

# ANNEXES



*Northern Dimension*  
Partnership in Public Health  
and Social Well-being  
[www.ndphs.org](http://www.ndphs.org)

REPORT ON  
NDPHS<sup>1</sup> Expert Group  
“Social Inclusion, Healthy Lifestyles & Work Ability”  
4<sup>th</sup> Meeting of ”SIHLWA”  
Helsinki 29 -30 May 2007

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<sup>1</sup> Northern Dimension Partnership in Public Health and Social Wellbeing

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## ANNEX 1:

<b>Reference</b>	SIHLWA 4/2/Info 1
<b>Title</b>	Scope and purpose of the NDPHS SHILWA EG (includes SIHLWA Terms of Reference and SIHLWA Action Plan for 2007 in Annex)
<b>Submitted by</b>	SIHLWA Coordinating Chairman
<b>Summary / Note</b>	-
<b>Requested action</b>	For information

As stipulated by the Terms of Reference<sup>2</sup> provided by the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS) governing bodies and as indicated in the Annual Action Plan for 2007<sup>3</sup> the Expert Group on “**Social Inclusion, Healthy Lifestyles & Work Ability**” (“**EG on SIHLWA**”) will organize its 4th meeting 29 (Tuesday) – 30 May (Wednesday) 2007 in Helsinki/ Finland, sponsored by the Ministry of Social Affairs and Health.

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

**Subgroup on Alcohol** (Chair Kari Paaso<sup>4</sup>/WHO-EURO, Co-chair Evgeny Krupitsky<sup>5</sup>/Department of Addictions Research Laboratory, Leningrad Regional Center of Addictions);

**Subgroup on Adolescent Health and Socially-Rewarding Lifestyles** (Chair Mikko Vienonen<sup>6</sup>/ SIHLWA Coordinator, Co-chair Ms. Daiva Zeromskiene<sup>7</sup>, Head of Children Environment Health Division of State Environment Centre of Lithuania);

**Subgroup on Occupational Safety and Health (OSH)** (Chair Wiking Husberg<sup>8</sup>/ ILO-Russia, Co-chair Remigijus Jankauskas<sup>9</sup>/ Institute of Hygien/MoH/ Lithuania)

WHO-EURO Division of Health Programmes provides overall oversight from WHO side.

In the previous 3<sup>rd</sup> SIHLWA meeting in November 2006, the Expert Group agreed on the overall Action Plan for the EG SIHLWA and its sub-groups for 2007. This is available as annex of this document and also on [www.ndphs.org/expert groups/ documents](http://www.ndphs.org/expert_groups/documents).

As usual, this 4<sup>th</sup> SIHLWA meeting will have all three sub-groups (see above) coming together, and the program will consist of joint sessions and individual sub-group sessions as indicated in attached proposed provisional program.

Common SIHLWA topics to be discussed with all three sub-groups together will include:

- Further analyzing epidemiological knowledge of timely issues on lifestyle related non-communicable diseases in northern dimension area, discussing health policy

<sup>2</sup> See in ANNEX 1

<sup>3</sup> See in ANNEX 2

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decisions in partnership countries, and providing policy guidelines for practical purposes.

- Discussing the lessons learned from CBSS (Swedish Chairmanship) conference on "EFFECTIVE APPROACHES TO TACKLE ALCOHOL RELATED PROBLEMS IN LOCAL COMMUNITIES" held in Riga 12-13 March and supported by all SIHLWA sub-groups.
- Discussing the organizing for Nordic Council of Ministers (Finnish Chairmanship) a conference on a timely problems on non-communicable diseases "SOCIAL INCLUSION AND PROMOTION OF HEALTHY LIFESTYLES" 11-12 December 2007 in St. Petersburg.
- Continuing work on strengthening links with main partners (especially WHO-EURO, ILO/Russia, and national actors on NCDs and healthy lifestyles.
- Strengthening collaboration with NDPHS Secretariat in Stockholm.
- Providing an update on the NDPHS project data-base and project pipe-line and how they relate with SIHLWA activities.
- Providing feedback and guideline for elaboration of SIHLWA's upcoming Action Plan for 2007 and beyond.

Following the recommendations of previous meetings, sufficient working time will be allocated to three sub-groups, namely 1) alcohol, 2) adolescent health and social well-being, and 3 occupational health & safety to elaborate on their own ongoing projects and country specific work:

The **subgroup on alcohol** will:

- Further elaborate and develop project proposal on prevention of Hazardous & Harmful use of Alcohol: **Early Identification and Brief Intervention**;
- Further elaborate and develop plans and programme for seminar on EU law on alcohol control and assessment of its impact on national alcohol policy consideration;
- Further elaborate and develop plan for a meeting on effective national alcohol policy measures aimed in particular for decision makers, administrators, media and researchers. A module for easy duplication the meeting at national levels would be one of the practical outcomes.

**The subgroup on adolescent health and socially-rewarding lifestyles** will:

- Work for further providing advise on "Alcohol and Drug Prevention among Youth in St. Petersburg" and review possibilities of expanding it to other regions and/or countries;
- Discuss the present situation with SIHLWA ADO-subgroup stakeholder analysis and review possibilities as to how this important activity could be made again operational. Lack of funding has halted the progress;
- Innovate on new project opportunities and ideas.

**The subgroup on occupational safety and health (OSH)** will:

- Continue the preparation of a background paper on the OSH situation in the region in preparation of a policy statement for the PAC of Ministers in November 2007 in Vilnius;
- Review the results of the SIHLWA/BSN Planning Meeting in end March 2007 concerning the OSH study and preparation of the policy paper for the PAC and Nordic Council of Ministers meeting in 2007;
- Review the progress of the ILO NW Russia OSH project and the plans to start a occupational health study in the transport sector in selected countries.

Registration and practical meeting support will be provided by The Ministry of Social Affairs and Health of Finland (see for details the registration form).

This SIHLWA meeting will be a challenging opportunity to move towards practical implementation of important lifestyle related activities in the Northern Dimension Partnership area. Therefore, it would be important to have representation from as many partnership countries and organizations as possible. The attached SIHLWA membership list indicates clearly that all sub-groups have not been sufficiently represented by partnership countries and organizations, yet.

The participants of this EG SIHLWA meeting would consist of public health experts nominated by the different member countries of the partnership. Affiliated international public health agencies like WHO, ILO, etc. are also invited to send their experts. Additionally, public health institutes and relevant NGOs in respective countries are welcome to participate. We expect that approximately 40-50 people would be present.

A special challenge for this Expert Group will be how we can best benefit from the synergy that the three subgroups will pose. To have three parallel meetings taking place at the same time would not serve the purpose. However, in a heterogeneous group it is also important that the three theme groups can have time for their own deliberations. The program has been designed so that these competing needs could be properly balanced and addressed.

There will be simultaneous English – Russian interpretation for all plenary session. Thematic meetings may not all be able to provide simultaneous interpretation, except for one sub-group with most Russian speakers participating. However, through ad hoc arrangements participation in both languages will be facilitated as much as possible.

Dr. Mikko Vienonen

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## **ANNEX 2:**

<b>Reference</b>	SIHLWA 4/2/1 rev1
<b>Title</b>	Provisional Agenda
<b>Submitted by</b>	Chair
<b>Summary / Note</b>	-
<b>Requested action</b>	Adoption

1. **Opening of the meeting and welcome**
2. **Adoption of the Agenda**
  - **Making note of SIHLWA functionaries in 3 sub-groups (ALC, ADO & OSH)**
  - **Discussing nominations of SIHLWA members**
  - **For information of SIHLWA 2006 Annual Report**
  - **For information SIHLWA progress report Jan-May 2007**
  - **For Discussion SIHLWA remaining Action Plan 2007**
  - **For discussion SIHLWA upcoming Action Plan 2008**
3. **Discussion about past and upcoming important conferences:**
  - **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**
  - **EUPHA 15<sup>th</sup> European Conference on Public 11-13 October 2007. Workshop on NDPHS**
  - **NCM Conference on “Social inclusion and promotion of healthy lifestyles” St Petersburg, 11-12 December 2007**
4. **Information about the NDPHS, including Project Database and Project Pipeline**
5. **Three sub-group parallel meetings (ALC, ADO, OSH)**
  - **Each group provide their own documents as relevant**
6. **Reports and conclusions of sub-groups (ADO, ALC, OSH)**
8. **Action Plan 2008**
9. **Next meeting**
10. **Any other business**
11. **Closing of the meeting**

**ANNEX 3: PROGRAMMES****OVERALL SIHLWA PROGRAMME (PLENARIES)****1st DAY: Tuesday 29 May 2007**

TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ORGANIZATION	COMMENTS
<b>11:30-12:00 REGISTRATION with COFFEE/TEA</b>				
TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ORGANIZATION	COMMENTS
12:00 - 13:00	1. Opening	1) Dr Kimmo Leppo 2) Dr. Mikko Vienonen 3) Mr Marek Maciejowaki 4) Mr. Wiking Husberg 5) Mr Kari Paaso 6) Dr. Daiva Zeromskienene	1) MoSA&H Director General Health Department 2) NDPHS EG SIHLWA Coordinating Chair 3) NDPHS Representative 4) OSH Chairperson 5) Alcohol Chairperson 6) Adolescents' Co-chairperson	1 - 3) Welcome by the hosting Ministry of Social Affairs & Health/ Finland, NDPHS SIHLWA EG and NDPHS Secretariat.  4 – 6) Introduction by sub-group chair-persons and/or co-chairpersons
13:00 - 13:40	2. SIHLWA Administrative issues	Dr. Mikko Vienonen	SIHLWA Coordinating Chair	2.1) Approval of Dec. 2006 mtg report 2.2) Presentation of the SIHLWA progress report Jan- May 2007) 2.3) SIHLWA's action plan update for June-Dec. 2007 2.4) SIHLWA's upcoming Action Plan for 2008 and beyond 2.5) Other timely issues
13:40 - 14:15	3. Past and upcoming conferences (feed-back, lessons learned, planning)	Dr. Mikko Vienonen and others	SIHLWA Coordinating Chair	3.1) Feedback from CBSS conference on "EFFECTIVE APPROACHES TO TACKLE ALCOHOL RELATED PROBLEMS IN LOCAL COMMUNITIES" Riga 12-13 March.  3.2) Discussing NCM conference on a timely problems on "SOCIAL INCLUSION AND PROMOTION OF HEALTHY LIFE-STYLES" 11-12 December 2007 in St. Petersburg.
14:15 - 14:30	4. NDPHS Database project update	Mr. Marek Maciejowski	Head of the NDPHS Secretariat	4) Updated information will be provided
<b>14:30 – 15:00 COFFEE BREAK</b>				
15:00 - 17:30	5. Parallel sub-group sessions: 1. Alcohol 2. OSH 3. Adolescent Health	Facilitated by sub-group Chairpersons, Co-Chairpersons and registered by selected Rapporteurs		Each sub-group will prepare their own agenda in line with the Scope & Purpose of the meeting.
<b>19:00-21:00 DINNER HOSTED BY MINISTRY OF SOCIAL AFFAIRS &amp; HEALTH during a boat-trip to the archipelago outside Helsinki</b>				

**2nd DAY: Wednesday 30 May 2007**

TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ORGANIZATION	COMMENTS
09:00 - 10:30	5. parallel sub-group sessions CONTINUE: 1. Alcohol 2. OSH 3. Adolescent Health	Facilitated by sub-group Chairpersons, Co-Chairpersons and registered by selected Rapporteurs		According to sub-groups' own agenda
10:30 – 11:00 COFFEE BREAK				
11:00 - 12:30	5. parallel sub-group sessions CONTINUE: 1. Alcohol 2. OSH 3. Adolescent Health	Facilitated by sub-group Chairpersons, Co-Chairpersons and registered by selected Rapporteurs		According to sub-groups' own agenda
12:30-13:30 LUNCH (Coffee and other refreshments available during afternoon sessions)				
13:30 - 15:00 PLE-NARY	6. FEED BACK FROM sub-groups (1-2-3)  Closing of official part of SIHLWA meeting	From each sub-group rapporteur Facilitated by Dr Mikko Vienonen and sub-group Chairpersons and Co-Chairpersons		<ul style="list-style-type: none"> <li>• Agreement on next meeting</li> <li>• Agreement on SIHLWA and sub-group functionaries</li> </ul>
15:00 - 16:00 PLE-NARY	Opportunity for sub-groups still to have final meetings as necessary			
16:00 Closing of the meeting				

## ADO Sub-group Provisional Programme

(note: grey parts will be in plenary for ALL SIHLWA. Without shading – takes place in ADO sub-group)

1<sup>st</sup> DAY: Tuesday 29 May 2007

TIME	TOPIC	NAME OF SPEAKER	POSITION/ INSTI- TUTE/ORGANIZATION	Comments
<b>11:30-12:00 REGISTRATION with COFFEE/TEA</b>				
12:00 - 14:30 PLENARY	Opening SIHLWA Administrative issues Key-note presentation on non-communicable disease prevention strategy NDPHS Database project	<ul style="list-style-type: none"> <li>• Host-government welcome &amp; introduction</li> <li>• SIHLWA functionaries comments</li> <li>• Head of the NDPHS Secretariat</li> </ul>		Key-note presentation on timely strategic issues and what repercussions and implications it has on the work of SIHLWA Expert Group
<b>14:30 – 15:00 COFFEE BREAK</b>				
15:00 – 15:30 sub-group	Introduction of ADO-sub-group participants and short inventory of related issues ongoing in our respective countries and organizations.	All experts		Outcome: note will be taken and participants have an opportunity to hand in their abstracts in writing.
15:30 – 16:00 sub-group	Discussion on the practical implications, possibilities and challenges of the NDPHS project database project and project pipeline.	All experts facilitated by NDPHS secretariat representative  Marek Maciejowski or Berndt Treichel	to be confirmed	ADO sub-group sessions Outcome: better idea of how SIHLWA ADO-sub-group can become involved in the database development.
16:00 – 16:30 sub-group	Briefing as to what is the situation with “Children at Risk” project and possible role of SIHLWA ADO-group	Lars Lööf	NCM representative CBSS representative and Chair of the “Children at Risk” expert group	Outcome: feed-back and advise from the group to be received for making decisions for steps forward/ (see also 3 <sup>rd</sup> SIHLWA meeting report/ Vilnius)
16:30 -17:00 sub-group	Lessons learned for the ADO-group from CBSS- Riga alcohol conference in March 2007	Tiina Laatikainen & Mikko Vienonen	NPHI/ Finland SIHLWA/ Chair	ADO sub-group sessions Outcome: SIHLWA ADO-sub-group views will be reflected in the programme
17:00 - 17:30 sub-group	Discussion on the upcoming ministerial “Partnership Annual Conference” (PAC) in Vilnius in November 2007	Briefing by host country representative/Lithuania  All experts	Technical theme of the PAC is occupational safety and health. What issues will be important to raise from the ADO-sub-group point of view	ADO sub-group sessions Outcome: practical feed-back for the preparation of the PAC pre-event and the PAC
<b>19:00-21:00 DINNER HOSTED BY MINISTRY OF HEALTH</b>				

**ADO 2<sup>nd</sup> DAY: Wednesday 30 May 2007**

TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ ORGANIZATION	COMMENTS
09:00 – 09:30 sub-group	Feed-back from the first SIHLWA ADO-sub-group project: Alcohol & Drug Prevention among Youth in St Petersburg	Anna Skvortsova	A&D PrevY SPb Project coordinator	Outcome: feed-back and advise from the group to be received
09:30 – 10:00 sub-group	Opportunity for short presentations by sub-group participants on timely issues in their country / organization / region	to be announced later		Participants interested to provide a short presentation should contact the chair (Mikko Vienonen) in advance. Outcome: note to be taken
10:00 – 10:30 sub-group	NCM Conference on “Promotion of healthy lifestyles, work ability and social inclusion” in St Petersburg December 2007	Introduction: Mikko Vienonen All experts	Feed back to the organizers as to the content of the event and potential participants	ADO sub-group sessions Outcome: SIHLWA ADO-sub-group views will be reflected in the programme
<b>10:30 – 11:00 COFFEE BREAK</b>				
11:00 – 11:30 sub-group	Preliminary discussion on SIHLWA ADO-groups action plan implementation in 2007 and potential action to be taken on the agenda in 2008	All experts		Outcome: feed-back for the remaining implementation of the Action Plan 2007 and preparation of Action Plan 2008
11:30 – 12:00 sub-group	SIHLWA stakeholder analysis situation. “Catch 21” and how to get out of it?	to be identified		Outcome: feed-back and advise from the group to be received for making decisions for steps forward
12:00 – 12:30 sub-group	Conclusions for reporting to other sub-groups	Facilitated by ADO sub-group rapporteur	Rapporteur to be nominated	Outcome: report to be presented at the last SIHLWA plenary
<b>12:30-13:30 LUNCH</b>				
<i>(Coffee and other refreshments available during afternoon sessions)</i>				
13:30 - 15:00 PLENARY	FEED BACK FROM sub-groups (1-2-3)  Closing of official part of SIHLWA meeting	From each sub-group rapporteur Facilitated by Dr Mikko Vienonen and sub-group Chairpersons and Co-Chairpersons		<ul style="list-style-type: none"> <li>• Agreement on next meeting</li> <li>• Agreement on SIHLWA and sub-group functionaries</li> </ul>
<b>16:00 Closing of the meeting</b>				
15:00-16:00 sub-group	Opportunity for sub-groups still to have final meetings as necessary	All experts		if needed

