Non-communicable diseases
ND	Northern Dimension
NDPHS	Northern Dimension Partnership in Public Health and Social Wellbeing
NGO	Non-governmental organization
OSH	Occupational Safety and Health
PAC	Partnership Annual Conference
PHC	Primary Health Care
RUS	Russia
SIHLWA	Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability
STAKES	National Research & Development Centre for Welfare & Health/ FIN
STAKES	Sosiaali & Terveysalan Tutkimus & Kehittämiskeskus/FIN
STI	Sexually transmitted infection
SWE	Sweden
TOR	Terms of Reference
TTL	Työterveyslaitos/FIN; Institute for Occupational Health/FIN (IOHF)
UNODC	UN Organization against Drug & Crime
WHO	World Health Organization
WPH&S	Workplace Health & Safety

2. SUMMARY Conclusions of 4th SIHLWA Expert Group meeting

- I. SIHLWA Coordinator and Chairpersons and Co-chairpersons for three SIHLWA subgroups will continue their tasks, including Dr Kari Paaso (ALC-subgroup) who is substituting WHO-EURO representative as long as they do not have a new person to take care of the task;
- II. The venue for next 5th SIHLWA WG meeting was tentatively agreed to take place in February 2008 in Oslo, Norway. Coordinating Chair Mikko Vienonen was mandated to further discuss the issue with Norwegian authorities;
- III. SIHLWA annual report for 2006 was approved (see Annex).
- IV. SIHLWA report 2007 January – May was discussed and approved (see Annex)
- V. SIHLWA Action Plan for 2007 was reviewed amended according to new issues upcoming in 2007 (see Annex);
- VI. SIHLWA Action Plan for 2008 was discussed and coordinator was authorized to provide a draft for the next CSR October 200. One of the most important issues for 2008 was considered recruitment of International Technical Adviser and to further clarify the membership in SIHLWA and its sub-groups;
- VII. SIHLWA Stakeholder Analysis is still timely and new application to the MoSA&H and MoFA/ Finland in September 2007.

VIII. Subgroup on adolescent health and socially-rewarding lifestyles [ADO]

- **The Children at Risk project/programme** framework seems like an interesting and useful concept for SIHLWA – ADO group to pursue further in collaboration with the CBSS WG now affiliated with NDPHS. Through SIHLWA network we would be interested to have all possible material produced by WGCC, especially on training. “Quality index” concerning childcare institutions would be very interesting to have. It is likely that the NCM would like to have SIHLWA involved in the development of CatR project in SPb. SIHLWA through its Coordinator and ADO-sub-group chair will continue discussions with NCM. and WGCC.
- Regarding the **NCM Conference, St Petersburg, 11-12 December 2007** The ADO-sub-group will be closely involved in planning and implementation of the conference. The same applies to the **pre-PAC conference** in Vilnius 15-November 2007.
- ADO-sub-group will be involved in the **NDPHS Data-base project** and will elaborate on a profile on youth’s health behaviour and on existing policies targeted at youth’s health in NDP area.
- **Alcohol & Drug Prevention among Youth in St Petersburg** project will start as soon as NCM funds have been transferred to the NCM St Petersburg Information Office.

IX. Subgroup on alcohol [ALC]

- Regarding the **NCM Conference, St Petersburg, 11-12 December 2007** The ALC-sub-group will be closely involved in planning and implementation of the conference. The same applies to the **pre-PAC conference** in Vilnius 15- November 2007.

- Plans for a seminar: “**Impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies**” are in the process. The seminar is planned to take place in early 2008, possibly in Latvia. The seminar will probably be organised jointly by the Norwegian Ministry of Health and the Nordic Council for Alcohol and Drug Research NAD, in association with SIHLWA, providing that funding can be secured.
- **Project to disseminate brief intervention** as a method for prevention of harmful and hazardous alcohol use is under preparation. Estonia, Latvia and Lithuania have joined the Primary Health Care European Project on Alcohol PHEPA (www.phepa.net) funded by the EU public health programme. The Nordic Council for Alcohol and Drug Research is planning a seminar on brief intervention, in which special attention can be given to NDP countries’ interests.
- The **thematic reports** to be produced as WP6 of the NDPHS database project will focus on brief intervention-related questions.

X. Subgroup on Occupational Safety & Health [OSH]

- Regarding the **pre-PAC conference** in Vilnius 15- November The OSH -sub-group will be the main responsible group involved in planning and implementation of the conference. For the **NCM Conference, St Petersburg, 11-12 December 2007** OSH -sub-group will also provide its expertise, but is not the main focal point as for pre-PAC.
- North-West Russian Project ILO-OSH2001 is proceeding well in N-W Russia. A great deal of regional collaboration has been established.
- A survey on OSH situation in the countries is ongoing. It will feed information to pr-PAC conference and also to the NDPHS data-base project. Replies to the questionnaire have so far been received from Lithuania and Poland. Latvia, Estonia, the Russian Federation, Norway, and Finland are in the process of preparing their replies.
- **A project on workplace as a setting for CVD prevention** is on-going. Cardiovascular problems have increased rates in transport, and workplace can successfully be used as a setting for preventive activities. Project will be developed further.

3. INTRODUCTION

The 4th SIHLWA (“**Social Inclusion, Healthy Lifestyles & Work Ability**”) meeting in Helsinki was held 29-30 May 2007 attended by 37 persons. (see list of participants in annex) from 9 countries and 5 international organizations. Additionally we had also several ad hoc members attending the meeting in their personal and organizational capacity.

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

- ADO: Subgroup on Adolescent health and socially-rewarding lifestyles (15 participants)
- ALC: Subgroup on Alcohol (11 participants)
- OSH: Sub-group on Safety & Workplace Health (11 participants)

4th SIHLWA meeting also provided a useful forum for the NDPHS Secretariat (Mr Marek Maciejowski, Head of the NDPHS Secretariat) to elaborate on NDPHS database project implementation (see ANNEX) and the new NDPHS website and Newsletter.

At this meeting all three subgroups came together, and the program consisted of joint sessions and individual sub-group sessions (see programme in annex). The participants of this Expert Group meeting consisted of public health experts nominated by the different member countries of the partnership. Additionally, public health institutes and relevant NGOs in respective countries participated.

A special challenge for this Expert Group was how we could best benefit from the synergy that the three subgroups will pose. In a heterogeneous group it was important that the three theme groups could also have time for their own deliberations. The program was designed so that these competing needs could be properly addressed.

On its agenda the meeting was to finally approve its Annual Report for 2006, agree on its 2007 Progress Report of the past January – May period, and to update its remaining action plan for 2007. Furthermore, SIHLWA’s Action Plan for 2008 needed to be discussed in order to present a proposal for next CSR meeting in October 2007 in Kaliningrad.

Jointly in plenaries SIHLWA had agreed to provide feed-back on the upcoming PAC-meeting programme, NCM Healthy Lifestyles’ conference in St. Petersburg in December 2007 and present follow-up ideas for the proposals and initiatives presented at the CBSS alcohol conference in Riga in March 2007. Additionally, all sub-groups had arranged their own agenda in separate parallel subgroup meetings (see respective programmes in ANNEX).

Coordinating Chair also encouraged SIHLWA participants to be in active contact with their national focal points (“Senior Representatives) in the Ministries of Health & Social Affairs in order to enhance participation in all subgroups. We also need our members help in order to have appropriate translation of SIHLWA in all national languages in order to facilitate better understanding of our tasks and objectives.

4. 4th SIHLWA MEETING

4.1 Opening of the meeting

The 4th SIHLWA meeting was opened by Dr Kimmo Leppo, Director General of Health Department of the Ministry of Social Affairs and Health, Finland. He had been involved in the process of NDPHS development in 1999- 2003 and was delighted to see the strong progress of the movement. Finland's recent chairmanship in EU in 2006 had emphasized many similar topics as we are trying to enhance through SIHLWA, such as:

- "Health in All Policies"
- Work & health in terms of human capital
- EU fundamental legislation in support of social well-being
- etc.

Dr Leppo welcomed SIHLWA's efforts and activity in the field of healthy lifestyles and NCD-prevention and health promotion. A lot of work lies ahead and joint efforts are needed. Finland can bring forward several encouraging success-stories, which have given proof that preventive policies will work in practice. For instance, anti-smoking policies, which started in 1970's, have reached great success in lung-cancer mortality and morbidity. Positive development has also taken place in dietary habits on population level, leading into 75% decline in cardio-vascular mortality and morbidity in only 25 years. Furthermore, teenage pregnancies and abortions have declined dramatically in 20 years. Since 1980s, the life-expectancy of Finns has risen about 4 years!. In his concluding remarks, Dr Leppo wished SIHLWA best success in our important work towards healthier people in Northern Dimension Area.

Dr Mikko Vienonen, coordinating Chair of SIHLWA Expert Group, welcomed the participants and thanked SIHLWA functionaries and members for their great support. We are pleased of the strengthened involvement of NDPHS secretariat during last year and the support we receive from the Partnership countries and organizations. During the past year our Terms of Reference has been endorsed, we have clear Action Plan for 2007, and the NDPHS Data-Base, Project Pipeline and NDPHS website makes networking easier and more efficient. We still need to put more emphasis on better participation in SIHLWA's work from all Partner countries and Organizations, and to streamline our project preparation, funding and implementation. The meeting scope & purpose, agenda, and list of background documents were presented (see in annex) and all documents are also available on the new www.ndphs.org website. Overall SIHLWA programme is presented in ANNEX.

Mr Marek Maciejowski, Head of NDPHS Secretariat, thanked the meeting host-country Finland and NDPHS chairmanship country Lithuania for their great support to NDPHS in general and SIHLWA EG in particular. He was happy to be invited to the meeting and be able to elaborate more on the NDPHS data-base, where the input of EGs is indispensable.

Chair of OSH-subgroup, Mr Wiking Husberg expressed his gratitude to be able to work together with other EGs under the same framework provided by SIHLWA. This spring the WHO Collaborating centres had an interesting meeting elaborating on common concerns and provided good material for further elaboration under SIHLWA. He also expressed his satisfaction on the fact that CSR together with the Secretariat had decided to have workplace health and safety together with broad public health content as main theme for upcoming PAC in November in Vilnius. In the OSH-subgroup they want to further elaborate the

preparation of OSH-policy papers and reviews, and country situation analyses (stakeholder and partner analyses). Road transport safety is another timely issue that the group will focus on. OSH-subgroup programme is presented in ANNEX and their meeting proceedings are separately reported later.

Chair of ALC-subgroup, Mr Kari Paaso, looked forward to practical and concrete outcome in his subgroup. To have a seminar on EU legislation on alcohol would be very important. A questionnaire for the preparation of such a meeting will be on the agenda of the ALC-subgroup. Furthermore, the group will elaborate on previous plans to prevent alcohol hazard in the society. The NDPHS data-base project is an encouraging development where the ALC-subgroup wants to take active part. ALC-subgroup programme is presented in ANNEX.

Co-chair of ADO-subgroup, Ms Daiva Zeromskene said that NDPHS provides great challenges and new opportunities and that networking is an important part of SIHLWA's work. ADO-subgroup programme is presented in ANNEX.

4.2 Proceedings of the meeting

Dr Mikko Vienonen (Coordinator/Chair of the SIHLWA Expert Group) chaired the meeting. Ms Sirje Vaittinen from STAKES/ICD/ Finland acted as general rapporteur.

The Alcohol subgroup was chaired by Mr Kari Paaso, MoSA&H/Finland (Ministerial Advisor) with Dr Evgeny Krupitsky from Russia/St Petersburg acting as co-chair. Ms Marjatta Montonen from MoSA&H/ Finland acted as rapporteur. The Adolescent health group was chaired by Mikko Vienonen with Ms Daiva Zeromskiene acting as co-chair, and Ms Sirje Vaittinen from STAKES/ICD/ Finland as rapporteur. The Workplace health and safety subgroup was chaired by Mr Wiking Husberg, ILO/Russia and Remigijus Jankauskas (Institute of Hygiene/Lithuania) with Dr Suvi Lehtinen and Dr Timo Leino (both from Finnish Institute of Occupational Health /FIOH) as rapporteurs.

As common topics to all we had identified the elaboration of ideas on:

- Feedback on CBSS Conference on "Effective approaches to tackle alcohol related problems in local communities". Riga 12 -13 March 2007
- Preparation of the PAC (Partnership Annual Conference) 16 November in Vilnius, Lithuania: Side event on occupational safety and health
- Information about EUPHA 15th European Conference on Public 11-13 October 2007. Workshop on NDPHS
- Preparation for NCM Conference on "Social inclusion and promotion of healthy lifestyles" St Petersburg, 11-12 December 2007
- Information about the NDPHS, including Project Database and Project Pipeline

Each of these common agenda items are further elaborated in Annexes

4.2.1 Feedback of CBSS Conference on “EFFECTIVE APPROACHES TO TACKLE ALCOHOL RELATED PROBLEMS IN LOCAL COMMUNITIES”, Riga 12-13 March 2007

Mikko Vienonen gave an introductory presentation on the conclusions of Riga conference (available on the www.ndphs.org/SIHLWA). In annex general background information is provided from the Riga conference. Also full report of the Riga conference is available on the same website as well as most PP-presentations provided in the conference.

Tiina Laatikainen, who had attended the Riga conference as a member of one of the three workshops provided a participant's feed-back. A lot of useful reports were provided, of which SIHLWA projects could benefit. It is important that useful knowledge and experience from country level can be channelled to practical activities. In this respect SIHLWA can have an important role. The ALC-subgroup chair Kari Paaso had chaired another workshop in the Riga conference, and according to him, the ALC subgroup will be further elaborating the ideas further in this meeting.

4.2.2 Preparation of the PAC (Partnership Annual Conference) 16 November in Vilnius, Lithuania: Side event on occupational safety and health 15 November

NDPHS CSR had decided in their last meeting in Warsaw in April that the upcoming PAC-pre-meeting will focus on workplace health with a broad public health content focusing on the whole working age population. The organizers expect from all 3 SIHLWA sub-groups good and practical ideas for the pre-meeting programme. Presently the draft programme will consist of 5 key-note speeches (see annex). Special effort should be made to make the programme interesting for political leaders such as the Ministers of Health and social Affairs. Virginia Ambrazeviciene emphasized the importance to have the title and provisional program available as soon as possible. also the list of invitees, in addition to the speakers need to be carefully identified. The pre-meeting would prepare a statement for the 2nd day (16 Nov.) ministerial meeting. Tiina Laatikainen emphasized the importance to include the WHO NCD strategy in the programme and background documents. Furthermore EU strategies on NCDs also must be taken on the agenda. Wiking Husberg underlined the manuals on alcohol, tobacco, stress at work, etc. The Riga alcohol conference messages also fit into the overall concept quite well. These points were given to sub-groups for further elaboration on the PAC pre-meeting (see later).

4.2.3 Information about EUPHA 15th European Conference on Public 11-13 October 2007. Workshop on NDPHS

As a point of information, Mikko Vienonen informed about the Annual Conference of European Public Health Association (EUPHA) to be held in Helsinki 11.13 October 2007. NDPHS was through SIHLWA invited to prepare a proposal for a 1.5 h workshop on NDPHS activities. The proposal is presented in Annex.. The chair encouraged all interested to get acquainted with the www.EUPHA.org website and if possible consider participating in the conference. By the time of 4th SIHLWA meeting we had not yet received approval of our proposal (but the OK was received 21 June).