## ALC Sub-group Provisional Programme

(note: grey parts will be in plenary for ALL SIHLWA. Without shading – takes place in ALC sub-group)

1<sup>st</sup> DAY: Tuesday 29 May 2007

TIME	TOPIC	NAME OF SPEAKER	POSITION/ INSTI- TUTE/ORGANIZATION	Comments
<b>11:30-12:00 REGISTRATION with COFFEE/TEA</b>				
12:00 - 14:30 PLENARY	Opening SIHLWA Administrative issues Key-note presentation on non-communicable disease prevention strategy NDPHS Database project	<ul style="list-style-type: none"> <li>• Host-government welcome &amp; introduction</li> <li>• SIHLWA functionaries comments</li> <li>• Head of the NDPHS Secretariat</li> </ul>		Key-note presentation on timely strategic issues and what repercussions and implications it has on the work of SIHLWA Expert Group
<b>14:30 – 15:00 COFFEE BREAK</b>				
15:00 – 16:00 sub-group	Introduction of ALC-sub-group participants and short inventory of related issues ongoing in our respective countries and organizations; Update of ongoing European and national topics: Commission of Alcohol and Health Forum 7/6; WHA discussion and resolution on alcohol; Riga CBSS-alcohol conference; the start of the Building Capacity project.	Kari Paaso & all experts	e.g. Finland: the new Government taking office, its programme on alcohol: comprehensive health promotion, tackling health inequalities, raising excise duties on alcohol. Outcome: note will be taken and participants have an opportunity to hand in their abstracts in writing.	
16:00 – 16:30 sub-group	Discussion on experiences from the SIHLWA alcohol group so far; what have we gained and, in particular, what should be the focus in our future work. Discussion on whether the idea of organising a meeting on effective national alcohol policy measures aimed in particular for decision makers, administrators, media and researchers is still valid	Introduction: Kari Paaso All experts		What are the prospects for financing a meeting on effective national alcohol policy measures where and when it could take place .
16:30 -17:00 sub-group	NCM Conference on “Promotion of healthy lifestyles, work ability and social inclusion” in St Petersburg December 2007	Introduction: Kari Paaso All experts	Feed back to the organizers as to the content of the event and potential participants	Outcome: SIHLWA ALC-sub-group views will be reflected in the programme
17:00 - 17:30 sub-group	Discussion on the upcoming ministerial “Partnership Annual Conference” (PAC) in Vilnius in November 2007	Briefing by host country representative/Lithuania  All experts	Technical theme of the PAC is occupational safety and health.	Outcome: practical feed-back for the preparation of the PAC pre-event and the PAC. What issues will be important to raise from the ALC-sub-group point of view
<b>19:00-21:00 DINNER HOSTED BY MINISTRY OF HEALTH</b>				

**ALC 2<sup>nd</sup> DAY: Wednesday 30 May 2007**

TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ ORGANIZATION	COMMENTS
09:00 – 10:00 sub-group	Elaboration and development of a programme for a seminar on EU law (legislation and jurisprudencia) on alcohol control and assessment of its impact on national alcohol policy considerations; financing, resources, date, place	All experts		The Chair will prepare a template for a programme which the participants will discuss and fill in. We will also discuss possible collaborators, sources of financing, other resources.
10:00 – 10:30 sub-group	Opportunity for short presentations by sub-group participants on timely issues in their country / organization / region	to be announced later		Participants interested to provide a short presentation should contact the chair Kari Paaso in advance). Outcome: note to be taken
<b>10:30 – 11:00 COFFEE BREAK</b>				
11:00 – 11:30 sub-group	Elaboration and development of a project proposal on prevention of hazardous and harmful use of alcohol, i.e. early identification and brief intervention; financing, scope, geographical coverage			The idea of such a project has been on our table since we started. We should define the relationship between our initiative and the Commission financed PHEPA-project on the issue, decide on the countries to be included (e.g. Russia, Baltic countries, Norway), and discuss financing and concrete project proposal.
11:30 – 12:00 sub-group	Discussion on the practical implications, possibilities and challenges of the NDPHS project database project and project pipeline.	All experts facilitated by NDPHS secretariat representative Marek Maciejowski or Berndt Treichel	to be confirmed	ALC sub-group sessions Outcome: better idea of how SIHLWA ALC-sub-group can become involved in the database development.
12:00 – 12:30 sub-group	Conclusions for reporting to other sub-groups	Facilitated by ALC sub-group rapporteur	Rapporteur to be nominated	Outcome: report to be presented at the last SIHLWA plenary
<b>12:30-13:30 LUNCH</b>				
<i>(Coffee and other refreshments available during afternoon sessions)</i>				
13:30 - 15:00 PLENARY	FEED BACK FROM sub-groups (1-2-3)  Closing of official part of SIHLWA meeting	From each sub-group rapporteur Facilitated by Dr Mikko Vienonen and sub-group Chairpersons and Co-Chairpersons		<ul style="list-style-type: none"> <li>• Agreement on next meeting</li> <li>• Agreement on SIHLWA and sub-group functionalities</li> </ul>
<b>16:00 Closing of the meeting</b>				
15:00-16:00 sub-group	Opportunity for sub-groups still to have final meetings as necessary	All experts		if needed

## OSH Sub-group Provisional Programme

(note: grey parts will be in plenary for ALL SIHLWA. Without shading – takes place in OSH sub-group)

1<sup>st</sup> DAY: Tuesday 29 May 2007

TIME	TOPIC	NAME OF SPEAKER	POSITION/ INSTI- TUTE/ORGANIZATION	Comments
<b>11:30-12:00 REGISTRATION with COFFEE/TEA</b>				
12:00 - 14:30 PLENARY	Opening SIHLWA Administrative issues Key-note presentation on non-communicable disease prevention strategy NDPHS Database project	<ul style="list-style-type: none"> <li>• Host-government welcome &amp; introduction</li> <li>• SIHLWA functionaries comments</li> <li>• Head of the NDPHS Secretariat</li> </ul>		Key-note presentation on timely strategic issues and what repercussions and implications it has on the work of SIHLWA Expert Group
<b>14:30 – 15:00 COFFEE BREAK</b>				
15:00 – 15:30 OSH sub-group	Short summary of the previous OSH work group, WHO CC meeting, BSN activities	Wiking Husberg Suvi Lehtinen		
15.30 – 16.30	Preparation for the <b>Theme “OSH”</b> for the upcoming ministerial “Partnership Annual Conference” (PAC) in Vilnius in November 2007	Briefing by host country representative/Lithuania  All experts		The technical theme of the PAC is occupational safety and health. The suggestion is to organise a one day seminar on the theme on the previous day and to prepare summary key presentations for ministerial meeting. A policy Paper is under preparation for the PAC (see next item) The working name “OSH” of the theme will be elaborated on to span the broad spectre of health and work
16:30 – 17:30 OSH sub-group	Preparation of an analytical overview ( <b>Policy Paper</b> ) of the occupational safety and health situation in the ND region	Wiking Husberg/Suvi Lehtinen & All sub-group experts		A revised paper will be further discussed in the OSH subgroup and expanded based on questionnaires collected in early 2007. The plan is to forward it to BSN, SIHLWA, CSR and presented as a policy paper for PAC and also for consideration of the meeting of the Council of Nordic Ministers in St Petersburg in Dec 2007
<b>19:00-21:00 DINNER HOSTED BY MINISTRY OF HEALTH</b>				

**OSH 2<sup>nd</sup> DAY: Wednesday 30 May 2007**

TIME	TOPIC	NAME OF SPEAKER	POSITION/INSTITUTE/ ORGANIZATION	COMMENTS
9:00 – 10:30 sub-group	If previous agenda items have been covered:  Progress on the <b>country situation</b> studies, started in the previous meeting and executed by BSN  Follow-up discussion	Timo Leino		Replies have been collected until 15 May, a summary will be discussed
<b>10:30 – 11:00 COFFEE BREAK</b>				
11:00 – 12:00 sub-group	Situation report and progress in the project proposal on <b>OSH in the road transport sector</b>	Kari Kurppa		The project document has been further developed, focus on public transport in cities
12:00 – 12:30 sub-group	Conclusions for reporting to other sub-groups	Facilitated by ALC sub-group rapporteur	Rapporteur to be nominated	
<b>12:30-13:30 LUNCH</b>				
<i>(Coffee and other refreshments available during afternoon sessions)</i>				
13:30 - 15:00 PLENARY	FEED BACK FROM sub-groups (1-2-3)  Closing of official part of SIHLWA meeting	From each sub-group rapporteur Facilitated by Dr Mikko Vienonen and sub-group Chairpersons and Co-Chairpersons		<ul style="list-style-type: none"> <li>• Agreement on next meeting</li> <li>• Agreement on SIHLWA and sub-group functionalities</li> </ul>
<b>16:00 Closing of the meeting</b>				
15:00-16:00 sub-group	Opportunity for sub-groups still to have final meetings as necessary	All experts		if needed

## ANNEX: 4

<b>SIHLWA MEMBERSHIP STATUS MAY 2007</b>						
<b>Situation as a whole among NDPHS Partners by 28 May</b>						
<b>Function</b>	<b>Name</b>	<b>Country &amp; Org</b>	<b>ADO</b>	<b>ALC</b>	<b>OSH</b>	<b>Comments</b>
SIHLWA Coordinating Chair	Vienonen Mikko	Finland	X	X	X	
ADO- subgroup Chair	Vienonen Mikko	Finland	1			
ADO- subgroup Co-Chair	Zeromskiene Daiva	Lithuania	X			
ALC- subgroup Chair	Paaso Kari	Finland		X		ad interim/ WHO-EURO mandate
ALC- subgroup Co-Chair	Krupitsky Evgeny	Russia SPb		X		
OSH- subgroup Chair	Husberg Wiking	ILO			X	
OSH- subgroup Co-Chair	Jankauskas Remigius	Lithuania			X	
<b>Function</b>	<b>Name</b>	<b>Country &amp; Org</b>	<b>ADO</b>	<b>ALC</b>	<b>OSH</b>	<b>Comments</b>
Member ADO	xxx	Canada		?		no representation in ADO
Member ALC	Liepold Heidi	Canada		1		
Member OSH	xxx	Canada			?	no representation in OSH
Member NONE	xxx	Denmark	?	?	?	no representation in ANY subgroup
Member ADO	xxx	Estonia	?			no representation in ADO
Member ALC	Reinap Marge	Estonia		1		
Member OSH	xxx	Estonia			?	no representation in OSH
Member ADO	Laatikainen Tiina	Finland	1			Alternates: Pyykkö, Heikkilä, Vaitinen
Member ALC	Montonen Marjatta	Finland		1		
Member OSH	Lehtinen Suvi	Finland			1	Alternate: Leino Timo
Member NONE	xxx	France	?	?	?	no representation in ANY subgroup
Member NONE	xxx	Germany	?	?	?	no representation in ANY subgroup
Member NONE	xxx	Iceland	?	?	?	no representation in ANY subgroup
Member ADO	Melke Lolita	Latvia	1			
Member ALC	Bogdanovica Ilze	Latvia		1		

Member OSH	xxx	Latvia			?	no representation in OSH
Member ADO	Zeromskiene Daiva	Lithuania	1			
Member ALC	Krivieliene Gelena	Lithuania		1		
Member OSH	Jankauskas Remigius	Lithuania			1	
Member ADO	xxx	Norway	?			no representation in ADO
Member ALC	Bull Berndt	Norway		1		
Member OSH	xxx	Norway			?	no representation OSH
Member ADO	Janusz Sieroslawski	Poland	1			
Member ALC	xxx	Poland		?		no representation in OSH
Member OSH	Iwanowicz Eliza	Poland			1	
Member ADO	xxx	Russia				only ad hoc members for ADO
Member ALC	Krupitsky Evgeny	Russia		1		SPb
Member OSH	xxx	Russia				no representation in OSH
Member ADO	xxx	Sweden	?			no representation in ADO
Member ALC	Högberg Pi	Sweden		1		only ad hoc members for ADO
Member OSH	xxx	Sweden			?	no representation in OSH
<b>Function</b>	<b>Name</b>	<b>Organization</b>	<b>ADO</b>	<b>ALC</b>	<b>OSH</b>	<b>Comments</b>
Member OSH	Kurppa Kari	Baltic Sea Network OSH			1	ADO & ALC not relevant
Member NONE	xxx	BEAC	?	?	?	no representation in ANY subgroup
Member ADO	Lööf Lars	CBSS	1			ALC & OSH not relevant
Member NONE	xxx	EUC	?	?	?	no representation in ANY subgroup
Member	Litvyakov Roman	ILO			1	ADO & ALC not relevant
Member NONE	xxx	IOM	?	?	?	no representation in ANY subgroup
Member ADO	de Palo Maria-Pia	NCM	1			Alternates: C. Peltonen & M. Sagitova
Member ALC	Rosenquist Pia	NAD/ NCM		1		Alternate: M. Hellman
Member ADO	Petzold Max	NHV/NCM				NHV applying for membership
Member ADO	xxx	WHO-EURO	?			no representation in ADO
Member ALC	xxx	WHO-EURO		?		no representation in ALC
Member OSH	Rokho Kim	WHO-EURO/ Bonn			1	
<b>SUM</b>			<b>7</b>	<b>9</b>	<b>6</b>	

<b>Countries and Organizations not at all represented in SIHLWA</b>					
<b>No</b>	<b>Name</b>	<b>Country &amp; Org</b>	<b>ADO</b>	<b>ALC</b>	<b>OSH</b>
1	xxx	Denmark			
2	xxx	France			
3	xxx	Germany			
4	xxx	Iceland			
		<b>Organization</b>			
1	xxx	BEAC			
2	xxx	EUC			
3	xxx	IOM			

## ANNEX 5: SIHLWA 4 meeting documents

<b>Reference</b>	SIHLWA 4/ Info 1
<b>Title</b>	List of documents: SIHLWA 4 <sup>th</sup> meeting
<b>Submitted by</b>	SIHLWA Coordinating Chairman
<b>Summary / Note</b>	-
<b>Requested action</b>	For information

## INVITATION AND MODALITIES

Code	Title	Submitted by
None	Invitation to SIHLWA 4 (E & R)	SIHLWA Coord. Chair
None	Registration form to SIHLWA 4 (E & R)	

## MEETING DOCUMENTS/ PLENARIES

Code	Title	Submitted by
SIHLWA 4/1/1	Provisional Programme	SIHLWA Coord. Chair
SIHLWA 4/1/2	Provisional Programme	ADO sub-group Chair
SIHLWA 4/1/3	Provisional Programme	ALC sub-group Chair
SIHLWA 4/1/4	Provisional Programme	OSH sub-group Chair
SIHLWA 4/2/1	Provisional Agenda	SIHLWA Coord. Chair
SIHLWA 4/2/Info 1	Scope & Purpose of SIHLWA 4 (E&R) (in annex available SIHLWA TOR and SIHLWA Action Plan 2007)	SIHLWA Coord. Chair
SIHLWA 4/2/Info 2	SIHLWA Annual Report 2006	SIHLWA Coord. Chair
SIHLWA 4/2/Info 3	SIHLWA Jan - May 2007 Report draft	SIHLWA Coord. Chair
SIHLWA 4/3/Info 1	Draft Report CBSS Riga Alcohol Conf. 2007	SIHLWA Coord. Chair
SIHLWA 4/3/Info 2	Plans for upcoming PAC conference Nov 2007	SIHLWA Coord. Chair
SIHLWA 4/3/Info 3	Plans for EUPHA Conf. Oct 2007 NDPHS ws	SIHLWA Coord. Chair
SIHLWA 4/3/Info 4 <b>(hard copy only)</b>	Plans for NCM Conf. on SIHLWA SPb Dec 2007 <b>(to be provided as hard copy only at the meeting)</b>	SIHLWA Coord. Chair
SIHLWA 4/4/Info1	NDPHS database and project pipeline	Secretariat
SIHLWA 4/Info 1	List of Documents	SIHLWA Coord. Chair
SIHLWA 4/Info 2	List of registered participants	SIHLWA Coord. Chair