4.2.4 Preparation for NCM Conference on “Social inclusion and promotion of healthy lifestyles” St Petersburg, 11-12 December 2007

This Conference is planned to highlight the Chairmanship of Finland in the Nordic Council of Ministers in 2007, and also provide a platform to bring forward the ideas developed under SIHLWA three sub-groups and projects. The Scope and Purpose of the meeting and also provisional program are presented in annex. The organizers aim at a relatively high level ministerial conference on the 1st day followed by a more technical experts' meeting on the second day. SIHLWA acts as a co-sponsor of this Conference a bit in the same spirit as we did for the CBSS Riga conference in March.. The meeting venue will be St Petersburg in the Finnish Consulate. The presence of Minister Paula Risikko has been confirmed and we are now working with St Petersburg authorities hoping to have Governor Valentina Matvienko to attend. We also try to have good high level representation from Federal MoH&SD/ Moscow, hopefully on the deputy ministerial level. The SIHLWA members considered it as very important to broaden both participation and key-note speakers beyond Russia and Finland. also international organizations such as ILO and WHO would be important partners for the conference. These points were given to sub-groups for further elaboration on the St Petersburg healthy lifestyles conference (see later).

4.2.5 Information about the NDPHS, including Project Database and Project Pipeline

NDPHS database proposal and the “Project Pipeline” concept was elaborated by Mr Marek Maciejowski, Head of NDPHS Secretariat. He elaborated on the NDPHS database proposal and the “Project Pipeline” concept. Introductory information is provided in Annex..

During its meeting in St. Petersburg, Russia, in early April 2006, the CSR considered a proposal regarding an interim solution for the development of the database and project pipeline, which was presented by the Norwegian Barents Secretariat. It decided to “accept fast track solution and to take the proposal from Norwegian Barents Secretariat. The Secretariat submitted a comprehensive Database project proposal to the EC for funding last summer 2006. It was agreed that the pipeline should be developed as the first step, whereas the work on the database would follow. The Secretariat was authorized to commission the *Custom Publish* company to provide the technology for the NDPHS pipeline.

It is the Secretariat's ambition to ensure that the NDPHS Project Pipeline would be actively used by the respective donors. This can only happen if the pipeline strictly adheres to their preferences and requirements. In order to guarantee this, we need to ask that their preferences and requirements be clearly communicated to us.

The *project pipeline* aims to become a project registration tool, for the Partnership. This project pipeline will, together with the projected NDPHS database, become instrumental in the Partnership's information policy, and help give the Partnership structures a stronger and more coordinating role in international health cooperation. The NDPHS is developing a project pipeline in order to facilitate coordinated and harmonized project initiatives in the Northern Dimension (ND) area. With the pipeline, the NDPHS will also be able to offer donor organisations a way to streamline and improve project application procedures.

The NDPHS pipeline mechanism will include procedures on how project proposals are being developed and registered, reviewed and granted funding. The pipeline will promote coordination, transparency and sharing of information between the project donors in the ND area.

The NDPHS pipeline will be built to meet the various needs of the Partners, as well as the different donor organisations working in the ND area. It will be a user-friendly, effective and

flexible mechanism, which will facilitate the channelling of projects and project funding through the partnership structures. It will be Internet-based and built on advanced technology and existing experiences.

In the process of developing the NDPHS pipeline it will be valuable to learn from experiences made in the Task Force on Communicable Disease Control in the Baltic Sea Region (www.baltichealth.org), as this initiative accumulated important knowledge and developed international cooperation structures, parts of which today are incorporated in the NDPHS. The Task Force also elaborated its own unique pipeline procedures.

One of the major challenges in the pipeline development process is the elaboration of a model, which suits the Partner countries and serves the interests of the donors. In order to achieve this, the system has to be adjusted to meet the various requirements of the donors, as well as secure the necessary level of visibility of the donors. In the NDPHS pipeline major effort will be made in order to meet these two demands. A keyword for the pipeline mechanism is *flexibility*. The pipeline will be developed in a way, which facilitates use of a number of donors with different needs and requirements.

The NDPHS pipeline will have a user-friendly, good-looking and browser robust interface. It will match and easily interact with the NDPHS website and with the projected NDPHS database.

The pipeline will be based on a *multi-homed solution*. This means that Partners and donor organizations will be able to use the same pipeline system and apply their own brands like logos and colours (different “skins”). The pipeline system can be integrated in the Partners’/donors’ websites in a way which makes it feel part of their respective portals (although it will be physically a part of the NDPHS site).

The pipeline mechanism can be described in a three-level process, (1) *registration*, (2) *submission and review* and (3) *reporting*. All users of the pipeline will be given usernames and passwords enabling them to enter the web mechanism. They will be able to save draft applications over a longer period of time, and visit their accounts an unlimited number of times. In draft mode, an application is invisible for other users of the system. An applicant can, however, invite other users to view or edit the application.

It will be possible for one user/account to span multiple “homes”, and an applicant will be able to cross-post the final project draft to several donor organizations. The registration process involves basically inserting information in a questionnaire “boxes.” The questionnaire will be a flexible online document, which gives the various donors the possibility to tailor the system to its requirements. In this way, the applicant will have to fill out the items, which are considered to be of the highest importance to the donor. Based on one basic module, multiple types of registration forms can be developed. A number of the question boxes will be compulsory, while others will be optional. The respective donor will be able to determine which boxes should be optional and compulsory for their own applicants.

Marek Maciejowski further elaborated the present situation on the developments. The project pipeline should be fully operational and accessible for EG chairs and other functionaries, who will be provided access passwords to the system

The NDPHS database is accessible to all and likewise those who have been granted a password can submit information on it. This will make the organization of meetings and sharing

of information much easier than before. This we have already experienced for the preparation of 4th SIHLWA meeting.

now that the data-base exists, the EGs could and should provide regional and country profiles and position papers on their respective areas of work and share them with others through the website. In the subgroups both Marek Maciejowski and Bernd Treichel from the Secretariat will further inform the sub-groups on the possibilities that lie ahead. For each EG (including SIHLWA) there is about 39.000 € allocated for work on the database documents. In principle, each SIHLWA subgroup could use about 10.000 € each, but we also want to reward those sub-groups, which are ready to move ahead. In other words, we should not just sit on the allocated funds, but to start using them in appropriate manner.

a press release in English and in Russian on the www.ndphs.org website was published on 30 May for further information.

5. Sub-group reports

5.1 Report of Subgroup on adolescent health and socially-rewarding lifestyles [ADO]

The subgroup on adolescent health and socially-rewarding lifestyles [ADO] consisted of 11 members, namely Chair Mikko Vienonen (Finland), Co-chair Daiva Zeromskiene (Lithuania), Hanna Heikkilä (Finland), Tiina Laatikainen (Finland), Lars Lööf (CBSS), Marek Maciejowski (NDPHS Secretariat), Lolita Melke (Latvia), Max Petzold (Sweden), Päivi Opari (Finland), Seija Saana (Finland), Maria Sagitova (Russia), Elina Savola (Finland), Anna Skvorcova (Russia), Alexander Sofronov (Russia), and Sirje Vaitinen (Finland).

5.1.1 Children at Risk

Mr Lars Lööf from the Council of Baltic Sea States (CBSS) Working Group for Cooperation on Children at Risk (WGCC) gave an introductory presentation on the topic. Lars Lööf's PP-presentation is annexed in the www.ndphs.org/SIHLWA. He informed that presently the CCR Working Group has been accredited as a NDPHS associated WG. CBSS has 12 Member States and Norway is chairing it until the 1st of July this year. After this date, Estonia (Ms Annike Kikerpuu) becomes the chairing country. The issue on Children at Risk ("CatR") was also on our agenda last year in Vilnius (SIHLWA 3rd) and in the background document the proceedings at time are summarised..

CCR has 5 priority areas of work:

- 1) Sexual exploitation in all its forms
- 2) Unaccompanied and trafficked children
- 3) Children living in the street
- 4) Children in institutions
- 5) Young offenders and self destructive behaviour in children

WGCC operates in partnership with several NGOs, NCM, The Council of Europe, EU, and many foundations. An important challenge is to share networks and avoid duplication. They search for activities where joining forces brings added value

WGCC EG organizes expert meetings (e.g. 8-9 May 2007 in Warsaw for national contact points of unaccompanied trafficked children). They also organize expert meetings on

children's rights when trafficked. They have conducted a Baltic Sea Regional Study on Adolescent Sexuality (7 countries, total of 10,000 respondents) implemented by NOVA-Institute in Norway. The latest conference on children in institutions was organized in November 2006.

WGCC has organized training on:

- 1) Protective care (Vilnius 14-15.9.06)
- 2) Psychological & social rehabilitation (Warsaw 9-10.11.06)
- 3) Children's participation

WGCC has conducted research on:

- 1) Mapping of trafficked children (EU-funded)
- 2) Rights of children in institutions
- 3) Support to young persons leaving institutions

Additionally WGCC is:

- 1) Mapping programmes and resources specifically emphasizing young persons themselves;
- 2) Providing network support and network creation;
- 3) Developing monitoring of institutions implementing international Council of Europe Recommendations (2005);
- 4) Developing a plan for training in cooperation with young people themselves.

More information on the CBSS/WGCC is available on www.ndphs.org and www.childcenter.

In our discussion following issues came forward:

- Through SIHLWA network we would be interested to have all possible material produced by WGCC, especially on training. We could use them in our own upcoming projects and also forward them to others in need. The NDPHS new web-site provides an excellent opportunity for dissemination. In this respect SIHLWA should adopt an active and practical role;
- "Quality index" concerning childcare institutions would be very interesting to have;
- Russia has traditionally been strong in research. It would be good to have Russia involved in issues dealing with young offenders, and children leaving institutions (presently about 90% of those who go to society from children's institutions have a bad prognosis socially).
- "Under the federal programme "Children of Russia 2007- 2010 in October there will be a conference in St. Petersburg on "Family at risk" ;
- In Russia "doctors for Children" organization made a study last year in St. Petersburg under topic "Every Child". Mr Jo Rogers bears responsibility of this project ending in 2007.
- We also emphasized the usefulness of documents produced at the CBSS Riga Alcohol conference 12-13 March 2007 (available under www.ndphs.org / SIHLWA). Many good ideas were elaborated on children at risk due to their own or family members' alcohol use and how we can help them.
- Alexander Sofronov, Chief Narcologist from St Petersburg mentioned that in Russia only 2 cases on trafficked children had proceeded to become a court case. They are very difficult to detect and find proof that would hold in court.
- It is likely that the NCM would like to have SIHLWA involved in the development of CatR project in SPb. SIHLWA through its Coordinator and ADO-sub-group chair

Mikko Vienonen will continue discussions with Maria-Pia de Palo from NCM. WGCC (Lars Lööf) would be kept informed.

5.1.2 Suggestions regarding the NCM Conference, St Petersburg, December 2007

The ADO-Subgroup was in general satisfied with the overall configuration of the SPb Conference. However, it was considered wise to benefit from the previous November 2007 PAC Conference in Vilnius (see below). It would be important to broaden the scope of speakers, as presently most of them seem to come from Finland and Russian Federation. As PAC is focusing on “workplace health and safety” we would recommend to leave OSH to them. However, work-place problems of alcohol and possibly of smoking could be discussed.

As suggestions for potential speakers the following names were brought up:

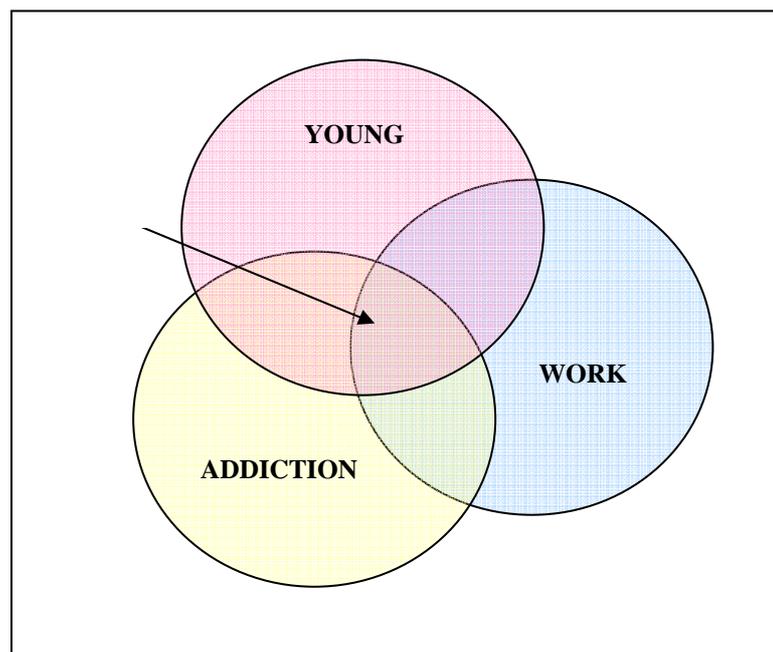
- Gudjon Magnusson and/or Haik Nikogosian WHO-EURO. Also WHO-Office in Moscow should be kept in mind.
- European Commission (EU) would be an important partner to be invited (e.g. Dr Tapani Piha).
- NHV/ Gothenburg, Dean Göran Bondjers could give a Nordic overview and speak about timely Nordic priorities. Dr Max Petzhold, (present at this SIHLWA meeting) possibly could act as facilitator and rapporteur.
- Possible Russian speakers – if still needed – could be Professor Iosif Naumovich Gurvich (upcoming Chair of Public Health in SPb State University, Faculty of Psychology). Tel +7-921-017 7571. Professor Pavel I. Siderov from Archangel State Univ. (human ecology & narkology) and Dr Alexander Sofronov, Chief Narcologist of the Committee of Health, SPb (attended this SIHLWA meeting).
- Dr Viktoras Meizis/ MoH-Lithuania Chair of NDPHS in principle has agreed to attend and provide overview.
- NDPHS/ CSR representatives should obviously be included in the invitation list.
- Director General Vappu Taipale from STAKES/ Finland could be invited to the Conference.
- Director General Sven Andréasson from Swedish Public Health Institute/ Östersund, is a good speaker as was shown in Riga in March. If more elaboration on alcohol issues is needed, he could be a potential speaker.

5.1.3 Suggestions regarding the Partnership Annual Conference (PAC), Vilnius, November 2007 (see introduction in Annex)

The ADO group discussed the upcoming PAC-meeting Fri 16/11 in Vilnius and the side-event planned for Thu 15/11 on **occupational safety and health in public health context**⁷. The attached background document aims to summarize previous discussions on the topic. The purpose of SIHLWA EG was to provide additional contextual and other advice for the organizing committee. This NFF only contains the comments from the ADO sub-group as by this date (070607) the rapporteur has not yet received other sub-groups’ feed-back. It was emphasized that the 1st day should be interesting and not too bureaucratic and “boring”. The journalistically facilitated round-table aims for that purpose. Also the reporting back to PAC should be quite efficient and interesting, because this is when the ministers are there. From the “virtual steering committee” we could boil down a “drafting committee” that would work for the feed-back after the 1st day session on 15/11 in the evening.