## MEETING DOCUMENTS/ Sub-group on Adolescent Health and Social Well-being (ADO) 4/5/1...

Code	Title	Submitted by
SIHLWA 4/5/1/ Info1	Project preparation "Children at Risk"	ADO sub-group Chair
SIHLWA 4/5/1/ Info2	Project implementation "A&DPrevY" SPb	ADO sub-group Chair
SIHLWA 4/5/1/ Info3 <b>(hard copy only)</b>	Project preparation "Stakeholder Analysis" <b>(to be provided as hard copy only at the meeting)</b>	ADO sub-group Chair

## MEETING DOCUMENTS ONLY ON THE NDPHS web-site

[www.ndphs.org; log-in:newweb; password:hindphs]

Code	Title	Submitted by
Meeting reports www.ndphs.org/SIHLWA	Report of the 3 <sup>rd</sup> SIHLWA meeting/ Vilnius *Report, *Annexes 1-9, *Annex 10	SIHLWA Coord. Chair
Meeting reports www.ndphs.org/SIHLWA	Report of the 2nd SIHLWA meeting/ Helsinki	SIHLWA Coord. Chair
Meeting reports www.ndphs.org/SIHLWA	Report of the 1st SIHLWA meeting/ Stockholm	SIHLWA Coord. Chair

## ANNEX 6: SELECTED MEETING ABSTRACTS

<b>Reference</b>	SIHLWA 4/3/Info 2
<b>Title</b>	Preparation of the PAC (Partnership Annual Conference) 16 November in Vilnius, Lithuania: Side event on occupational safety and health
<b>Submitted by</b>	SIHLWA Coordinating Chairman and OSH subgroup Chairman
<b>Summary / Note</b>	SIHLWA meeting will provide substantial ideas for the PAC side event on occupational safety and health, with broad health content and a title, which would ensure the representation of the Ministries of Health.
<b>Requested action</b>	Substantial ideas for the elaboration of PAC side-event programme end establishment of "virtual scientific committee"

The CSR-11 in Warsaw has agreed that the upcoming PAC (Partnership Annual Ministerial Conference) would have as its main thematic focus occupational safety and health with a broad public health and social well-being under-stream. See abstract of CSR-11 below.

There has also been considerable exchange of ideas between the NDPHS Chair and NDPHS relevant expert groups on the topic. See summaries below.

This paper aims to bring the 4<sup>th</sup> SIHLWA meeting participants up-to-date on the important issue, in order to have an informed discussion on topic and to receive expert advice on the content and practical conduction of the PAC side event in November. Also names for suitable experts for the "virtual scientific planning committee" and key-note speakers and any other related issues are expected from SIHLWA members.

## **Abstract of the minutes from the 11<sup>th</sup> meeting of the NDPHS Committee of Senior Representatives held 27-28 March 2007 in Warsaw, Poland**

### **9. Preparations for the next PAC at the ministerial level**

#### **9.1 Date and place of the next PAC**

The Chair recalled that, as announced in his letter of 8 March 2007 distributed to the Partners, the next PAC would be held on 16 November 2007 in Vilnius, Lithuania. The exact location would be communicated through the Secretariat at a later point in time after the CSR had decided about the side events.

The Meeting **took note** of the information provided by Lithuania.

#### **9.2 Main issues for the PAC agenda**

#### **9.3 Possible side events**

#### 9.4 Summarizing discussion<sup>10</sup>

The Chair, speaking on behalf of Lithuania proposed occupational safety and health (OSH) as the main topic for the PAC agenda, in view of the good progress of the SIHLWA subgroup on OSH and the willingness of WHO (workers health) and ILO to significantly contribute to the event. However, as OSH was often a shared responsibility between the Ministries of Health and the Ministries of Labor, it would require a strong focus on health-related issues. He also remarked that the proposed subject was informally consulted with several Partner Countries.

SIHLWA EG stressed that a PAC theme on occupational safety and health provided many possibilities in the areas of health and regional cooperation, as many important internationally adopted documents could be used as basis for the PAC discussions, e.g.:

- The WHO Global Strategy for Occupational Health for all, which urged all Partners, including those of the NDPHS to devise national programmes on occupational health for all workers. Furthermore, the WHO urged Member States to strengthen collaboration with ILO and to stimulate joint regional efforts on workers' health;
- The WHO's (draft) Global Plan of Action on Workers' Health 2008-2017;
- The ILO's new International Convention No 187 on the Promotional Framework for Occupational Safety and Health, 2006;
- The ILO's Global Strategy on Occupational Safety and Health, 2003;
- The new EU Strategy on Health and Safety at Work 2007-2012;
- The new EU Health Programme 2007-2012.

HIV/AIDS EG suggested having a broad working title in order to be able to address all important needs, for example mentioning the words "OSH and vulnerable groups", so that migrant populations could also be included in the PAC theme. It preferred one single side event and not many different ones, with a focus on the economic impact, a health promotion, migrant populations, etc. The HIV/AIDS EG proposed a first outline of five key note lectures, being:

- OSH in promoting healthy lifestyles (ILO);
- Drug and Alcohol problems in the workplace (SIHLWA);
- Prevention of infectious diseases in OSH (PHC);
- OSH and migrant populations (trafficking);
- Economic impact of health promotion.

The IOM and the PHC EG supported the HIV/AIDS EG proposal while Poland supported the idea to only have one broader side event.

NCM suggested that the national action plans against trafficking indicated which Ministries were in charge of trafficking and that the national action plans could help identifying trafficking topics related to public health.

The EC, Sweden and Germany expressed the need to put OSH in the context of health and that this required a title with a strong health message in order to ensure the participation of the Ministers of Health.

Norway agreed that OSH is an important issue, and supported the comments made by the HIV/AIDS and SIHLWA EG, the EC, Poland, Sweden and Germany. It stressed that it however was important for the partnership to stick to its core issues, and reminded about the fact that OSH as a theme can make it difficult to attract ministers to the PAC, as OSH in several countries, Norway included, was not a responsibility of the Minister of Health. It further suggested holding EG meetings in connection with the PAC.

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<sup>10</sup> These three agenda sub-items were discussed together.

Denmark expressed concerns about focusing too much on OSH and felt that communicable diseases were also high on the agenda, but didn't want to oppose a decision in favor for OSH.

The Chair reiterated the need to ensure a high-level representation for PAC from the respective Partner countries, as he had already mentioned in his letter sent to all Partners on 08 March 2007.

The Secretariat considered that the thematic reports produced by the Expert Groups could be a good product for PAC.

The EGs on HIV/AIDS and SIHLWA stressed that the reports should be short and crisp and not overemphasize the EG activities.

The Meeting **agreed** that the main topic for PAC will be occupational safety and health, with broad health content and a title, which would ensure the representation of the Ministries of Health. There will only be one PAC side event. Moreover, it was **agreed** that the Chair will develop the Conference and side event titles as well as the main Conference topics and would circulate them to the Partners for comments. The final Conference document will be "Conclusions by the Chair," in accordance with the Oslo Declaration.

### **Previous exchange of correspondence on the PAC side-event proposal:**

03/4 Virginija Ambrazeviciene, Chief Specialist, Division of Foreign Affairs, MoH/ Lithuania noted that:

- In CSR\_11 in Warsaw it was agreed that the main topic for PAC 2007 (16 November 2007 in Vilnius) will be Occupational Safety & Health (OSH) with broad health content, and a title that will ensure (attract) the representation of ministers of health.
- There should be 5 key-note speeches namely:
  1. OSH in promoting healthy lifestyles (ILO);
  2. Drug and alcohol problems in workplace (SIHLWA);
  3. Prevention of infectious diseases in OSH (from working life point of view) (PHC and HIV/AIDS);
  4. OSH and migrant populations (including aspect of trafficking);
  5. Economic impact of health promotion (WHO?)

04.4 Pauli Leinikki, Chair of HIV/AIDS NDPHS Expert Group noted:

- HIV/AIDS EG can only have a relatively limited possibility for involvement in PAC due to their own EG meeting in October and a possible EU presidency meeting on migrant populations and HIV following.
- Supports the idea of "health in the workplace";
- There is a recent Council of Europe resolution on HIV-positive people and their rights in work-force without discrimination or unjustified fears;
- The messages of the side event should be brought in an attractive and effective way to the political PAC meeting. to achieve this, the key-note speakers could

have a two roles: 1) full scale presentation aimed at experts and senior officials, and 2) a shorter version presented to the ministers.

- The “goodies” for ministers should be carefully thought through and could be e.g. health issues of migrant populations in relation to their working environment.
- It is crucial to find the right (attractive and charismatic) key-note speakers.

24/4 Viktoras Meizis, NDPHS-CSR Chairman noted that:

- It is an important task to make the PAC-thematic side-event attractive to high ranking representatives from health sector, interesting for discussion and debate and to develop further. The CSR in Warsaw agreed that the general theme can be OSH with a broad public health content, and a title that which will attract the ministers of health also from countries where OSH is not directly part of their mandate but under the Ministry of Labour (e.g. Norway).
- The MoH/ Lithuania has already discussed the PAC and its side-event and the following ideas were expressed:
  - to consider the role of cooperation and collaboration in partnership with different policy actors (health, social, labor) at international but especially at national level.
  - good collaboration and horizontal partnership is needed especially between social and health partners (partnership of health and social-wellbeing).
  - working conditions can be improved to strengthen individual health.
  - the most acceptable title for PAC could be: 1) *Public health promotion for healthy and long-lasting working life*.
  - important thematic topics to be included should be: 1) alcohol, 2) occupational health inequality, 3) aging (how to prolong healthy working time).
- “Virtual scientific committee” (with meetings through e-mail, teleconferences, etc.) helping to elaborate an interesting program for the event is warmly recommended. We need a list for suitable candidates (names).

16/4 and 18/5 Wiking Husberg, ILO/ Moscow noted that:

- A scientific “virtual planning committee” would be a good help in preparing the side event consisting of ILO, WHO, EC, SIHLWA and others. The following names could be considered: Ms Anne Degrand-Guillaud, Professor Jorma Rantanen, Director Jukka Takala. The following topics were tentatively mentioned:
  - ILO: Promotion of health & safety at work (ILO systematic approach, conventions and guidelines).
  - WHO – new programme on “workers’ health: draft global plan of action”.
  - ICOH – BOHS (Basic Occupational Health System) approach EU Bilbao – EU OSH information system and OSH campaigns.
  - The policy paper on OSH in the ND region that the OSH group is preparing can be written well in advance before the PAC. OSH subgroup of SIHLWA will be working on it in May 2007. The OSH policy could be a “Declaration for PAC, discussed in the pre-meeting and endorsed by PAC.
  - Further support will be from WHO-EURO, Baltic Sea OSH Network, ILO NW-Russia OSH project, etc.

- Health topics (alcohol, migrants health, economic impact, etc. can be easily incorporated.
- Links to interesting topics for the ministers must be made explicit (safety policy, health at work, etc.) being selective, not trying to cover everything.
- Envisaging a 2 day event with 1<sup>st</sup> day high level seminar with OSH, public health and relevant SIHLWA issues including alcohol and tobacco at work, young workers,
- The event would take into account as overall framework:
  - ILO Global Strategy on Occupational Safety and Health and the International Instruments, Conventions No. 187 and No. 161
  - WHO Global Strategy on achieving Health for All
  - The EC European Strategy for Safety and Health at Work 2002-06
- ILO, WHO and EU have agreed on joint cooperation in the WHO collaborating Centres meeting in UK in May 2007. We can use the PAC in support of this initiative and outline practical steps forward to implement these strategies. This of course has to take place in the NDP context linking OSH with health issues (OSH in itself is already linking public health with occupational health, labour medicine with occupational health, inequality with safety, accident and disease prevention, social security, insurance with accident prevention.
- OSH is an inter-sectoral issue, which requires cooperation mainly between Ministry of Health and Ministry of Labour, but also collaboration with Ministries of Education, Economy and Emergencies are important . Therefore, we need to ensure the organisational link in the partner countries' Ministries, and especially the Ministries of Health.
- The 1st day can be used to elaborate on the above strategies and what they mean in practice in Northern dimension. This will give support to the NDPHS expert groups
- The summary presentations for the PAC on the 2nd day can be the introduction to the adoption of the Policy Paper on OSH in the ND by the Ministers, if so decided.
- After discussion of the topic in SIHLWA:
  - We can draw up a tentative programme;
  - We can set up the virtual scientific committee (suggestions for good names are needed);
  - We can identify good speakers for the 1<sup>st</sup> day and the key-note speakers for the 2<sup>nd</sup> day;
  - We can agree on the basis for a Policy Paper, which is in the draft stage.
  - We can innovate suitable titles for the PAC side event for governing bodies' final decision (suggestions for consideration and further elaboration: 1) *Health - for a long safe working life*; 2) *Healthy life - lasting work ability*; 3) *Decent and healthy work for all*).

<b>Reference</b>	SIHLWA 4/3/Info 3
<b>Title</b>	EUPHA 15 <sup>th</sup> European Conference on Public Health 11-13 October 2007. Workshop on NDPHS
<b>Submitted by</b>	SIHLWA Coordinating Chairman, NDPHS Chief of Secretariat, OSH subgroup Chairman and HIV/AIDS EG Chairman
<b>Summary / Note</b>	SIHLWA meeting will provide substantial ideas for the workshop on NDPHS
<b>Requested action</b>	For information and ideas for the EUPHA NDPHS workshop

The 15<sup>th</sup> European Conference on Public Health will be held in Finland 11-13 October 2007. The theme of the conference will be "*The Future of Public Health in the Unified Europe*". First announcement of the conference is Annex 1.

NDPHS EG SIHLWA and HIV/AIDS were approached by the organizers (EUPHA) to consider preparing for a 1.5 hour workshop on NDPHS. The SIHLWA and HIV/AIDS EGs together with NDPHS secretariat prepared by 1<sup>st</sup> of May a proposal (Annex 2). The final decision for its approval is not yet received, but we have a good reason to expect that it will be accepted. The organizing committee was in contact with another group aiming to prepare a seminar programme on health and social situation in Russia, which would precede the NDPHS workshop.

Additional information is available directly from their web-site [www.EUPHA.org](http://www.EUPHA.org).

SIHLWA 4<sup>th</sup> meeting participants are approached in order to:

- become informed of the 15<sup>th</sup> EUPHA conference and consider participation;
- review the proposed programme and provide ideas for improving it;
- provide ideas for key-note speakers.

#### **EUPHA WORKSHOP PROPOSAL**

Reference: 200700029

Track: Public health policies in Europe

Section: Section Public health practice and policy

Title: Northern Dimension Partnership in Public Health & Social Well-being

Chairpersons: Mikko A. Vienonen

Organiser: Northern Dimension Partnership in Public Health & Social Well-being (International Secretariat of NDPHS, Expert Group SIHLWA and Expert Group HIV/AIDS)

Workshop abstract:

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) was established after 3 years of high level consultation by the Oslo Declaration 2003. It aims to promote sustainable development in the Northern Dimension area through improving health and social well-being by means of: 1) intensified co-operation and 2) enhanced co-ordination. 13 countries and 8 international organizations have joined the Partnership. Four years have passed and the network has been able to establish its position as an important actor in public health in the Northern Dimension area. The seminar elucidates the lessons learned (positive and negative) through some of its expert groups, in particular the EG on HIV/AIDS and the EG on social inclusion, healthy lifestyles and work ability "SI-HLWA". NDPHS project-database and project-pipeline are a tool from which several public health organizations, administrators and the scientific community can benefit.

Abstract 1 title: Northern Dimension Partnership in Public Health and Social Well-being: background, priorities, activities and future perspectives

Abstract 1 presenting authors: Viktoras Mežiš

Abstract 1 authors: Mežiš V.