General comments on PAC:

- ADO-sub-group welcomes the topic and considers it important that broader public health topics will be raised, in addition to the OSH-specifics. We considered the overall topic of the OSH-subgroup emphasizing “*work ability*”, as suitable additional attribute.
- We should not forget the topic on “cost of alcohol use” to the society as a whole.
- In Russia especially, the problem with “demographic crisis” is important, but low life-expectancy in the Baltic States as well threatens economic growth and efficiency. Therefore, the theme on “cost of ill-health” and how it can be measured (e.g. by “Potential Years of Life Lost” “PYLL”). This should be a topic that truly concerns Ministers of Health (and Ministers of Finance as well).
- As important topics NOT to forget should be:
 - young people and accidents (work-related but not only);
 - young people and alcohol (accident -related but not only);
 - alcohol use and smoking (and narcotics) as “social infection”. Example of peers (work-mates)
 - drugs (and screening) on work-place
 - smoking at work-place
 - healthy work-places and “youth-friendly work-places”
 - vulnerable youth “illegal work-force”, migrants, trafficking (not just sex-workers), in traffic, construction, etc.
- Links: an interesting focus could be to look at the problem from the view-point of young people (= our future), work (basis of our economy and finance) and addiction (undermining health and economy. We addiction we mean broadly at least alcohol, tobacco and narcotics, but in a way obesity (over-eating), “workoholism”, and some other societal phenomena could be understood as addictions.



Name suggestions for the “virtual advisory-group”

FINLAND

- Professor **Erkki Vartiainen**, National Public Health Institute (especially youth related PH issues; erkki.vartiainen@ktl.fi ; +358-9-4744 8622)
- Professor **Matts Brommels**; Nordic School of Public Health/ Executive board (area of expertise: Public Health), GSM: +358- 400 -701956 (Health Services Management)
- Dr **Bengt Lindström**, Folkhälsan/ Finland (PH NGO), GSM: +358-447881010

LATVIA:

- Professor **Girts Brigis** (Public Health, also a good speaker)
- Professor **Anita Villerusa** (Public health)

RUSSIA

- Professor **Iosif N. Gurvitch**, Chair of the Dept. of Public Health in SPb State University/ Russia (Faculty of psychology), Tel: +7-921-917 7571
- Professor **Pavel I. Siderov**, Archangel State University/ Russia (human ecology and narcology)

SWEDEN

- Professor (Dean) **Göran Bondjers**, Nordic School of Public Health/ Gothenburg, Sweden. Also possible key-note speaker.
- Director **Sven Andreasson** Swedish National Institute of Public Health, SE-831 40 Östersund, Sweden, Phone +46 8 5661 3500, Fax +46 63 199 602, E-mail: sven.andreasson@fhi.se (alcohol issues)

WHO-EURO

- Director **Gudjon Magnusson**, (NCDs, healthy lifestyles, tobacco, alcohol, nutrition, etc. (Tel: +45-39171228). Also possible key-note speaker or **Haik Nikogosian** (Tel: +45-39171353).

EC

- Ms. **Maria Renström**, National Expert, European Commission, SANCO/C-4, European Commission HITEC Building, Rue Ruppert, L-2920 Luxembourg, Luxembourg, Phone +352 4301 36735, Fax +352 4301 34975, E-mail: maria.renstrom-tornblom@ec.europa.eu

SIHLWA:

- It would be logical that all chairs of sub-groups would be available as “virtual advisory committee” members (**Wiking Husberg, Kari Paaso & Mikko Vienonen**). It would also be appropriate to have the OSH sub-group co-chair **Remigijus Jankauskas**/ Lithuania as a member of this group.

5.1.4 NDPHS Data-base

Mr Marek Maciejowski, Head of NDPHS Secretariat provided briefing on the NDPHS Data-base project. The background document gives all necessary information about the overall arrangements and terms of reference. The purpose of this briefing was to provide an opportunity for SIHLWA EG members to think about possibilities, how we can benefit and

become more closely involved. Each of the four EGs have an allocation of €30,000⁸ to prepare documents, profiles and papers on their specific area of work and expertise. In practice each SIHLWA subgroup has about €10,000 for this purpose, but we will practice the principle “first come –first serve”. In other words, we will not keep the funds available forever for sub-groups that cannot move forward with their plans. Marek Maciejowski said that the “Project-Pipeline still needs some fine-tuning, but should be available for putting in data after June.

Following ideas on the NDPHS Data-base came up from the ADO-sub-group:

- Under the data-base umbrella ADO subgroup should aim at producing short, “snappy” country profiles on ADO-health situation, health behavior and risk factors. These should be updated at regular intervals (2-3 years). Our affiliated research institutes, such as e.g. NHC, STAKES, National Institutes of Public Health etc. could be recruited with a reasonable fee to compile such papers. Ideally, we should aim at certain type of template, so that profiles of different countries could be easy to read and compare. Probably we should simply contract a few such papers and after that get together to think about a more common structure. A working title could be “Northern Dimension ADO Health Profile: Challenges and Priorities”.
- It is better to start selectively where we already have good data or even available profiles (Baltic States and Nordic Countries).
- The data-base will have links to already existing data-bases, thus avoiding duplication.
- Papers of evidence based action on intervention and health promotion would also be a relevant task under the data-base project.
-

5.1.4 Alcohol & Drug Prevention among Youth in St Petersburg

This project under SIHLWA ADO-umbrella is about to start in St. Petersburg with NCM and Government of Finland funding. Ms. Anna Skvorcova, who is expected to become the coordinator of the programme, presented the project concept. This project was also previously thoroughly discussed at our previous meeting in Vilnius. The background document at www.ndphs.org/SIHLWA website provides full background information on the project. Also the PP-presentation of Anna Skvorcova is available on the web.

Anna Skvorcova said that preventive work on alcohol and drugs is not sufficient in SPb schools. Work is implemented by adults and peer group support and volunteer work is non-existent. The project aims to fill this gap and also provide street-action experience.

In the discussion an important element on the dissemination of results was raised. In fact, the funds provided by the government of Finland to this project aim to channel into it expertise from other countries and also to assist in dissemination of results beyond St Petersburg.

5.1.5 Follow-up of Riga alcohol conference

Dr Tiina Laatikainen provided ADO-groups point of view of the conference. She said that Riga Conference was a good meeting providing a lot of material for thought. For the ADO-

⁸ Apparently this was a misunderstanding during the meeting and the real allocation for the whole SIHLWA group is only 10.000 € in total. This needs to be clarified later with the secretariat.

group a central message was that problem use of alcohol in families with children poses a true risk for their development. The inter-relationship of alcohol problems with family violence and other health problems is very complex and important. We need an inter-sectoral approach action beyond traditional administrative boundaries (health-social-education-labour-etc.). Riga Conference provided information about several well functioning project, but also about those where clear evidence of their positive effects was not properly verified. For methods, which are evidence based, should receive more support from local, regional and national authorities.

In our discussion it was noted that now having access to well functioning NDPHS data-base and web-site, all useful material should be made available (reports, guidelines, manuals, etc.). Many training modules indeed exist regarding access to alcoholic beverages, service, etc. and how through appropriate regulation problem use can be reduced.

5.1.6 St Petersburg situation on alcohol and narcotics rehabilitation service

Dr Alexandre G. Sofronov, Chief Narcologist of St Petersburg provided information on the situation and services in SPb provided for problem users of alcohol and narcotic drugs. His presentation is available on the www.ndphs.org/ SIHLWA website in Russian.. In SPb the services are provided through 600 hospital beds and 60 rehabilitation places. SPb in Russia one of the most developed regions. The capacity is presently 28.7 places per 100.000 inh. In general, alcohol dependency in north-west Russia is on a relatively high level, especially among young people. Unfortunately, the number of those, who have reached full recovery is low (only 2.7%). However, we must keep in mind that the patients represent a very difficult and already marginalized group.

In 2006 there were over 2000 cases of poisoning due to over-dosis of narcotics (mainly opioids). Poisoning through surrogate-alcohol (methanol, etc.) are relatively rare due to the fact that prices of ethanol are quite low, and there is no need even for marginalized people to rely on surrogates.. The situation is different in more remote regions, where people are poorer. The biggest group of people seeking help come from age-group 26 – 33 years, who have become dependent on alcohol in the beginning of 2000s. They usually seek help 7-8 years after they have developed the problem. They form the core of the problem. We need to find tailor-made programmes for different social groups. We should be abler to reach the “silent” risk-group earlier.

In our discussion it became obvious, that we really must focus much more on prevention of alcohol and narcotic problem. Treatment comes too late and results are very low. However, Dr. Sofronov warned against too pessimistic (nihilistic) views on treatment of alcoholism and narco-dependency, as successes also exist.

5.1.7 Stakeholder Analysis

In SIHLWA we have been discussing about the importance of a “Stakeholder analysis” since the previous Helsinki meeting in May 2006. A project proposal was developed and finds were applied through the MoFA/ Finland. Unfortunately, funds were not allocated as stakeholder analysis is not considered as a project and the proposal did not include international partners in addition to STAKES/IDC, which was planned to be the main implementing agency. In the background document the whole project has been elaborated, including previous SIHLWA feedback on the issue.

We asked ourselves, whether the concept on stakeholder analysis is still relevant. We came to the conclusion that it is highly important to know our partners and also our “enemies” in our respective countries. Although some parts of the stakeholder analysis can be include in projects (e.g A&DPrevy SPb), the group felt that it is still valid and important to pursue the idea further. Therefore, the coordinator is authorized to pursue the issue further so that STAKES would recruit more partners (e.g. MAPO/ St. Petersburg and NHV/ Gothenburg). It may also be that we have been knocking on the wrong door (MoFA) whereas NCM or Ministries of Health social Affairs might be more relevant. also the data-base project could offer one funding channel. We also thought about a possibility to have a separate working meeting on the topic, and invite possible potential partners. Regular SIHLWA meetings cannot allocate sufficient amount of time for the actual planning for stakeholder analysis.

5.1.8 Upcoming Action Plan for 2008

The following issues would need to be included in the work-plan for 2008 (and remaining of 2007):

- A&DPrevy SPb start up (2007) and implementation (2008);
- PAC meeting (Vilnius 15-16 November 2007) contribution
- EUPHA Conference input 11-13 October 2007
- SPb Conference 11-12 December 2007 on healthy lifestyles input
- Stakeholder analysis working meeting (2007 or 2008)
- 5th SIHLWA meeting February 2008 (Oslo?)
- New Project: “Children at Risk” NCM
- New Project: Children & young people in alcohol families; controlling alcohol access to minors
- Health profiles for data-base (challenges, priorities): FIN, LTU, LVA, RUS, SWE (others welcome to join depending on availability of funding). Possible partners PHI/FIN, NHV/SWE, STAKES/ FIN.
- Recruitment of SIHLWA ITA in 2008

5.2 Report of subgroup on Alcohol [ALC]

The subgroup on alcohol consisted of 11 members, namely Chair Kari Paaso (Finland), Co-chair Evgeny Krupitsky (Russia), Ilze Bogdanovica (Latvia), Bernt Bull (Norway), Matilda Hellman (NCM/NAD), Pi Högberg (Sweden), Gelena Kriveliene (Lithuania), Heidi Liepold (Canada), Marjatta Montonen (Finland), Marge Reinap (Estonia), and Pia Rosenqvist (NCM/NAD).

The subgroup on alcohol focussed especially on points 1-3 of the four main tasks defined for it in the SIHLWA Terms of Reference

1. Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol in general and harmful use in particular;
2. Explore ways to prevent the further weakening of alcohol policies leading into increased consumption;
3. Develop a strong focus on holistic and comprehensive approaches to alcohol issues in national alcohol policy strategies;
4. Support the implementation of the alcohol policy framework for the WHO European Region, including through appropriate monitoring and surveillance.

5.2.1 Suggestions regarding the NCM Conference, St Petersburg, December 2007

- The provisional programme emphasises scientific perspectives; a broader range of topics and speakers might be beneficial.
- Finland and Russia are now well-featured in the programme; broaden to other NCP countries, for instance Swedish and Norwegian (and Finnish) workplace projects have experiences to share.
- Alcohol is not an occupational disease, and lifestyle issues have so far been a minor concern for OSH; to counteract this, frame alcohol as a factor that has a negative effect on present and future workforce, thereby hindering sustainable development.
- Present estimates of the costs of alcohol to work-life and to employers in terms of lost productivity, lost work-ability, lost working years – refer to the *Alcohol in Europe report*¹² or to the *Rand report*¹³ prepared for the European Commission; consider inviting one of the writers to give a keynote speech.
- Use the work-related considerations to argue for a comprehensive, population-based approach to alcohol policy.

¹² Anderson P. & Baumberg B. Alcohol in Europe: a public health perspective. Institute of Alcohol Studies 2006. http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm

¹³ Horlings E. & Scoggins A. An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies. Rand Corporation, 2006. http://www.rand.org/pubs/technical_reports/TR412/

5.2.2 Suggestions regarding the Partnership Annual Conference (PAC), Vilnius, November 2007 (see introduction in Annex)

- To broaden the traditional narrow approach to OSH, focussed on occupational diseases and accidents, frame alcohol as a factor that has a negative effect on present and future workforce. This might help to frame alcohol-related harm in the world of work as an issue for health authorities, labour authorities, employers.
- Present alcohol as a risk factor – along with tobacco, overweight, unbalanced diet and lack of exercise – for a range of chronic diseases that cause loss of productivity and workforce
- Refer to the WHO *European strategy for the prevention and control of non-communicable diseases*¹⁴ which emphasises the need to tackle the common risk factors.
- Present estimates of the costs of alcohol to work life and to employers in terms of lost productivity, lost work ability, lost working years – refer to the *Alcohol in Europe report*¹⁵ or to the *Rand report*¹⁶ prepared for the European Commission n; consider inviting one of the writers to give a keynote speech.
- Migrants' health will be raised as a topic during the Portuguese EU Presidency; consider inviting a speaker from Portugal.

5.2.3 The alcohol sub-group's own agenda

5.2.3.1 Update on developments

- **EU:** Publication of the European Commission strategy on alcohol in 2006¹⁷, and the related Council Conclusions¹⁸ later in the same year, will be followed by the establishment of an Alcohol and Health Forum in June 2007. Activities related to the Forum will be the Commission's main effort regarding alcohol policy in the next years. The Forum is meant to serve as a platform for dialogue between alcohol production, retailing and associated industries on the one hand and NGOs on the other. Member States will feature as observers.
- **WHO:** The World Health Assembly discussed the public-health problems caused by alcohol in Geneva 2007 but without reaching a resolution on the need of a global strategy to reduce alcohol-related harm. The issue will be discussed again at the WHO Executive Board in January 2008. In the WHO European Region, a new alcohol strategy¹⁹, the third since the early 1990s, was adopted in 2005.

¹⁴ Gaining health: The European strategy for the prevention and control of noncommunicable diseases. WHO, 2006

http://www.euro.who.int/InformationSources/Publications/Catalogue/20061003_1

¹⁵ see reference previous page

¹⁶ see reference previous page

¹⁷ An EU strategy to support Member States in reducing alcohol related harm

http://ec.europa.eu/health/ph_determinants/life_style/alcohol/alcohol_com_en.htm

¹⁸ Council Conclusions on EU strategy to reduce alcohol-related harm, 2006.

http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/lsa/91933.pdf

¹⁹ Framework for alcohol policy in the WHO European Region, WHO 2005.