Affiliations 1: Lithuanian Ministry of Health, Head of Foreign Affairs Division

Vilniaus 33, LT-01506 Vilnius, LITHUANIA

Phone: +370 526 61420, Fax: +370 526 6 1402, E-mail: viktoras.mezis@sam.lt

Abstract 1: The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) was established after 3 years of high level consultation by the Oslo Declaration 2003. It aims to promote sustainable development in the Northern Dimension area through improving health and social well-being by means of: 1) intensified co-operation and 2) enhanced co-ordination. 13 countries (5 Nordic Countries, 3 Baltic States, Canada, France, Germany, Poland and the Russian Federation), and 8 international organizations (BEAC, CBBS, EC, NCM, ILO, IOM, UNAIDS, WHO-EURO) have joined the Partnership. NDPHS priorities are: 1) Reduction of major communicable diseases and prevention of lifestyle related non-communicable diseases (including HIV/AIDS and tuberculosis, the use of illicit drugs, cardiovascular diseases and the consequences of socially distressing conditions), and 2) Promotion of healthy and socially rewarding lifestyles (including determinants of health and social well-being, such as sexual behaviour, alcohol consumption, smoking, the use of illicit drugs, peoples' social and work environments and social skills).

NDPHS core activities take place through 5 Expert Groups:

1. EG on Primary Health Care: Promotion of primary health care as part of the health services and health sector reforms; support the reorientation of health systems.
2. EG on Prison Health: Control of communicable diseases, rehabilitation of drug abusers, support and health care for prisoners with mental disorders, social rehabilitation programmes, educational programs and campaigns, incl. education of staff, prisoners with special needs, living conditions, in prison/ hygiene, reforms dealing with overcrowding in prisons.
3. CBSS Working Group for Cooperation on Children at Risk (an NDPHS associated expert group): Fight sexual exploitation trafficking of children, support to street children, children in institutions and young offenders, prevention of self-destructive acts;
4. EG on HIV/AIDS
5. EG on Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA)

Abstract 2 title: Work against HIV/AIDS epidemic in the Northern Dimension area

Abstract 2 presenting authors: Pauli Leinikki

Abstract 2 authors: Leinikki P & Karvonen O.

Affiliations 2: Pauli Leinikki

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Ms Outi Karvonen

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Abstract 2: 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 to control the HIV epidemic 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.

- EG on HIV/AIDS has the following scope of responsibilities:  
Promote the principles and objectives of the NDPHS 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;
- 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. EG will not be involved in the execution of identified activities and projects.
- Contribute to the development of national policies that respond to the needs and requirements of Partner Countries;
- In association with Partners and with assistance from 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 by request of CSR and, providing information via correspondence;

In accordance with its Terms of Reference, the general scope of outputs and results from the work of the HIV/AIDS EG shall be:

- To advise the NDPHS through Secretariat on related NDPHS's activities and proposals for support
- To serve as a means for exchanging information on programmes and projects
- To provide expert contributions to policy evolution;
- To promote Partnership-building and activities relevant to achieving the goals of the Partnership;
- Facilitate the exchange of information and promote regional synergies, and synergies with other International Organizations
- Monitoring and peer evaluation of ongoing activities;

Abstract 3 title: Work for promoting healthy lifestyles (fight against alcohol, tobacco, obesity and other public health threatening lifestyle trends) in the Northern Dimension area (EG on social inclusion, healthy lifestyles and work ability "SIHLWA")

Abstract 3 presenting authors: Mikko Vienonen

Abstract 3 authors: Vienonen M, Laatikainen T.& Paaso K.

Affiliations 3: Dr Mikko Vienonen

Chairman/ coordinator for SIHLWA EG

Chairman of Sub-group on Adol. health

MoSA&H/ Consultant

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Mr. Kari Paaso

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SIHLWA Expert Group/ Chair of sub-group on alcohol/ NDPHS

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Abstract 3: Within the Northern Dimension area, there are significant disparities in health and well-being, including social and economic problems which lead to a high level of mortality, abuse of alcohol and drugs, and the spreading of infectious diseases. Thus, one of the main priorities of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is to enhance and promote healthy and socially rewarding lifestyles. The building of public policies to enhance health and social well-being in all relevant sectors needs to take place at all levels of society. Also, the creation of supportive physical and social environments should include the continued reorientation of health systems and social care systems. The opportunities for the development of individuals' basic skills related to health and social life are consistent with the Partnership objectives to empower and mobilise people and communities to take action to enhance their well-being. The main role of the EG on SIHLWA is to assist in co-ordinating and fur-

ther developing the Partnership's co-operation in the fields of alcohol and binge-drinking, young peoples' lifestyles, and occupational safety and health. In this capacity, the EG on SIHLWA has the overall objective emphasize the priorities of support national, regional or local programmes in its respective fields of co-operation:

- Promote the principles and objectives of the Partnership in the fields of the three Sub-groups 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;
- Advocate and lobby for the improvement of public health and social well-being, provide and communicate "collective knowledge;"
- Improve the general awareness of and increase positive attitudes towards the Expert Group's field of work;
- Promote public health-oriented service systems and health sector reforms with attention to populations at risk and to take into account response capacity in rural and remote locations;
- 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 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 government and national partners in planning, implementing and monitoring programmes in SIHLWA's field of expertise. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;

Consistent with its Terms of Reference, the EG on SIHLWA plans to undertake the following activities:

- Conduct ongoing reviews of projects/programmes and activities in Partnership Countries;
- Assist project groups in co-ordinating with relevant stakeholders, promote networking, co-ordinate work with other NDPHS Expert Groups, and seek collaborative relations with other groups and authorities, as relevant and feasible;
- 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;
- Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner Countries and through written correspondence;
- Advise and assist project groups in contacting financing organisations and formulate criteria for future support of projects;
- Establish connections with other NDPHS Expert Groups and promote functioning cooperation with them as prerequisite for successful implementation of future tasks;
- Facilitate external funding together with the SIHLWA Co-ordinator and the NDPHS Secretariat;
- 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 the Partnership website/database with information concerning the Expert Group's work;

The main tasks of two SIHLWA Sub-groups (Sub-group on alcohol, and Sub-group on adolescent health and socially-rewarding lifestyles) will be shortly elaborated. The Sub-group on occupational safety and health (OSH) will provide its own presentation (see abstract No 4)

Abstract 4 title: Work to promote occupational safety and health (OSH) in the Northern Dimension area

Abstract 4 presenting authors: Wiking Husberg

Abstract 4 authors: Husberg W. & Lehtinen S.

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Finnish Institute of Occupational Health, Chief

SIHLWA Expert Group/ Member of sub-group on OSH/ NDPHS

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Abstract 4: Consistent with the SIHLWA Terms of Reference, the SIHLWA Sub-group on occupational safety and health (OSH) will undertake the following activities:

- Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being in workplaces and among individuals;
- Strengthen peer-to-peer networking and collaboration of expert institutions and respective bodies in OSH, between and within countries in the Baltic Sea region;
- Collaborate with the International Labour Organisation Northwest Russia OSH project which provides direct contacts with labour and OSH authorities, and social partners, in North West Russia and at the federal level;

OSH is to promote broader understanding of the problem by 1) preparing an analytical overview (political overview) of the occupational safety and (especially) health service/systems situation, and eventually as a policy paper for the ministerial level, and 2) undertaking a systems' development and intervention plan for interested ND region countries on work ability and work-related injuries and diseases, taking into account their impact on enterprises in a selected pilot industry. Issues like obesity, alcohol, tobacco, etc. will be reviewed through rapid assessment procedures and practical interventions will be produced and tested. Results from the selected sector will be generalised for the national level to provide better understanding of the benefits of a preventive and systematic approaches both to productivity and to lower curative health costs.

Abstract 5 title: NDPHS project-database and project-pipeline

Abstract 5 presenting authors: Marek Maciejowski

Abstract 5 authors: Maciejowski M. & Treichel B.

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Abstract 5: The NDPHS Project Database:

The overall aim of this project is to contribute to the reduction of the serious health and social problems in the Northern Dimension area, which risk to have a negative impact on health development in the European Union (EU). This is to be achieved by the preparation of thematic reports, network creation and new project proposals for the purpose of more coordinated project and policy efforts in this area. This coordination work will be based on an innovative info/database tool to be created within the framework of this project. It will for the first time combine newly collected information on projects and processes on HIV/AIDS, lifestyle related diseases, prison health, etc. with existing relevant data, policies, research, best practice, etc. (from other databases). The NDPHS unit hosted by the CBSS secretariat will act as the project management office with a full-time project expert, who can draw on the active involvement of all project partners and the ND expert groups. The tool/reports/networks will be open/accessible to all interested stakeholders. The project will result in a series of policy recommendations, proposals for future project actions to be carried out and newly created or strengthened networks.

The NDPHS Project Pipeline:

NDPHS project pipeline is a networking platform for national, regional and international organisations that are active in the Northern Dimension area in the scope of public health and social

well-being. Current public health and social well-being activities include inter alia the areas of primary health care, prison health, occupational safety and health, adolescent's health, alcohol and drugs, HIV/AIDS. It offers project applicants a possibility to present their projects to the international donor community and seek funding. It offers donors an easy-to-use and hands-on solution for reviewing and classifying projects, including the possibility to stream-line and improve project application procedures. It is an open information sharing tool. It promotes coordination, transparency and the sharing and dissemination of knowledge and information between the project partners and donors in the ND area. NDPHS project pipeline coordinates and harmonizes project initiatives. By providing an overview of all projects it avoids that projects of similar nature are duplicated and double-funded.

<b>Reference</b>	SIHLWA 4/3/Info 4
<b>Title</b>	International Conference on "Promotion of Healthy Lifestyles, Work Ability & Social Inclusion" St. Petersburg, Russia, 11 – 12 December 2007
<b>Submitted by</b>	MoSA&H International Department (Seija Saana) and SIHLWA Coordinating Chairman (Mikko Vienonen)
<b>Summary / Note</b>	SIHLWA meeting will provide substantial ideas for the SPb conference on "Promotion of Healthy Lifestyles, Work Ability & Social Inclusion"
<b>Requested action</b>	For information and ideas for the SPb conference on "Promotion of Healthy Lifestyles, Work Ability & Social Inclusion" (programme, key-note-speakers invitees, etc.)

As part of Finnish Chairmanship of the Nordic Council of Ministers (NCM), an International Conference on "Promotion of Healthy Lifestyles, Work Ability & Social Inclusion" will be organized by the MoSA&H/Finland in St. Petersburg, Russia, 11 – 12 December 2007, in collaboration with the NDPHS/SIHLWA EG and the SPb public health and social authorities.

Discussions have been conducted with relevant partners in SPb during this spring and the attached scope & purpose and program drafts have been elaborated.

Plans for the conference will be finalized preferably by the end of June and invitation will be sent out as soon as possible.

For the conference SIHLWA 4<sup>th</sup> meeting participants are:

- informed about the upcoming event closely related with SIHLWA mandate;
- asked to provide additional advice and ideas for the programme;
- identify key-note speakers.

Appendix 1: Draft Scope & Purpose (E)

Appendix 2: Provisional programme

**Appendix 1:  
SCOPE & PURPOSE (ENGLISH):**

**DRAFT ONLY**

**Scope and Purpose**  
**International Conference**  
**“Promotion of Healthy Lifestyles,**  
**Work Ability &**  
**Social Inclusion”,**  
**St. Petersburg, Russia, 11 – 12 December 2007**

**Aim of the Conference**

The overall aim of the Conference is to inspire relevant administrations to develop effective strategies against non-communicable diseases related to unhealthy lifestyles of populations. The conference aims at promoting the exchange of experience and knowledge on preventive strategies and on local or national policies and interventions which have proven to be effective. Participants will be able to discuss the results of different methods used and bring home ideas for new action, or as input for the development of own national strategies. One aim is to contribute to a closer cooperation in the Baltic Sea Region in this field, and to support the cooperation within the Partnership of Public Health and Social Well-being (NDPHS) and especially the expert group “Social Inclusion, Healthy Lifestyles and Work Ability” (SIHLWA) under NDPHS.

No country can boast that they had done all they could to improve health of their populations. In fact, in some of the countries who have considered themselves to be “success-stories” of healthy living and rising life expectancy, now are facing new serious challenges.

The challenge of chronic non-communicable diseases seems overwhelming, and so big that decision makers are hesitant as to what should be tackled first. Yet, about 80 percent of the problem can be captured by only 5 words: ALCOHOL, TOBACCO, DIET, ACCIDENTS & VIOLENCE.

The solutions in principle are two-fold and relatively simple:

- 1) Healthy public policies and legislation which must be enforced, and
- 2) Healthy individual choices which anyone in principle can make.

The problem is that politicians, whose role it is to make the laws and implement healthy public policies, tend to see health promotion and people’s individual behaviour as the key, often neglecting the fact that their own behaviour is just as unhealthy. The individuals on their part put the blame on inappropriate legislation and policies, and forget what they could do by themselves. We must break this “vicious circle”.

This conference will aim to encourage administrators and politicians to do what they have been elected to do: make healthy policies, laws and implement them. But the conference will also emphasize that health and social systems can do much more to help individuals to adopt healthy lifestyles, not just to live longer but also to live better. New partnerships are needed with decision makers and individuals before the demographic

crisis can be overcome and non-communicable disease epidemic won. The important innovation is that individual behaviour and healthy public policies cannot be separated from one another, but both are needed.

### **Contents of the Conference**

The Conference will work both in plenary and in “round tables”. The introductory plenary will set the scene and form a framework for the discussions in round table. It will include an analysis of the situation and trends. The first Round Table will discuss the role of and available tools at national and local levels for effective promotion of healthy lifestyles and prevention of chronic diseases. The second plenary will elaborate on effective ways and experience on social inclusion and promotion of healthy lifestyles and identification of main obstacles that prevent decision makers of making the necessary steps.

### **Participation**

The Conference is aimed at decision makers and experts in public health and social sector administrations in Northern Dimension Partner Countries responsible of decisions aiming at improved health of population and solving the demographic crisis caused by over-mortality and low fertility. As solving the problems is not possible without inter-sectoral collaboration, representatives from different relevant sectors of society are encouraged to attend.

### **Responsible Organizer**

Ministry of Social Affairs and Health, Finland in collaboration with the St. Petersburg Health and Social sector administration.

**Appendix 2:**

**CONFERENCE ON PROMOTION OF HEALTHY LIFESTYLES,  
WORK ABILITY AND SOCIAL INCLUSION  
11–12 December 2007,**

**Tuesday 11 December 2007**

11.00-12.00 Registration

12.00-13.00 Lunch

Chairs on the first conference day will be:

Tapani Melkas, Director, Ministry of Social Affairs and Health, Finland

Ludmila Kostkina, Vice Governor of St. Petersburg

**13.00-13.45**

**OPENING OF THE CONFERENCE**

- Paula Risikko, Minister of Health and Social Services, Finland
- Valentina Matvienko, Governor of St. Petersburg
- Representative of the Russian Ministry of Health and Social Development (to be determined)

13.45-15.00

**PLENARY WITH KEY NOTE PRESENTATIONS**

- Pekka Puska, Director General of National Public Health Institute, Finland: "Challenges of the Northern Dimension in Promoting Public Health"
- Alexandr Shabrov, Professor, State Medical Academy named after Mechnikov: "Challenges of Public Health in North-West Russia"
- Elaine Fultz, Director, ILO Sub-regional office for Eastern Europe and Central Asia: "The Present State of Working Life and Challenges to National Well-being"
- Gudjon Magnusson, Director of Division of Health Programmes, WHO/Euro, "European Strategy for Promotion of Healthy Lifestyles"
- Viktoras Mežiš, Head of Foreign Affairs Division, Lithuanian Ministry of Health: "The role of Northern Dimension Partnership in Public Health and Social Well-being"

15.00-15.30

**COFFEE BREAK**

15.30-17.30

**ROUND TABLE 1. Debate following the Key Note speakers. "Where are we now, how to meet the challenges and how to change the trend?"**

Facilitator: Mikko Vienonen, Coordinator, SIHLWA

Key Note (tentative): Göran Bondjers, Dean, Nordic School of Public Health, Gothenburg, Sweden: "Priorities for Healthy Lifestyle Promotion for Most Effective NCD Prevention"

**Discussants:**

- Sergei P. Litvinov, Vice-Chairman of the Social Protection and Labour Committee of St. Petersburg
- Yuri A. Cherbuk, Chairman of Health Care Committee of St. Petersburg;
- Erkki Vartiainen, Professor, National Public Health Institute, Finland
- NGO-representative(s)
- Business sector's representative(s)
- Nordic representative(s)

17.30-18.00

**PRESS CONFERENCE**

18.30

**Reception and Buffet Dinner**

**Wednesday 12 December 2007**

*Chairs on the second conference day will be:*

Representative of the Health Care Committee of St. Petersburg (to be confirmed)  
Representative from the Ministry of Social Affairs and Health, Finland (to be confirmed)

***PLENARY 2 on experiences of cooperation projects on social inclusion and promotion of healthy lifestyles***

Facilitator/ Rapporteur: Dr Max Petzold, Nordic School of Public Health, Gothenburg, Sweden

- ❑ *Health and social sector international development projects and programmes from recipient's point of view, Olga Kuznetsova, Professor, MAPO/ St. Petersburg;*
- ❑ *Promotion of Health and Well-being of youth in the Republic of Karelia. Tiina Laatikainen, Researcher, National Public Health Institute;*
- ❑ *Social inclusion and health promotion projects in cooperation between neighbours', Jutta Immanen-Pöyry, Director, International Development Collaboration at STAKES, National Research and Development Centre for Welfare and Health/ Finland;*
- ❑ *Occupational Safety and Health in North-West Russia. Roman Litvyakov, Regional Coordinator on Occupational Safety & Health, ILO Sub-regional office for Eastern Europe and Central Asia;*
- ❑ *Prevention of substance abuse in the Northern Dimension Area, Anna Skvortsova, Project Coordinator, St Petersburg;*
- ❑ *Better health of people seen as protection of human capital in enterprises. International Business Leaders' Forum (IBLF) Moscow (to be determined)*
- ❑ *Activities and Priority Areas of the Nordic Council of Ministers in the Northern Dimension Partnership area. The role of public health and social well-being now and in the future. Maria Sagitova, Coordinato, NCM's Information Office in St. Petersburg.*

10.30-10.45

**COFFEE BREAK**

10.45-12.00

***ROUND TABLE 2: "What Next? Challenges for Future Cooperation"***

Facilitator: Mikko Vienonen, Coordinator, SIHLWA

Rapporteur: Max Petzold, Nordic School of Public Health, Gothenburg, Sweden

- ❑ Sergei P. Litvinov, Vice-Chairman of Social Protection and Labour Committee of St. Petersburg;
- ❑ Yuri A. Cherbuk, Chairman of Health Care Committee of St. Petersburg;
- ❑ Yuri Rakitin, "ROSBETREB-NADZOR"(Russian Public Health Federal Service/ St Petersburg);
- ❑ Nordic Council of Ministers, St. Petersburg representative (to be determined);
- ❑ Baltic Representative(s) (to be determined);
- ❑ Nordic representative(s) (to be determined);
- ❑ NGO representative(s) (to be determined);

12.00-12.30

**CLOSING REMARKS**

Viktoras Mežis, Head of Foreign Affairs Division, Lithuanian Ministry of Health;

Mikko Vienonen, Coordinator, SIHLWA.