<http://www.euro.who.int/document/e88335.pdf>

- **NDP countries:** In several NDP countries (Canada, Estonia, Finland, Latvia, Sweden), changes in the political government and/or reorganisation of central government bodies may cause disruptions in the development of comprehensive policies to reduce alcohol-related harm. In other countries, alcohol issues have been on the discussion agenda but political action is lacking. A notable exception is Norway where the public and political sentiment is shifting toward stronger support for alcohol control policies.
- In **Canada**, the first recommendations for a national alcohol strategy²⁰ were formulated in April 2007, after a three-year process of preparation. Studies of the societal **costs of alcohol** have been carried out in Canada since the 1990s. The most recent reports include a comparison of the perceived seriousness and the actual costs of substance abuse²¹ and a handbook for the estimation of substance abuse-related costs²².

5.2.3.2 Discussion on past and future work within SIHLWA

- SIHLWA was expected to function as a **field to increase co-operation between NDP countries**. Overall, the experiences have been positive: participants have learned to know each other and have exchanged views and information. Achieving concrete co-operation is still a challenge and requires more work.
- The alcohol sub-group has discussed issues of crucial importance and has outlined **ideas for joint conferences and projects**. So far no funding has been secured to proceed from planning to implementation.
- One way to proceed is to integrate the alcohol sub-group's themes into events and projects for which funding has already been secured.
- Co-operation within the NDP can also be fostered by inviting participants from Russia to predominantly Nordic/Baltic events (cf. positive experiences from CBSS conference in Riga 2007)

5.2.3.3 Plans for a seminar: "Impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies"

- Planning for a seminar on the impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies was started in the 3rd SIHLWA meeting and continued in the 4th meeting. The seminar is planned to take place in early 2008, possibly in Latvia. The seminar will probably be organised jointly by the Norwegian Ministry of Health and the Nordic Council for Alcohol and Drug Research NAD, in association with SIHLWA, providing that funding can be secured.

²⁰ Toward a culture of moderation: reducing alcohol-related harm in Canada.

http://www.nationalframework-cadrenational.ca/uploads/files/FINAL_NAS_EN_April3_07.pdf

²¹ Comparing the perceived seriousness and actual costs of substance abuse in Canada. Canadian Centre on Substance Abuse, 2007.

<http://www.ccsa.ca/NR/rdonlyres/98CA9F87-1BE2-40EB-B345-90984F994BFD/0/ccsa0113502007.pdf>

²² International guidelines for the estimation of the avoidable costs of substance abuse.

Health Canada, 2006. http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/cost-cout-abus/index_e.html

- The seminar is planned to focus on the impact of international trade agreements and EU internal market legislation on national alcohol policies and, more broadly, on 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. 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.
- Planning for the seminar will continue by a virtual planning group through e-mail.

5.2.3.4 Project to disseminate brief intervention as a method for prevention of harmful and hazardous alcohol use

- Based on discussions by the alcohol sub-group in the 3rd SIHLWA meeting, initial project plans were drafted and funding opportunities were explored, but without success. In the 4th meeting the alcohol sub-group focussed on identifying alternative ways to foster the effort. One way to proceed is to explore whether existing or planned events, resources and projects can be linked together to build ground for future project planning.
- Estonia, Latvia and Lithuania have joined the Primary Health Care European Project on Alcohol PHEPA (www.phepa.net) funded by the EU public health programme. Although the experience gained and materials produced in the PHEPA project are available for new project partners, project-related activity in Baltic countries is likely to remain modest without extra funding.
- The Nordic Council for Alcohol and Drug Research is planning a seminar on brief intervention, in which special attention can be given to NDP countries' interests.
- The SIHLWA OSH sub-group is preparing a project proposal on the development of OSH in the public transport sector in the Baltic countries. Binge drinking is noted in the project as a risk factor contributing to cardiovascular disease. Including brief intervention as a component in the project would require extra funding for occupational health service staff training. A low-cost approach could be to distribute AUDIT tests to the target groups to encourage self-assessment of alcohol-related risks.
- A modest start to prepare ground for the dissemination of screening and brief intervention in primary health services in the Leningrad region might be feasible with existing resources and some additional funding. Dr. Krupitsky will draft an initial project plan a.o. to entice funding for activities.
- A range of brief intervention materials has been produced also in Canada. In Finland, some materials to support screening and brief intervention as well as self-assessment and controlled drinking exist or are forthcoming in Estonian and Russian translation.
- The **thematic reports** to be produced as WP6 of the NDPHS database project will 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 and Norway, 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. Plans for thematic reports will be expected for the next SIHLWA meeting.

5.3 Report of Subgroup on occupational safety and health [OSH]

The subgroup on occupational safety and health [OSH] consisted of 11 members, namely Chair Wiking Husberg, (ILO) , Co-chair Remigijus Jankauskas (Lithuania), Viktorija Ambrazeviciene (Lithuania), Elisa Iwanowicz (Poland), Paula Karppinen, (Finland), Rokho Kim, WHO-EURO/Bonn), Kari Kurppa (Finland), Suvi Lehtinen (Finland), Timo Leino, FIOH (Finland), Roman Litviakov (ILO, Moscow), Bernd Treichel (NDPHS Secretariat)

Wiking Husberg opened the meeting and bid all participants welcome. The work plan of the OSH Sub-group was agreed upon as follows:

- Review of earlier work in Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA) Expert Group and Baltic Sea Network on Occupational Health and Safety (BSN)
- Preparing for and planning of the OSH Conference and PAC 15–16 November 2007
- Status report of OSH questionnaire survey
- Planning of the joint project proposal on prevention of CVD in road transport
- Preliminary information on the Nordic Council of Ministers Meeting, 11–12 December 2007, St. Petersburg

5.3.1 Review of recent OSH-events

- Suvi Lehtinen reported on the recent activities within the Baltic Sea Network on Occupational Health and Safety. She mentioned that the Annual Meeting of the BSN was held in mid-September 2006 in Tartu, Estonia. In the Annual Meeting, it was decided that further development of a joint project be continued, and that tight collaboration with the Northern Dimension Partnership in Public Health and Social Well-being be carried out. These issues were also discussed in the Second Meeting of SIHLWA, held on 30 November–1 December 2006 in Vilnius, Lithuania. The BSN held a small expert meeting on 29–30 March 2007 in Riga to discuss both the questionnaire survey on OSH situation in the countries, and the project on prevention of cardiovascular diseases in the transport sector.
- Rokho Kim reported on the results of the Fifth European Network Meeting on Occupational Health, held on 14–16 March 2007 in Buxton, the UK. He informed about the 6 conclusions of the meeting which dealt with: Coordination of activities – role of the WHO Regional Office for Europe, the National Focal Points and the Collaborating Centres; Programme activities of the International Organizations were described and the importance of close collaboration among WHO, ILO and EU was emphasized; Funding – Collaborating Centres were encouraged to respond to FP7 calls – multi-centre projects; Dissemination of information was emphasized, and the nine working groups prepared joint work plans during the meeting. In addition, he reported that the Global Plan of Action on Workers' Health 2008–2017 was endorsed by WHA in May 2007, with 5 objectives. The Resolution was distributed to all participants of the Sub-group.

- Roman Litvyakov reported on the results of the North-West Russian Project. The ILO-OSH2001 has been approved as an Inter-state standard, as a stand-alone document. The national certification system of the safety management systems is also now available. A great deal of regional collaboration has been established since the previous SIHLWA meeting. Collaboration of the Project with training centres allows the further training of enterprises. The Swedish training manual on OSH has been translated and adapted into Russian conditions, and a great deal of training is provided by separate training centres, e.g. in Perm. He also mentioned that the Project works with the Federal Ministries in the Russian Federation.

5.3.2 Preparing for the PAC meeting, 15–16 November 2007

The name of the meeting was discussed and several proposals were put forward: 1) Health – for a long safe working life; 2) Healthy life – lasting work ability; 3) Decent and healthy work for all; 4) Workplace as a setting for better health; 5) Workers’ health in all policies; 6) Better health for the working population; 7) Healthy life – healthy work; 8) Equal health at work; 9) Reduce health burden at work; 10) Strengthening health system; 11) Better workers’ health –good for all of us; 12) Global action for workers’ health – Workers’ health: global plan of action in ND countries.

It was decided to propose the name of PAC conference as follows: Healthy life – healthy work. Partnership for health and safety at work. The scope and purpose of the meeting was also discussed. It was agreed that the target groups of the conference be: Policy developers, practical implementers, health and OSH specialists, as well as SIHLWA specialists, and members of other Expert Groups. The purpose of the meeting will be: Present, discuss and streamline WHO, ILO and EU/SANCO OSH policies; Develop a health at work strategy for NDPHS; Promote a systematic approach to health and safety at work; and Share experience on practical implementation of occupational health and safety measures.

The two-day meeting can be split into two parts. The first day will be more like a conference-type of meeting, and the second day will be the more formal PAC meeting. The preliminary programme of the days was discussed in detail and the following structure was proposed.

<ul style="list-style-type: none"> • Part I: Policy platform <ul style="list-style-type: none"> – WHO: Workers’ health – ILO: Systematic approach – EU: European strategy ➔ NDP Health at work Policy • Part II: Put into practice <ul style="list-style-type: none"> – WHO-ILO SEE Case – ILO NW Russia OSH project – EG on HIV/AIDS – others ➔ Food for thought for Expert Groups 	<ul style="list-style-type: none"> • PAC meeting • 2 h thematic discussion • 2 key speakers • Round table • Conclusions of the Chair (Policy paper) • “PAC mandatory programme”
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A number of topics for presentations were put forward, and they were provided to the organizers of the meeting. The final decision as to the topics to be included will be made later by the organizers in collaboration with OSH Sub-group chairmanship.

5.3.3. OSH situation in the countries

Timo Leino reported on the results of the ongoing questionnaire survey on OSH situation in the countries. He mentioned that the decision of carrying out such a survey was made in the 2nd SIHLWA meeting, in November 2006. A questionnaire was sent to the countries at the end of January 2007, deadline for replies being the end of February 2007. A planning meeting was held in Riga, on 28–29 March 2007. The Baltic states and Finland attended the meeting. Replies to the questionnaire have so far been received from Lithuania and Poland. Latvia, Estonia, the Russian Federation, Norway, and Finland are in the process of preparing their replies. This information will be inserted to the NDPHS data base in due course.

5.3.4 A project on workplace as a setting for CVD prevention

Kari Kurppa reported on the developments of this activity. CVD morbidity is one of the priority problems in most countries, and it is strongly related to lifestyles and work. There is a great deal of space for preventive activities. He also reported that the cardiovascular problems have increased rates in transport, and that workplace can successfully be used as a setting for preventive activities. He described with the help of a problem tree and a solution tree (Annex 1 and 2) the opportunities that this topic offers for joint activities in the countries.

The next phases of planning are: 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. The BSN focal points have expertise on enterprises and workplace setting of public health problems. 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. Here the collaboration with the Alcohol Sub-group would be appreciated. The planning of the project is continued.

6 Closing of the SIHLWA meeting

The closing plenary of the 4thnd SIHLWA members noted with satisfaction the good progress made during the meeting. The Coordinator and sub-group Chairpersons were given a mandate to bring forward the recommendations made during the meeting.

The 5th SIHLWA EG meeting would tentatively take place next February 2008 probably in Oslo, Norway. The sub-group of OSH would report to the Baltic Sea Network on OSH in Bonn/ Germany in October 2007, compile and update the requested information and report back to the SIHLWA Expert Group .

We discussed the importance of having a well functioning secretariat for SIHLWA and each sub-group. Mikko Vienonen would continue as SIHLWA Coordinatin Chair and receive secretarial assistance through MoSA&H/ Finland and MoH/Lithuania. We would work towards having a full- or part-time International Technical Advisor (ITA) for SIHLWA, but this would require additional project funds.

- **The Alcohol subgroup** would continue to be chaired *ad interim* by Dr Kari Paaso, (kari.paaso@stm.fi) until WHO-EURO would indicate the name of a new Chairperson for the Alcohol group. Previously it has been agreed that WHO-EURO would sponsor and chair this subgroup. Dr Evgeny Krupitsky (Russian Federation kru@ek3506.spb.edu) would continue as as Co-Chair.
- **The Adolescent health sub-group** would continue to be chaired by Mikko Vienonen, (m.vienonen@kolumbus.fi). The sub-group Co-Chair was last January nominated to be **Ms. Daiva Zeromskiene** (daiva.zeromskiene@takas.lt), Head of Children's Environmental Health Division at the State Environment Centre, Lithuania, replacing Dr Rita Sketerskiene from Lithuania.
- **The Workplace health and safety sub-group** would continue to be chaired by Mr Wiking Husberg (husberg@ilo.org), ILO/Russia. Previously it has been agreed that ILO would sponsor and chair this subgroup. Dr Remigijus Jankauskas (jank@dmc.lt) from Lithuania (Institute of Hygiene/MoH) will continue as Co-Chair.

The meeting discussed about the problem of not having a clearly defined membership list and representatives nominated by Partner countries and Organizations. In Annex the present situation has been elucidated. SIHLWA meeting agreed that ideally there should be a nominated representative for each of the three sub-groups (ADO, ALC and OSH). In some cases, the profile of an organization may justify only participation in only selected sub-groups. Country representatives would preferably also have nominated alternates in order to safeguard better continuity and institutional memory. There would not be any objections in principle, if the representative and alternate(s) would want to attend the meetings together. The only restriction might be, if the number of participants in a meeting would exceed organizers capacity. SIHLWA meetings would also always allow *ad hoc* participants depending on the topic and interest. It is also natural and desirable to allow meeting host country to nominate more *ad hoc* participants, depending on how much the venue can accommodate people.

The meeting authorized the Coordinating chair to convey this message to the NDPHS Secretariat and also to raise it at upcoming ITAs & Chairs' meeting and CSR meeting.

END OF REPORT

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

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

List of Chairpersons and Co-chairpersons

Coordinating SIHLWA Chairperson

Dr Mikko Vienonen
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Sysimiehenkuja 1
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1) Subgroup on adolescent health and socially-rewarding lifestyles

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

<p>Chairperson Mr. Kari Paaso Regional Adviser WHO/EURO Scherfigsvej 8, 2100 Copenhagen Ø, DENMARK +45-3917 1530 kpa@euro.who.int</p>	<p>Co-chairperson Dr. Evgeny Krupitsky Chief, Department of Addictions Research Laboratory, Leningrad Regional Center of Addictions Novo-Deviatkino 19/1 Leningrad Region 188661, RUSSIA Tel/Fax: +7-812-296 9905 kru@ek3506.spb.edu</p>
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3) Subgroup on occupational health and safety

<p>Chairperson Mr. Wiking Husberg Senior OSH Specialist 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 husberg@ilo.org</p>	<p>Co-chairperson Dr. Remigijus Jankauskas, Director of Occupational Medicine Center Institute of Hygiene under the Ministry of Health Vilnius, LITHUANIA jank@dmc.lt</p>
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