12.30-14.00

**FAREWELL LUNCH**

<b>Reference</b>	SIHLWA 4/5/1/Info 1
<b>Title</b>	Discussion on project preparation for "Children at Risk"
<b>Submitted by</b>	SIHLWA Coordinating Chairman
<b>Summary / Note</b>	<p>NCM has requested SIHLWA ADO sub-group to continue discussion on "Children at Risk". Since the SIHLWA 3<sup>rd</sup> meeting in Vilnius, where this topic also was on the agenda, the CBSS Expert Group on "children at Risk" has become an affiliated member of the NDPHS.</p> <p>The attached abstract of the SIHLWA 3<sup>rd</sup> meeting (Vilnius) summarises our discussion there.</p> <p>CBSS "Children at Risk EG Chairman Lars Lööf provides further information</p>
<b>Requested action</b>	Substantial ideas for the elaboration of "Children at Risk" project idea in collaboration with CBSS EG and with possible funding from NCM

**Appendix 1: NCM background paper (Oslo, Dec. 2006)**

**Appendix 2: Abstract attached from SIHLWA 3<sup>rd</sup> meeting report (ADO-sub-group):**

## APPENDIX 1: NCM BACKGROUND PAPER

Nordisk Ministerråd

### NORTHERN DIMENSION PARTNERSHIP MEETING OSLO 11-12 DECEMBER.

Store Strandstræde 18  
DK-1255 København K  
Tel +45 3396 0200  
Fax +45 3396 0202  
[www.norden.org](http://www.norden.org)

## ANNEX I

8. December 2006

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Northern Dimension Partnership on Public Health and Social Wellbeing

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### **Invitation for joint project on the project "Promotion of Healthy and Socially Rewarding Lifestyles through prevention and social assistance targeting youth and children at risk"**

#### **Partnership and financing**

This project will be implemented within the frame of the Northern Dimension Partnership as a pilot model project implemented in St. Petersburg and Kaliningrad.

NCM will finance the project with up to 2 mio. DKK under the condition that others are willing to contribute – also financially. In particular it is necessary that EU funding will be on place in order to establish a real partnership. NMC invites all partners to join and develop the project.

#### **The purpose of the project is:**

1. Developing of an **early intervention model** targeting children in especially difficult circumstances (CEDC) addressing needs related to their health and social wellbeing.
2. Developing **best practice models** based on knowledge and practical experiences from participating countries and other relevant sources though i.e. regional conferences and networking among participating government agencies, international bodies and NGOs.
3. Implement a **pilot project in St. Petersburg and Kaliningrad** through which the early intervention models are being developed and tested at a local level in communities. This model will be developed ready for replication in the participating countries – including training materials.
4. **Raising awareness of specific needs of the CEDC group** among government departments, including social- and health personnel - and NGOs.

The proposed project encompasses an integrated approach, including specific preventive measures that will protect children and youth "at risk" and that will support their health and social development.

Health is defined as a complete physical, mental and social wellbeing of children and youth. The term "Children and youth" is covering the age span of 0 to 20 years of age.

**Target areas are:**

Children in especially difficult circumstances. These include among others:

- children and young people from abusive families,
- families with drinking and alcohol problems,
- impoverished families and single parents,
- children who are neglected by their families,
- children who are not completely out of parental or state custody but spend most of their time on the streets, families,
- handicapped children,
- working children
- school drop-outs

The project will in particular focus on health, physical and social development related to the group of CEDC. They are in general facing a range of problems i.e. psychological problems, depression and suicidal feelings. There may be use of cigarette, alcohol, glue and other substances. In some instances substance use is an entry point to sexual exploitation and prostitution and consequently they are facing risk for sexually transmitted diseases, etc.

The CEDC are vulnerable and do not know how to protect themselves. This project will focus on methodologies on empowerment of the CEDC in order to enable them to reduce risk taken behaviour such as use of substance abuse, malnutrition, sexually transmitted diseases

**The goal of the project will be actualized through the three core strategies, namely:**

1. Strengthening capacity of government agencies to plan, organise and implement preventive and social assistance services.
2. Enhance coordinating mechanism to foster cooperation between governmental and non-governmental institutions across sectors including social, gender, health, and education and law-enforcement issues.
3. Capacity building of government agencies and officials dealing with the CEDC area - a cross sectors, to carry out preventive measures

**The primary target groups for the project are:**

Government departments and officials a cross sectors including health; education; social service and police - and NGOs

**Activities will be focused on inputs related to:**

1. Establishment of counselling centres at local level in the districts where the target group lives in order to provide easy access to family and youth friendly social services and counselling, including a 24h telephone hot line for children.
2. Counselling and establishment of crisis centres for women and their children

3. Initiating activities to improve the situation for children with disabilities and their families.

#### **Dissemination of information, awareness raising and collaboration**

- This project will develop collaborative linkage and networking among participating government agencies, international organisations and NGOs through conferences on best practices and preliminary findings of the project for the participating countries. Regional conferences can be held in selected countries.
- A final conference in which the result of the project will be presented.

#### **Some further remarks on the site for the pilot project.**

Social problems among vulnerable groups such as children and youth at risk are increasing in Russia; consequently the number of children placed at institutions is increasing too, including disabled children.

Additionally the health situation (mentally and physical) of young people is critical. A major challenge is therefore to be able to reach the group at risk through youth and family friendly services.

First phase of the project will geographically focus on St. Petersburg City Administration, which is in the process of the development of decentralized social services with special attention on social vulnerable groups and their needs. This also involves coordination between institutions and authorities at district level and close collaboration with non-governmental organisations providing social services.

#### **Related activities**

The project will be closely related to the Nordic Council of Ministers Co-operation Program for Children and Youth with Disabilities in Northwest Russia and the Baltic Countries from April 2006. This programme is a 3-year programme, 2006-2008, with the purpose to initiate activities to improve the situation for children with disabilities and their families. Focus will be on:

- i) Developing an offer on local level, which will make it possible for children with disabilities to remain living at home with their parents
- ii) Improving the quality of services in the present institutions
- iii) Decreasing the number of large institutions.

Nordic Co-operation on Disability – NSH – is the secretariat for the co-operation program. NSH is also representing the Nordic Council of Ministers in the European Council Ad Hoc Group of Experts on Community Living (Deinstitutionalisation) of Children with Disabilities.

Projects within the co-operation programme mentioned above will be coordinated with present activities in order to identify possible areas of cooperation. This will improve the capacity of presenting qualified service for disabled persons in St. Petersburg and Kaliningrad.

## **Appendix 2: Abstract attached from SIHLWA 3<sup>rd</sup> meeting report (ADO-sub-group):**

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### **4.3.2 Brainstorming on “CHILDREN AT RISK” (NCM)**

For general introduction the group received a document prepared by NCM Maria Pia de Palo listing the overall aim, immediate objectives, main components, background and related activities.

#### **Project title: “Promotion of Healthy and socially Rewarding Lifestyles through Prevention and social assistance Targeting Youth and Children at Risk”**

This is a pilot project to be implemented in St. Petersburg and Kaliningrad.

The overall aim is to strengthen preventive and social assistance programmes targeting children and youth – and their families, and further to establish a cross sectorial cooperation between government authorities and non-governmental social services in order to develop a more de-centralised social service at district level placed in the local environment.

#### **Background**

Social problems among vulnerable groups such as children and youth at risk are increasing in Russia. Consequently, the number of children placed in institutions is also increasing, including disabled children.

Additionally, the health situation (mentally and physically) of young people is critical. A major challenge is therefore to be able to reach the group at risk through youth and family friendly services.

The project will focus on the development of best practice models based on experience from Nordic countries and Russia, in order to initiate innovative approaches on prevention and cross-sectorial activities.

First part of the project will geographically focus on St. Petersburg City Administration, which in the process of development of decentralized social services with special attention on social vulnerable groups and their needs. This also involves coordination between institutions and authorities at district level and close collaboration with NGOs providing social services.

#### **Immediate objectives**

1. Strengthening the **capacity of oblast/city administration** to plan, organise and implement preventive and social assistance services.
2. Establishment of coordinating mechanisms to foster cooperation between governmental and non-governmental institutions and to strengthen an integrated approach including social, gender, health, education, law-enforcement issues.
3. Transfer of good practices models from the Nordic countries and Russia – including capacity building of authorities and staff in contact with the target group.

#### **Main components**

- Establishment of **counselling centres** at local level in the districts where the target group lives in order to provide easy access to family and youth friendly social services and counselling.
- Counselling and establishment of **crisis centres** for women and their children.
- Initiating activities to improve the situation for **children with disabilities** and their families.

#### **Related activities**

The project will be closely linked to the NCM cooperation program for Children and Youth with disabilities in NW-Russia and the Baltic countries from April 2006. This is a 3-year program (2006-2008), with the purpose to initiate activities to improve the situation for children with disabilities and their families. The focus will be on:

- Developing an offer on local level, which will make it possible for children with disabilities to remain living at home with their parents;
- Improving the quality of services in the present institutions
- Decreasing the number of large institutions;

Nordic Co-operation on Disability –NSH (Nordic School of Public Health / Gothenburg – Sweden) is the secretariat for the cooperation program. NSH is also representing the Nordic Council of Ministers in the

European Council ad hoc Group on Experts on Community Living (Deinstitutionalization) of Children with disabilities.

Projects within the cooperation program mentioned above will be coordinated with present activities in order to identify possible areas of cooperation. This will improve the capacity of providing qualified service for disabled persons in St. Petersburg and in Kalingrad.

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Additionally we used a paper prepared by Mikko Vienonen listing potential problems, objectives, target issues, potential activities, potential pilot-regions, potential official partners, potential partners in the NGO and organizational sector and the society at large. The purpose of these documents was to act as stimulators for thought.

#### **CHILDREN AT RISK** (briefing by Mikko Vienonen)

##### Problems:

- parents' alcohol or narcotic problem
- children left without proper physical or mental or emotional support
- poverty (lack of basic needs)
- handicapped children (physical and/or mental)
- children with learning difficulties
- HIV+
- unwanted children
- children who are physically mishandled
- children who are sexually mishandled
- children's & adolescent's own alcohol or narcotic or sniffing problem
- smoking children
- street children
- children who are bullied in school
- etc ...

##### Objectives:

- provide a sheltered place for mothers and children under vulnerable circumstance
- provide social and psychological counseling
- improve social support (financial & mental) to children in the street
- provide/ improve 24 h telephone hotlines for children to ask and approach social and health professionals
- improve health and social sector professionals understanding of the problem of children at risk, and improve their skills to identify the problem.
- improve media understanding of the problem
- improve politicians understanding of the problem
- improve teachers understanding of the problem
- become more sensitive of the needs of children at risk (low threshold services)
- etc...

##### Target issues:

- child abuse (links with alcohol and other substance abuse)
- sexual abuse (links with prostitution and prevention of trafficking)
- Violence against women
- street children (links with prevention of trafficking and drugs and HIV/AIDS and STIs)
- working children (links with "workplace health & safety")
- bullying (links with suicide prevention)

##### Potential activities:

- Developing youth friendly low-threshold services/ activities
- Developing/upgrading counseling services
- Providing training to existing service providers
- Providing training and discussion forum for administrators and political decision makers
- Involvement of local media

##### Potential pilot-regions:

- St. Petersburg
- Kaliningrad
- Estonia, Latvia, Lithuania
- others?

Potential official partners:

- health sector (PHC, pediatric polyclinics & hospitals, narcology units, psychiatric care units)
- day-care services and schools
- social-workers/services
- police

Potential partners in the NGO and organizational sector, and society at large:

- youth clubs and groups
- national and international NGO
- international organizations (UNICEF, UNFPA, WHO, ILO, UNAIDS IOM)
- International support partners: Nordic School of Public Health/Gothenburg, Public Health Institutes in Nordic countries (Finland already involved and others will be consulted/requested to join)

**During the discussion, following issues were brought up:**

- The representative of CBSS (Lars Lööf) briefed about the focus of CBSS WG on Children at Risk. This group has been active in five areas: 1) prevention of sexual exploitation<sup>11</sup>, 2) trafficking<sup>12</sup> (“ECPAT”), 3) rights of children in institutions<sup>13</sup>, [4) street children, and 5) criminality and self destructive behaviour]. Last two items have received less attention than the first three, which is only due to priority setting as resources have not been sufficient for everything. All work should focus on concrete, practical action for children’s improved wellbeing. Information about the Children at Risk WG is available on the Baltic Sea Region Child Centre ([www.childcentre.info](http://www.childcentre.info)). 4-page Activity Plan July 2006 – June 2007 and a Report from the work of the WG for Cooperation on Children at Risk July 2005 – June 2006 was made available. According to the information, it seems that the CBSS WG for Cooperation on Children at Risk is mainly operational in organizing expert meetings, sharing information among professionals, preparing reviews and research on the topics, but less focusing in actual project work. The only mention about a project in their Activity Plan a project on training professionals from 9 countries to deal with trafficked children 2006- 2008.
- In the discussion about CBSS WG on Children at Risk the following issues were registered:
  - The 5 topics on CBSS WG agenda indeed represent the most dangerous risks for children. But they also represent problems far “down-stream”, and are not dealing with primary prevention before something really drastic has taken place. This is not to say that the priorities would be wrong, but if we want to be more proactive “upstream” we should not forget more population based action in schools, kindergartens, etc.
  - An interesting issue to explore more could be the risk of internet for children. It was also mentioned that through internet societies can create support to children at risk through hot-lines, etc.

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<sup>12</sup> Caring for victims (network of experts from 10 countries)

<sup>13</sup> Conference held in Sweden in November 2006 (report will be published), children’s rights linked with human rights, how to monitor institutions, preparation of recommendations, cooperation to train staff about how to involve children in institutions themselves

- The following other issues for looking into came up in the discussion about general public focused activities:
  - The major challenge is to identify the children at risk. There is a need for developing indicators and proper tools to tackle the problem. A monitoring system and training of professional in contact with children at risk is needed - i.e. targeting social workers, health personnel, school teachers, police, etc.
  - Bullying in school is an issue that practically no class or school is immune to. reasonably good methodologies have been developed and tested for tackling the problem;
  - Children living in families where parents have alcohol dependency problems are at risk. Helping kindergarten, school, social-workers etc. to identify and tackle the problem would be an important step forward.
  - Collaboration between different sectors like kindergarten, school, police, social sector, work-place, health sector, etc. could be one important focus. Creating a networking model could be one project activity.
  - Children, whose parents have left to other countries after work is one special group at risk. They often live with grandparents or other relatives.
  - Developing early intervention and innovative prevention models across all countries within the Northern Dimension partnership are needed. Countries have different experiences in preventive work, but even that some countries have extensive preventive programmes they are still facing problems related to children living in especially difficult circumstances.
- It was mentioned, that for the project preparation we would need more background data, as to mapping the problem of children at risk in proposed project sites like St. Petersburg and/or Kaliningrad. We should first look for information available through the CBSS WG.
- In a similar manner, mapping evidence based interventions to overcome the risky situation of children, who find themselves in such situation.
- A useful partner to remember in Russia is UNFPA and UNICEF, which both have developed low threshold youth friendly services, especially to adolescent girls. They already have training modules in place, which have been tested in Russia (Moscow and in St. Petersburg)

It was concluded by the representative of NCM (Maria Pia de Palo) that the issue of a project on Children at risk” will be raised at the meeting of CSR 11 December in Oslo. In order to continue the project preparation, we will need to have clear indication of interest from other partners as well such as the EU and/or other NDPHS partner countries, who are in the position to act as donors.

<b>Reference</b>	SIHLWA 4/5/1/Info 2
<b>Title</b>	Discussion on project implementation for "Alcohol & Drug Prevention among Youth in SPb"
<b>Submitted by</b>	SIHLWA Coordinating Chairman
<b>Summary / Note</b>	<p>The NCM funded project "Alcohol &amp; Drug Prevention among Youth in SPb" is in the start-up phase. The project was thoroughly discussed in SIHLWA 3<sup>rd</sup> meeting in Vilnius.</p> <p>Additional reading:  ANNEX 1: Short project summary  ANNEX 2: Updated plans of 3 NGOs in SPb  ANNEX 3: Summary of discussion of the project in SIHLWA 3<sup>rd</sup> meeting in Vilnius</p> <p>Mikko Vienonen and Anna Skvortsova will provide additional information for basis of discussion</p>
<b>Requested action</b>	For information and additional advise

Appendix 1: Short project summary

Appendix 2: Updated plans of 3 NGOs in SPb

Appendix 3: Summary of discussion of the project in SIHLWA 3<sup>rd</sup> meeting in Vilnius

**Appendix 1 : NCM and MoFA/Finland project documents****Nordic Council of Ministers**

<i>To be able to complete this form you should first read attached guidelines.</i>	1. Name of the project: <b>Social Inclusion, Healthy Lifestyles &amp; Work Ability: Alcohol and drug prevention among youth</b>	
Nordisk Ministerråds sekretariat Store Strandstræde 18 DK-1255 København K. Denmark Att.	2. Starting year: 2007 3. Ending year: 2008 4. Total budget: <b>1,010.000 DKK</b> <b>[about 134.000 Euro]</b>	5. Amount applied for in Danish Crowns (DKK): <b>600.000 DKK</b> <b>[about 80.000 Euro]</b>

**Content**

<p>6. Goal of the project: <u>Primary objectives:</u></p> <p>To improve measures on how to provide more assistance to young people/children at risk (and their families) of social and health consequences including use of alcohol and drugs, and to raise awareness of problems and to increase people's knowledge about their rights to care and assistance (incl. legal counseling). A gender perspective will be included in all stages of the project.</p> <p><u>Secondary (long term) objectives:</u></p> <ul style="list-style-type: none"> <li>• To reduce alcohol and substance use in general and hazardous use in particular, and alcohol's destructive impact on young people's future.</li> <li>• To change misconception of society at large underestimating the negative impact of alcohol and drugs to health and wellbeing of individuals and to public health in general.</li> <li>• To influence risk-behaviour of young people towards responsible, sustainable relationship with alcohol, and towards abstinence vis-à-vis drugs.</li> </ul>
<p>6a. Goal of the project in view of the sector's Collaboration Programme on Industrial Development Policy:</p> <p>Work ability of new working generation is crucial for industrial and economic development. Net-loss of human potential due to alcohol and drug use in financial terms is calculated in the category of billions of EURO per year in most European countries. Reduction of alcohol related accidents and disease is one of most urgent measures for health services to tackle. As an antagonistic industrial development one can see the growth of brewing sector in Russia. Public health concern has the obligation to challenge short term business interest of brewing and alcohol industry, which is lobbying in favour of ever growing consumption. As an immediate goal in Russia the project has that beer and other mild alcoholic beverages are rightfully classified as alcoholic drinks and regulated as such, recognizing and admitting their full societal, economic and legal consequences. Entertainment-business is strongly linked with alcohol, tobacco, and even illegal drug marketing and creating positive attitudes towards them. The social responsibility of entertainment-business needs to be recognized and explicitly addressed. Role models in every respect are crucial for young people who often drink alcohol in order to be like grown ups – including their own parents. Emphasizing gender<sup>14</sup> focus and youth perspective is a cross-cutting goal in the project.</p> <p>Nordic countries are presently struggling to maintain their values considering healthy lifestyles and moderation when it comes to alcohol consumption and zero-tolerance when it comes to the use of drugs. Global and commercial pressures have strong influence on consumption habits of alcohol among young people in particular. Increasing globalization also facilitates drug trade and exposes young generation to narcotics.</p>

<sup>14</sup> Carita Peltonen/NCM has promised to elaborate on the gender issue as appropriate

7. Summary of the project description<sup>15</sup>:

**The project will start in St. Petersburg (with possible expansion to Kaliningrad region and the Republic of Karelia). In the second phase Estonia, Latvia and Lithuania will be involved. Dialogue among partners will draw from each others' experience and involve also Sweden and Finland. Media coverage of project activities will be used to raise public interest to the growing alcohol problem and what is in the process of happening in our developed regions as well. Northern Dimension Partnership political support will make this possible.**

- 1. In project areas previous alcohol/drug intervention projects among youth will be quickly mapped and evaluated. The focus is on identifying the most innovative and practical interventions and "lessons learned", rather than trying to make an all-covering research. The aim is also to explore the validity of the hypothesis that unfortunately in their impact has been low or nil (in other words, countries are trying to tackle the problem with wrong methods and tools, and new ground-breaking approaches are now needed.**
- 2. In project areas a stakeholder analysis of agencies and actors aiming to tackle alcohol/drug problem among youth and children (including "low threshold clinics" rendering assistance to especially young girls in difficult situations and in risk of alcohol and drug misuse, prostitution and even trafficking). Stakeholder analysis would also include assessment antagonistic forces.**

**3. In collaboration with St. Petersburg Youth & Children Health Promoting Projects/Programmes<sup>16</sup>**

**Estimation of efficiency and productivity of actions directed on healthy lifestyles of children and teenagers. Definition of most effective ways and methods of influence on young population with the purpose of promotion of healthy lifestyles in respect to alcohol and drugs.**

- Training of school teachers and psychologists to methods of initial preventive measures and rendering the initial/first help to children at risk.
- Training teenagers to methods and monitoring and control of their own mental state and health and methods of self-control and coping strategy in different problem situations.

**4. Media seminar for journalists (at least one per project site with the aim of repeating it towards the end of project period ("Creation of outrage").**
**5. Seminar for local politicians to understand their role better and seriousness of the problem (at least one per project site with the aim of repeating it towards the end of project period ("Creation of determination").**
**6. Development of regional and local legislative and administrative measures for better enforcement if alcohol and drug policies.**
**Nordic value**
**8. What is the need for Nordic co-operation in this field and how does the project contribute to this?**

Concerning alcohol, the Nordic countries have a special agreement and understanding to work towards reduction of harm of alcohol. Also for narcotic drugs close collaboration exists. The Nordic countries have important experiences, which they together can share with other collaborative partners within Northern Dimension Partnership in Public Health and social Well-being (NDPHS), and they have come in agreement through the partnership to organize their activities within the region.

**9. How does the project strengthen the Nordic influence internationally?**

Nordic influence is strengthened internationally when the project is implemented together with other partners (Baltic Sea States, France, Canada, EU, WHO, ILO, UNAIDS and other organizations). WHO and ILO, with involvement through their Moscow based country/regional offices, have taken a special responsibility on concrete issues and fitting the activities to their approved strategies. The project is fully in line with EU public health programme, WHO's and ILO's programme, and Barents' Sea Social- and Health programme. They will contribute in the actual implementation of the project and policy development.

Links of the project vis-à-vis the Convention of Children's rights further strengthen Nordic interest as defender of children.

<sup>15</sup> Please observe: For projects that have previously been funded by the Nordic Council of Ministers, a short status report should be included.

<sup>16</sup> St. Petersburg Health Committee (Head of Intl. Dept. Dr Yuri Petrov), St. Petersburg Social Committee, Project sites' expert- and administrative bodies (e.g. MAPS/ Medical Academy Postgraduate Studies), relevant NGOs.

**10. How does the project strengthen the Nordic identity and community?**

Alcohol and drug related problems (violence, accidents, mental and social problems, interpersonal conflicts, etc.) pose a serious risk to Nordic identity and community. The project will strengthen policies, which emphasize the importance of interventions, instead of a fatalistic attitude that we are powerless in front of the “alcohol and drug tsunami” which kills annually much more young people than the real tsunamis ever have done. Action needs to shift from retro-active to being pro-active.

**11. How does the project take account of gender<sup>17</sup> equality?**

The project will take into account gender issues in general and equality in particular at every level as a cross-cutting issue. Social vulnerability due to alcohol and drug misuse affects girls and women in particular through violence in its various forms. Sexually transmitted infections threaten women in particular, and sexual exploitation with prostitution and trafficking are the top of the iceberg. The project will make a special effort for making the interventions/services particularly easily available and suitable for adolescent girls and women. Care systems should better learn to recognize gender specificities in alcohol and drug problems, and to develop suitable care packages. Recognition of gender specificity is also important for men, not only for women.

**11. a. Output/results (whole project)**

- **Project review and best practises focusing on and evaluating alcohol/drug use programmes and low threshold units;**
- **Stakeholder analysis in project areas;**
- **Young people at large provided with skills to cope with alcohol and refuse drugs.**
- **Development, testing and distribution of methodology to better identify children at risk of alcohol and drugs;**
- **Media seminars (1-2 per site) organized;**
- **Decision makers/administrators seminars (1 per site) organized;**
- **Regional and local legislative and administrative measures for better enforcement if alcohol and drug policies identified and enforced.**

**11.b Activity outline (whole project)**

- **Project review by end of 2007;**
- **Stakeholder analysis by end of 2007;**
- **Coping skills through schools and other possible channels for general youth improved;**
- **[Children at risk identification methodology October 2007 – September 2008];**
- **Media seminars (1-2 per site) autumn 2007 and autumn 2008;**
- **Decision makers/administrators seminars (1 per site) spring or autumn 2008**

**11.c Indicators for fulfilment of the objectives (on gender focus)**

- Project reporting statistics need to be gender sensitive and specific (e.g. number of girls/women of target group; number of women among journalists in training; number of women among politicians & administrators in training, etc.);
- Qualitative indicators: problems for boys and girls specifically analysed;
- All actors involved have awareness and focus on gender perspective in all stages of project;
- Methods developed specifically suited/adapted for girls/women and boys/men.

**11.d Success criteria (assessing success/failure will be very difficult due to multi-factoriality and difficulty in deciding about causality. Nevertheless, the project tries to assess:**

- **Successful implementation of activities;**
- **Assessment of media understanding of the problem before and after;**
- **Assessment of politicians'/administrators' understanding of the problem before and after;**
- **Positive development of administrative interest and measures protecting children and adolescents from alcohol and drugs.**

<sup>17</sup> Carita Peltonen/NCM has promised to elaborate on the gender issue as appropriate

## 12. When and how will the results be used and/or published?

The project will be implemented because this is an important focus of the NDPHS. Through a thorough consultancy process the NDPHS came to the conclusion that lifestyle related health and social problems not only in Russian Federation but in the whole Northern Dimension area pose one of the biggest threats to both economic and human social development in general. Russia is already facing a demographic crisis of unprecedented magnitude, and Nordic and Baltic countries will soon follow. Finland has already become the most violent and accident prone country within the European Union, and the situation is getting worse. The project will improve understanding and awareness of the problem. Special emphasis is put on media collaboration and to create "outrage" of the situation that our societies would rather close their eyes from. NDPHS provides a good forum to make our message to penetrate decision makers, media, professional organizations, NGOs and the general public.

Nordic media and decision maker forum (tentatively in May 2007) in Stockholm in connection of the conference for Committee of Baltic Sea States (CBSS) under Swedish chairmanship will provide a high level forum to publicize the project's findings and results by that date.

## 13. Other arguments why the project should be financed by the Nordic Council of Ministers

The project is very timely and extensive background work through the SIHLWA expert group has been done three sub-groups, which have met in November 2005 and May 2006:

Subgroup on Alcohol (periodic/ "binge" drinking) (Chair Kari Paaso<sup>18</sup>/WHO-EURO)

Subgroup on Adolescent health and socially-rewarding lifestyles (Chair Mikko Vienonen/ Daiva Zeromskiene<sup>19</sup>)

Sub-group on Workplace health and safety (Chair Wiking Husberg<sup>20</sup>/ ILO-Russia & Remigijus Jankauskas<sup>21</sup>/ Institute of Occupational Health- TTL/Finland)

The NCM is one of the Partner organizations, which has expressed concern of well-being of youth in the north, gender related inequalities, and social exclusion. It is fully in line with Nordic values to emphasize the importance of investing into human capital, especially the young generation.

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<sup>20</sup> husberg@ilo.org

<sup>21</sup> jank@dmc.lt

**Participants**

<p><b>14. Project leader<sup>22</sup>:</b>  Dr. Mikko Vienonen  Consultant in International Public Health  Coordinator for SIHLWA*  Sysimiehenkuja 1  FIN-00670 HELSINKI, Finland  Tel GSM: +358 50 442 18 77  Tel bost. +358 9 724 86 21  E-mail: <a href="mailto:m.vienonen@kolumbus.fi">m.vienonen@kolumbus.fi</a></p> <p>* NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability</p>	<p><b>15. Responsible organisation/Administrative body<sup>23</sup>:</b>  a) Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being  P.O.Box 2010  SE-103 11 STOCKHOLM, Sverige  Tel. +46 8 440 19 20  Fax: +46 8 18 44  Marek Maciejowsky  e-mail: <a href="mailto:marek.maciejowsky@ndpns.org">marek.maciejowsky@ndpns.org</a>  b) Nordiska ministerrådets informationskontor i S:t Petersburg  <b>Contact person (responsible for the contents and finance of the project):</b>  Dr. Mikko Vienonen (see item 14.)  E-mail: <a href="mailto:m.vienonen@kolumbus.fi">m.vienonen@kolumbus.fi</a></p> <p><b>Auditor (if the project sum applied for exceeds DKK 50.000):</b></p>
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<p><b>16. Participants from Nordic countries or from the adjacent areas (Lithuania, Latvia, Estonia, NW Russia)</b></p> <p>Finland (MoSA&amp;H)<sup>24</sup> and Lithuania (MoH)<sup>25</sup> and Sweden<sup>26</sup> have pledged financial support to the SIHLWA EG, which would be responsible for the implementation and subcontracting of activities needed for the project. Sweden has also after the April meeting of Senior Representatives decided to pledge financial support specifically to this SIHLWA Adolescent health lifestyle-focused project. The exact amounts have not yet been defined but it is envisaged that these three funding sources would provide sufficient matching funds for the project (3 x DKK 100.000/ about 3 x 13.000 EURO).</p> <p>NCM Information Office in St. Petersburg (Sweden House, Malaya Konyushennaya ul. 1/3, RU-191186 St. Petersburg), co-ordinates and administrates the project.</p> <p>NDPHS/SIHLWA Expert group members and their background organizations (see list in ANNEX) will be involved as implementers and partners. This is a great asset for the project, because networking has already started. Existing contacts with municipal authorities and political structures will be an enhancing factor in a project, which is operating on a difficult, delicate and politically sensitive topic</p>
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<sup>22</sup> Name, institution, address, telephone, fax, e-mail.

<sup>23</sup> Institution, address, telephone, fax, e-mail.

<sup>24</sup> Ms Seija Saana, Ministerial Advisor of International affairs/ MoSA&H/Finland, phone: +358-9-160 73168, Fax:+358-9-160 73 296, e-mail: [seija.saana@stm.fi](mailto:seija.saana@stm.fi)

<sup>25</sup> Mr Viktoras Meizis, Head of Foreign Affairs division at MoH/Lithuania, phone: +370-526 6 1420, Fax: 370-526 6 1402, e-mail: [viktoras.meizis@sam.lt](mailto:viktoras.meizis@sam.lt) )

<sup>26</sup> Ms Kerstin Ödman, Deputy Director, Socialdepartementet/ MoH&SA, S-103 33 STOCKHOLM, Phone: +46-8-405 22 46, Fax.: +46-8-21 78 76, e-mail: [kerstin.e.odman@social.ministry.se](mailto:kerstin.e.odman@social.ministry.se) ,

17. Is the project in accordance with national priorities? How is the project anchored nationally?

The project is fully in line with the Nordic countries' national strategies and priorities within health- and social sector, health promotion, collaboration within alcohol policies, drugs and NDPHS agreements.

The project is also in line with the Partnership countries' (Russian Federation, and the Baltic States) national strategies and priorities. Combating the harmful use of alcohol and drug abuse and its consequences is an explicitly expressed common goal.

## Evaluation

18. How will the project be evaluated?

The project will be monitored on continuous basis through SIHLWA Expert Group. Feed back will be requested twice per year. Criteria for evaluation will be further developed in SIHLWA biannual meetings.

WHO-EURO is requested to provide external evaluation support.. This would also benefit WHO's own alcohol strategy development.

Final evaluation will be made at the end of the project.

19. Expected end date of the project (071231) End of 2007		NB: There will be a subtraction of 15% of the total sum per month if the project is not finished within two months after the date given here.		
20. Geographic distribution Which countries are involved in the project? 00 means institutions within the authority of the Nordic Council of Ministers	Country 1:14	00: Nordic institutions 01: Denmark <b>02: Finland</b> 03: Iceland 04: Norway <b>05: Sweden</b>	<b>11: Estonia</b> <b>12: Latvia</b> <b>13: Lithuania</b> <b>14: Russia</b>	
	Country 2:11 ?			
	Country 3:12 ?			
	Country 4:13 ?			
	Country 5: 02 ? Country 6: 05 ?			
21. Type of activity	<input type="checkbox"/> Making a study <input type="checkbox"/> Evaluation <input type="checkbox"/> Research <input checked="" type="checkbox"/> <b>Competence development</b> <input type="checkbox"/> Other, please specify			
22. Type of results	<input type="checkbox"/> Publication/report <input type="checkbox"/> Seminar/conference <input checked="" type="checkbox"/> Seminar+publication <input checked="" type="checkbox"/> Network/mobility <input type="checkbox"/> Exhibition <input checked="" type="checkbox"/> Other, please specify*	*Policy guidelines for health, social and school authorities to deal better and more effectively with adolescents: primary prevention to all, special services for youngsters in risk and intensive interventions for victims with serious disturbances and problems		

**Budget\*/ see Excel spreadsheet attached**

<b>Costs</b> (in Danish crowns, DKK)	2006	20007	2008
23. Wages			
24. Social expenditures			
25. Travel			
26. Dissemination of results			
27. Evaluation			
28. Other expenditures, please specify			
<b>29. Total project expenditures</b>			
30. Comments on expenditures: * See separate Excel spreadsheet			
<b>Funding</b> (in Danish crowns, DKK)	2006	20007	2008
31. Funding by your own <sup>27</sup> means			
32. Nordic Council of Ministers	300.000 DKK	300.000 DKK	
33. Nordic national funding	205.000 DKK	205.000 DKK	
34. EU funding			
35. Other funding, please specify (BCA-Russia / EURO/Paaso) tentat. <sup>28</sup>	[? WHO-EURO 5.000\$ ]	[? WHO-EURO 5.000\$ ]	
<b>36. Total project funding</b>	<b>505.000 DKK</b>	<b>505.000 DKK</b>	
37. Comments on funding (please note if applied for or granted): Finland: 100.000 DKK /Granted for SIHLWA/ status of pledge for this project needs to be verified. Lithuania: 100.000 DKK/Granted for SIHLWA/ status of pledge for this project needs to be verified. Sweden: 221.000 DKK/ status of pledge for this project needs to be verified.			
	2003	2004	2005
38. Former funding from the Nordic Council of Ministers, if any.	None	None	None

<sup>27</sup> N.B.: NDPHS/SIHLWA is neither an organization nor an NGO. Therefore, it cannot provide independent funding from its Partner countries and/or organizations. Matching must therefore come from partners.

<sup>28</sup> Technically possible (Russia earmarked funding on Alcohol) but requires more discussion in EURO

39. Enclosures to the application:
- Detailed project description (**in due course**)
  - Detailed budget/ **YES**
  - Time table for the project completion (**in due course**)

<p>40. Applicant<sup>29</sup>:</p> <p>Nordic Council of Ministers          Maria-Pia de Palo (Senior Adviser)  <a href="mailto:mpp@norden.org">mpp@norden.org</a>          Tel: +45-339 60 277          Carita Peltonen (Senior Adviser)  <a href="mailto:cp@norden.org">cp@norden.org</a>          Tel: +45-339 60 345</p> <p>Store Strandstræde 18          DK-1255 København K.          Denmark</p>	<p>41. Date and signature of the applicant:</p> <p>...../ June, 2006</p> <p>.....</p> <p>(signature)</p>
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### Project component from MoFA/ Finland:

MINISTRY FOR FOREIGN AFFAIRS

UNIT FOR NEIGHBOURING AREA COOPERATION (ITÄ-24)

#### *Project Description 2007-2008*

<b>Ministry in charge:</b> Ministry of Social Affairs and Health / Finland
<b>Project Title:</b> Alcohol and drug prevention among youth in St. Petersburg
<b>New Project:</b> YES <b>On-going Project/Number:</b> -
<b>Sector:</b> Social and Health
<b>Project's starting year and estimated duration:</b> 2007-08 ( 2 year)
<b>Target Country:</b> Russian Federation
<b>Target Regions in Russia:</b> St. Petersburg City (as target areas for the intervention in schools, health care sector and social services will be chosen 2-3 city-rayons, as will be agreed upon with the St. Petersburg City Health Committee)
<b>Implementing Organisation (Finland):</b> Finnish Centre for Health Promotion, Karjalankatu 2 C 63, 00520 Helsinki, FINLAND. Tel: +358 9 7253 0300, Fax: +358 9 7253 0320. [Mika Pyykkö ( <a href="mailto:mika.pyykkö@health.fi">mika.pyykkö@health.fi</a> ), Executive Director],

<sup>29</sup> Name, institution, address, telephone, fax, e-mail

National Public Health Institute, Mannerheimintie 166, 00300 Helsinki, FINLAND, Tel: 358 9 4744 8936, Fax: +358 9 4744 8338 [Tiina Laatikainen ([tiina.laatikainen@ktl.fi](mailto:tiina.laatikainen@ktl.fi)) Chronic Disease Prevention Unit, Head of the Unit].  
A-Clinic Foundation Tel:+358-9-6220 2934 [Ari Saarto, ([ari.saarto@a-klinikka.fi](mailto:ari.saarto@a-klinikka.fi))]

#### NORTHERN DIMENSION PARTNERSHIP FOR PUBLIC HEALTH AND SOCIAL WELLBEING

Expert Group on Social Inclusion, Healthy Lifestyles & Work Ability

Coordinator, Dr. Mikko Vienonen, GSM:+358-504421 877, e-mail:  
[m.vienonen@kolumbus.fi](mailto:m.vienonen@kolumbus.fi)

**Organisation in charge (Target Country):** St. Petersburg Health Committee (Contact: Head of Intl. Dept. Dr Yuri Petrov), St. Petersburg Social Committee, Project sites' expert- and administrative bodies (e.g. MAPS/ Medical Academy Postgraduate Studies), relevant NGOs.

#### **Implementing Organisation (Target Country):**

STELLIT, Saint Petersburg. Non-Governmental Organization of social Projects. Bumazhnaya ul. 9/617, St Petersburg, Russia. 190020. Tel.: +7-812-445 28 93, Fax: +7-812-445 28 94, GSM: +7-812-934 46 33 [

Maia Rusakova, ([maia@ngostellit.ru](mailto:maia@ngostellit.ru)) Director ]

Note: other implementing NGOs need to be identified, as well. Process is ongoing.

#### **Ministry's proposal for financing to the MFA (EURO): 30.000 €**

##### **Local Financing**

**EURO: 23.000 €** when calculated from the total budget of the project (161,000€) consisting mainly in kind contributions from St. Petersburg own staff time and facilities for seminars, workshops, etc. In proportion of the MoFA/Finland contribution the local financing is calculated to be about 4,500 €, **about 14.2 % of the total budget:**

**Other Financing: EURO: 108.000 € NCM, Sweden**

#### **Short description of the project**

##### **Objectives:**

To improve measures on how to provide more assistance to young people/children at risk (and their families) of social and health consequences including use of alcohol and drugs, and to raise awareness of problems and to increase people's knowledge about their rights to care and assistance (incl. legal counseling). A gender perspective will be included in all stages of the project.

##### **Long term objectives:**

- To reduce alcohol and substance use in general and hazardous use in particular, and alcohol's destructive impact on young people's future.
- To change misconception of society at large underestimating the negative impact of alcohol and drugs to health and wellbeing of individuals and to public health in general.
- To influence risk-behaviour of young people towards responsible, sustainable relationship with alcohol, and towards abstinence vis-à-vis drugs.

##### **The most important activities:**

1. The project will start in St. Petersburg in 2007. Previous alcohol/drug intervention projects among youth will be quickly mapped and evaluated. The focus is on identifying the most innovative and practical interventions and "lessons learned", rather than trying to make an all-covering research. The aim is also to explore the validity of the hypothesis that unfortunately in their im-

fact has been low or nil (in other words, countries are trying to tackle the problem with wrong methods and tools, and new ground-breaking approaches are now needed.

2. In St Petersburg will be performed a rapid stakeholder analysis of agencies and actors aiming to tackle alcohol/drug problem among youth and children (including “low threshold clinics” rendering assistance to especially young girls in difficult situations and in risk of alcohol and drug misuse, prostitution and even trafficking). Stakeholder analysis would also include assessment antagonistic forces in order that they could be influenced or at least take into consideration their negative impact.

3. In collaboration with St. Petersburg Youth & Children Health Promoting Projects/Programmes, estimation of efficiency and productivity of actions directed on healthy lifestyles of children and teenagers. Definition of most effective ways and methods of influence on young population with the purpose of promotion of healthy lifestyles in respect to alcohol and drugs. Based on this, an intervention will be implemented by:

- Training of school teachers and psychologists to methods of early preventive measures and problem identification and rendering the initial/first help to children at risk.
- Training teenagers to methods and monitoring and control of their own mental state and health and methods of self-control and coping strategy in different problem situations.

4. Media seminar for journalists (at least one per project site with the aim of repeating it towards the end of project period. In media language we aim towards “creation of outrage2” towards a problem which no longer seems to concern anyone, at least not the media in spite of the fact that thousands of people die and otherwise destroy their lives (compare with bird-flu, which so far in Russia not a single person has neither got nor died, but which everyone is afraid of demanding that authorities have done all possible and impossible to protect human life.

5. Seminar for local politicians to understand their fundamental role better and seriousness of the problem (at least one per project site with the aim of repeating it towards the end of project period (“Creation of determination”). You cannot remove the problem, if you do not want to remove it.

6. Development of regional and local legislative and administrative measures for better enforcement of alcohol and drug policies, which are suited for existing circumstances, in order to strengthen poorly functioning alcohol and drug policies. These models will be discussed at seminars directed for journalists and politicians (see item 4 and 5)

To be noted as clarifying information:

This project component, for which funding is now sought from MoFA/Finland (30,000 EURO) will be about 25% of the whole project on “Alcohol and Drug Prevention among Youth in SPB”, mainly to be funded through Nordic Council of Ministers. With this input we will be able to channel Finnish NGO and other expertise to this project, for which Nordic Council of Ministers plans to provide most of expenses locally. Without input from Finland the use of experts outside Russia would be very limited, which would weaken the whole implementation of the project. A-Clinic Foundation (“A-klinikka säätiö”), Public Health Institute (KTL) and the Finnish Centre for Health Promotion (including its “Russia Network”), have long term experience in social projects similar to this one. Hence, working together will provide excellent opportunity to continue from where previous projects and programmes have already reached. Through NDPHS/ SIHLWA network and the good links with St. Petersburg Health committee we will be able to use the political strength and achieve more sustainable results through incorporating the practices into mainstream activities.

**Appendix 2:** Updated plans of project implementation unit and 3 identified NGOs in SPb

**ALCOHOL & DRUG PREVENTION AMONG YOUTH IN St. PETERSBURG (A&D PreY SPb)**

**Information and Analyses Center for Social and Health NGOs, St. Petersburg**

**Action Plan for April-December 2007**

**April-May:**

1. Project review
2. Stakeholder analysis in project areas and pointing out local actors in St. Petersburg
3. Negotiations with potential project partners
4. Preparation of the project proposals of local NGOs working in alcohol/drug sector with young people
5. Selection of activities that could have an impact
6. Agreement on timetable
7. Writing project proposals, translation to English
8. Recruitment of A&D PreY SPb Project Coordinator, Project Assistant and part time accountant
9. Cooperation agreement with Information Bureau of the Nordic Council in St. Petersburg
10. Establishment of a project Steering Committee in St. Petersburg
11. Establishment of a project work group consisting of all local actors and participating organizations (Health committee, Social committee, Young affairs committee, Stelit, Rovesnik, Vzgliad v budusceje)
12. Preparation of annual work-plans for upcoming project activities, to be discussed and decided upon at the St. Petersburg based Steering Committee;
13. Organization of group discussions and the process of decision making (work group meetings - 1 x month or if necessary more often)

**June-August:**

14. Previous activities continued
15. Informing all the stakeholders and the participants of the project about project activities;
16. Coordination of possible activities (public action of "Vzgliad v Budusceje" – 1-st of June?)
17. Organization of group discussions and the process of decision making (seminars, meetings, working groups, evaluation meetings etc.);

18. Work with mass media;
19. Preparation of methodological materials;
20. Fulfilling other project related tasks as decided and approved by the Project Steering Committee;
21. Preparation of quarterly report of the project for steering committee and project funding agencies according to their rules and regulations;

**September-December:**

22. Previous activities continued
23. Updating of the plans of activities of project partners
24. Coordination of the activities of NGOs according to the action plan
25. Organization of the seminar for media
26. Organization of the seminar for decision makers
27. Preparation of quarterly (and annual) report of the project for steering committee and project funding agencies according to their rules and regulations

**A. NGO STELLIT**

*Project budget – Stellit: € 10.800*

**11.b Activity outline (whole project)**

- **Project review by end of 2006;**
- **Stakeholder analysis by end of 2006;**
- **Coping skills through schools and other possible channels for general youth improved;**
- **Children at risk identification methodology October 2006 – September 2007;**
- **Media seminars (1-2 per site) spring 2007 and autumn 2007;**
- **Decision makers/administrators seminars (1 per site) spring or autumn 2007**

**Proposals of SPb NGOs:**

**“Stakeholder analysis”**

**The focus of stakeholder analysis of agencies and actors aiming to tackle alcohol/drug problem among youth and children is on identifying the most innovative and practical interventions and “lessons learned”, rather than trying to make an all-covering research.**

**Estimation of efficiency and productivity of actions directed on healthy lifestyles of children and teenagers will be done. Definition of most effective ways and methods of influence on young population**

**with the purpose of promotion of healthy lifestyles in respect to alcohol and drugs will arise as a result.**

SPb NGO "Stellit" will map and analyze:

- Best practices in alcohol prevention among young people in St. Petersburg, including:
  - Preventive programs for young people provided by state, municipal and non-governmental organizations in St. Petersburg;
  - Peer-to-peer education (including on alcohol prevention);
  - Work of so called "Health Councils" in the schools aimed to share responsibility for planning and implementing of preventive work in the schools among teachers, school psychologists, social workers, parents and pupils; this work has to be systematic.<sup>30</sup>
- Best practices in other European countries.

*Timetable:* February – June 2007

*Reason:* Various trainings are provided today in St. Petersburg' schools in order to improve skills in preventive work. They are organized by Academy of post gradual education, Departments of education of city districts' administration, Scientific-methodological centers and Psychological-medical-social centers in 18 districts of the city, with a participation of local NGOs.

As a result, in the schools a lot of various actions are organized aimed to health promotion and prevention of risk behavior among the pupils. For ex. "Days of Health" are organized every year, excursions to the Museum of Hygiene, thematic lectures in the classes, competitions, exhibitions, publishing of the student's newspapers and radio programs etc.

But still preventive work is not enough efficient in the most of the schools of St. Petersburg:

- Preventive actions are aimed on importance of healthy lifestyle as a whole, to prevention of smoking, drug and HIV-prevention. There are almost no actions aimed on alcohol prevention. One of the reasons is that school teachers and other specialists in the schools are poorly informed about the alcohol problems, about organizations provided assistance in a case of alcohol problems and they have almost no skills of practical preventive work in this sphere.
- Young people themselves are not involved: almost all work is provided by adults (school teachers and other specialists working in the schools).
- Responsibility for prevention work is not shared equally among school specialists. Usually it's vice-director for education who is responsible for prevention but often it's not among the priorities in the long list of duties.
- Preventive work is not systematical.

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<sup>30</sup> Health Councils have been established in 9 schools of Nevsky district of St. Petersburg as a result of joint Finnish-Russian project "Support to the Schools for Development of Healthy Lifestyles of the Pupils in St. Petersburg in 2004-2006". Main partners of the project were Stellit and STAKES. Financial support: Ministry of Foreign Affairs of Finland.

Results will be presented to the project group and to the schools of Nevsky district of St. Petersburg that will be chosen as pilot areas for the project (see below). Practices that could be trained and used afterwards in the schools will be discussed with the school specialists and young people.

### **“Coping skills through schools and other possible channels for general youth improved”**

**In project areas previous alcohol/drug intervention projects among youth will be quickly mapped and evaluated. The focus is on identifying the most innovative and practical interventions and “lessons learned”, rather than trying to make an all-covering research. The aim is also to explore the validity of the hypothesis that unfortunately in their impact has been low or nil (in other words, countries are trying to tackle the problem with wrong methods and tools, and new ground-breaking approaches are now needed.**

**2. In project areas a stakeholder analysis of agencies and actors aiming to tackle alcohol/drug problem among youth and children (including “low threshold clinics” rendering assistance to especially young girls in difficult situations and in risk of alcohol and drug misuse, prostitution and even trafficking). Stakeholder analysis would also include assessment antagonistic forces.**

**3. In collaboration with St. Petersburg Youth & Children Health Promoting Projects/Programmes<sup>31</sup>**

**Estimation of efficiency and productivity of actions directed on healthy lifestyles of children and teenagers. Definition of most effective ways and methods of influence on young population with the purpose of promotion of healthy lifestyles in respect to alcohol and drugs.**

- Training of school teachers and psychologists to methods of initial preventive measures and rendering the initial/first help to children at risk.
- Training teenagers to methods and monitoring and control of their own mental state and health and methods of self-control and coping strategy in different problem situations.

**4. Media seminar for journalists (at least one per project site with the aim of repeating it towards the end of project period (“Creation of outrage”).**

**5. Seminar for local politicians to understand their role better and seriousness of the problem (at least one per project site with the aim of repeating it towards the end of project period (“Creation of determination”).**

**6. Development of regional and local legislative and administrative measures for better enforcement of alcohol and drug policies.**

Proposal of “Stellit”:

Initial phase of the project should include:

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<sup>31</sup> St. Petersburg Health Committee (Head of Intl. Dept. Dr Yuri Petrov), St. Petersburg Social Committee, Project sites’ expert- and administrative bodies (e.g. MAPS/ Medical Academy Postgraduate Studies), relevant NGOs.

1. Inform school directors and school administration about the project. Choose particular schools for participation in the project.
  - Presentation of the project for Scientific-Methodological center of Nevsky district (coordinating body for project that includes trainings for the schools); choosing 6 schools supposed to participate in the project;
  - Presentation of the project for directors and administration of the schools, discussion about participation of school staff in the project;
  - Writing list of the schools and school staff participating in the project

*Timetable:* March-May 2007

2. Analyses of the best practices in alcohol prevention, including peer-to-peer education (see above)

*Timetable:* February-June 2007

Implementation phase consists of:

3. Development of training program for the schools in prevention of alcohol consumption among teenagers; searching of the trainers; preparation of handouts for trainings.
  - Development of the program of 2-days initial seminar for school staff;
  - Agreement with the specialists on participation in the seminar (leading, teaching);
  - Writing handouts materials for trainings.

*Timetable:* July-September 2007

4. Training of the school staff in prevention of alcohol consumption among teenagers
  - Development of the instruments for evaluation of an effectiveness of the seminar (September 2007)
  - Organization of 2-days seminar-training for school staff on alcohol prevention among teenagers (October 2007)
  - Data collection (on evaluation of an effectiveness of the seminar), entering and interpretation of data (October 2007)

*Timetable:* September-October 2007

5. Organization of the meetings of Health Councils in the schools participating in the project; support to the staff in development of the action plan for prevention of alcohol consumption among teenagers tailored to particular school and using skills learned in the trainings.
  - Organization of the meetings of the Health Councils in each school, participating in the project; development of action plan of alcohol prevention for each school (November 2007)
  - Including of these prevention actions to the schools plans on healthy lifestyles for 2007/2008 school year (December 2007)

*Timetable:* November-December 2007

*Target group:* vice-directors responsible for education, teachers, psychologists, social pedagogues, school nurses of 6 schools of Nevsky district of St. Petersburg<sup>32</sup>

*Reason:* In year 2006 SPb NGO "Stellit" interviewed pupils of 9-11-th classes of 9 secondary schools of Nevsky district of St. Petersburg. 92,7% of them said that they have an experience of using alcohol, including soft drinks. First attempt for most of them happened in age 14-16 (40,9%) or age 11-13 (36,0%). Concerning types of alcohol: wine (85,3%), soft drinks (82,8%), beer (78%) and liquors (55,4%). Soft drink and beer are used weekly (once or several times a week), wine and liquors – 1-2 times a year. Teenagers said that they experienced negative consequences of using alcohol: 20% - that their friends were worried about them and told them about dangers of using alcohol; 10% were absent because of using alcohol.

"Stellit" proposes to strength alcohol prevention in the schools. Nevsky district is supposed to be pilot district: there is good basis thanks joint Finnish-Russian project on Healthy Lifestyle in the schools implemented by Stellit and STAKES in 2004-2006. District also participated in joint Finnish-Russian project "NESTS – Children and Families of Risk" supported by Tacis CBC program (2005-2006).

## **18. How will the project be evaluated?**

**The project will be monitored on continuous basis through SIHLWA Expert Group. Feed back will be requested twice per year. Criteria for evaluation will be further developed in SIHLWA biannual meetings.**

**WHO-EURO is requested to provide external evaluation support.. This would also benefit WHO's own alcohol strategy development.**

**Final evaluation will be made at the end of the project.**

Stellit is ready to do evaluation of the whole project. This can be discussed after project plan will be completed.

## **B. NGO Vzgliad v budusceje**

**Project budget – Vzgliad v budusceje: € 13.000**

### **11.b Activity outline (whole project)**

- **Project review by end of 2006;**
- **Stakeholder analysis by end of 2006;**
- **Coping skills through schools and other possible channels for**

<sup>32</sup> Stellit suggests that project will be implemented in 6 of 9 schools in Nevsky district of St. Petersburg that participated in the Finnish-Russian project "Support to the Schools for Development of Healthy Lifestyles of the Pupils in St. Petersburg in 2004-2006".

**general youth improved;**

- **Children at risk identification methodology October 2006 – September 2007;**
- **Media seminars (1-2 per site) spring 2007 and autumn 2007;**
- **Decision makers/administrators seminars (1 per site) spring or autumn 2007**

**Proposals of SPb NGO "Vzgliad v budusceje" (Look to the Future)<sup>33</sup>:**

I. Project **"Independence Day"** in the secondary schools / technical colleges of St. Petersburg (and Leningrad oblast). The project on the organization and carrying out of actions and measures in educational institutions of Saint-Petersburg and Leningrad region, aimed at propagation of healthy life style and preventive measures of drug addiction, alcoholism, tobacco smoking, HIV/AIDS among teenagers, and also intended for stirring up of youth for participation in solving social problems.

Duration: 12 months

*Target group:* students, age 13-18; teachers, social workers, psychologists, parents, volunteers.

*Aim:*

- Development of interaction program of "Day of health" – action "Independence Day" – in the schools and colleges in order to focus on health promotion and alcohol prevention among young people, with using play methods in education and creating motivation to healthy lifestyle;
- Healthy lifestyle education is organized as preventive games and trainings;
- Presentation of new methods of prevention to the teachers, psychologists, social workers of the schools and colleges;
- Establishment of network of the specialists of social sector and education, between state institutions/organizations and NGOs.

"Independence Day" will be organized each month in various schools and colleges of St. Petersburg and Leningrad oblast by a mobile team of young people with wide scope of technical tools.

*1-st phase of implementation of the project (2 months):*

- Buying necessary equipment and materials (see list in the budget);
- Writing detailed scenario of the action "Independence Day", creating logo;
- Writing texts (information materials) for the seminars;
- Decorations and requisit (props) for the game will be made;
- Information bulletins and posters will be printed;
- T-shirts and caps with logo will be made for encouragement of the active participants of the game;
- Meetings (negotiations) with schools' administrations will be organized in order to make agreement on schedule of the actions on particular schools (timetable will be agreed).

<sup>33</sup> NGO "Vzgliad v budusceje" (Look to the Future) has been established and registered in 1994. Mission: health promotion, prevention of risk behavior of young people, involvement of the young people into prevention work. Central office is located in St. Petersburg, main staff: 15 people, volunteers in Russia (youngsters movement "Ekho") – 2500. [www.vvb.spb.ru](http://www.vvb.spb.ru)

*Second phase (9 months):*

- Monthly actions "Independence Day" in the schools and colleges: mobile, technically equipped team of young people (5-10 leaders and 10-15 volunteers of the youth movement "Ekho") will come to the place. During 2 hours equipment will be installed on the place (hall, classes, stations). All participants of the action will be gathered in a hall and introduced with presentation of «Independence Day» project which includes advertising video specially prepared for the action, flash-cartoon films, the story about forthcoming game. Participants will be divided into teams of 8-10 people, they think out the name of the team and choose captain. Each team is supervised by a volunteer. The game starts.

Game by stations is a preventive game, the essence of which is receipt of the information, overcoming of obstacles and solving of the problems placed at each station. Each team will be offered to pass through the route which is planned in advance, as specified in a map. The route will consist of alternate game and information stations. Stations will be placed in separate rooms (classes). Information stations represent a brief seminar on which the participants of the game will be provided with information on specific problems (preventive measures against alcoholism) with the use of role games, interactive techniques of preventive work. At game stations participants of the action will pass the certain tests (испытания), thus using the received knowledge. At each station (information and game) each team earns counter-points. The team which has received biggest number of counters, will be declared a winner and receive the main prize. The Final stage of the action will take place in a hall. Participants and leaders gather all together, the results of game will be declared, prizes handed over. The basic moments of the game will be video recorded. Upon termination of game the equipment and decorations will be dismantled.

*Third phase (1 month):*

- Summary and results of the games;
- Report – finance and analytical – is written, including video-report of the action "Independence Day".

After project is completed, cooperation with schools will be continued. The further exchange of new techniques and the information, carrying out of preventive measures and actions is supposed.

## **II. Street action**

**Street public action is organized in order to attract attention to an important problem – alcoholism and promote healthy lifestyle.**

***Slogan of the action: "You can live without it – hammer in!"***

***Main target group: young people from 14 to 30. For participation of younger children will be organized special competitions and side-shows.***

***Plan of the action:***

**3 wooden figures - bottle, syringe and cigarette – are installed on the street. Compere person (ведущий) invites passerby people to participate in the action. They can choose one cotton thread – red,**

**blue and yellow, tie it around a nail and hammer it to one of the figures. Each color represents particular opinion and attitude to alcohol, smoking and drug consumption.**

**Participants can also test their knowledge about alcohol and drug consumption, smoking – they can answer to the questionnaire and get a prize and information leaflets (posters etc.). Volunteers propose to the participants and passerbies various interactive entertainments and amusements that allow to be included into an action small children and whole families.**

**In parallel there are 4 sideshows: "Break the cigarette – win a prize", "Knock off a cork", "Answer to the questions about alcohol and win a prize", etc. There is around a stand with infomaterials about topics.**

*Scheme of action (figures and volunteers):*

**Installation 1,2,3 – figures "Bottle", "Syringe", "Cigarette" (3 volunteers for each figure, = 9 volunteers)**

Installation 4 – acoustic system (1 specialist and 1 volunteer = 2 people)

Installation 5,6,7,8 – Sideshows (2 volunteers in each)

Installation 9 – place for competitions, scene (1 compere person and 2 assistants - volunteers)

*Coordinates:*

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## **C. NGO "Rovesnik rovesniku"**

*Project budget –"Rovesnik rovesniku": € 3.800*

### **Target groups:**

- teenagers and young people in age from 14 to 18 years old, students from professional schools and colleges.
- specialists who work with young people, psychologists and teachers.

### **Tasks:**

- To increase of level knowledge about formation of dependences, consequences of using psychoactive substances
- To give information about medical, social, psychological services for youth
- To create conditions for development of motivation on healthy lifestyle, social welfare
- To organize consulting on consequences of usage of psychoactive substances.
- To provide participation of volunteers in organization and leading of prevention events among students of professional schools.

1. Preparation of volunteers among participants of Movement "Rovesnik – rovesniku" for work on prevention of dependant behavior among students of professional schools – March – May – September. The coverage: 20 people.
2. Supervision group for volunteers as individual and professional support in work on prevention of dependant behavior – September – December. Participants: 20 pers.  
Organizational meetings with administration and teachers of professional schools which participate in realization of project.  
Probable participants of project:
  - Railway college (zheleznodorozhnyi) (Central district)
  - Industrial college (Central district)
  - Trade-economical college (Central district)
  - Aleksandrovskii college (Petrogradskii district)
3. An organization of teacher's councils in the professional schools. Topics: organization of prevention of dependant behavior in teenager's and youth's environment at the separate territory of professional school. Participants: 35 pers.
4. Organization of medical and consulting assistance to the teachers, psychologists and social workers of professional schools during the project. (Option.)
5. Dissemination of informational materials about medical, social, juridical, psychological help services for teenagers and youth. Participants: 400 pers.
6. Leading of trainings on programme "Discovery" for the councils of self-government of professional schools and separate groups by the demand of administration. September – October. Participants: min. 60 pers.  
Our work on prevention of addictive behavior we plan starting from the definition of concept of prevention as active progressive process of creation of conditions and forming of personal qualities which support prosperity. Thus aim of prevention is the increase of the quality of life. Prevention is not only about medical aspects of health but it calls upon to change social, psychological status of personality and to provide conditions for attaching positive changes.  
From our point of view, the programme "Discovery" helps a person to learn how to express its feelings in socially adequate form, to listen to the person herself/himself and to her/his surroundings (friends etc.), to talk, to assert its point of view, to develop leader's qualities, to learn how to say "no".
7. Thematic lesson of prevention of addictive behavior and behavior of high degree of risk for the students of professional schools are conducted on the principle "peer to peer". Thematic lessons are conducted by volunteers of the movement "Rovesnik – rovesniku" in common with psychologists of Drug Abuse prevention center. September – October. Participants: 400 people.

**Marina Orlova,**

Coordinator of the movement "Rovesnik rovesniku"

St. Petersburg, March 27, 2007

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**Appendix 3: abstract from SIHLWA 3<sup>rd</sup> meeting report (ADO-sub-group):**

**4.3.1 “Alcohol and drug prevention among youth”  
Summary of “Alcohol and drug prevention among youth”  
[about 120.000 Euro]**

Primary objectives:

- To improve measures on how to provide more assistance to young people/children at risk (and their families) of social and health consequences including use of alcohol and drugs, and to raise awareness of problems and to increase people’s knowledge about their rights to care and assistance (incl. legal counseling).
- A gender perspective will be included in all stages of the project.

Secondary (long term) objectives:

- To reduce alcohol and substance use in general and hazardous use in particular, and alcohol’s destructive impact on young people’s future.
- To change misconception of society at large underestimating the negative impact of alcohol and drugs to health and wellbeing of individuals and to public health in general.
- To influence risk-behaviour of young people towards responsible, sustainable relationship with alcohol, and towards abstinence vis-à-vis drugs.

Goal of the project in view of the sector’s Collaboration Programme on Industrial Development Policy:

- Work ability of new working generation is crucial for industrial and economic development. Net-loss of human potential due to alcohol and drug use in financial terms is calculated in the category of billions of EURO per year in most European countries. Reduction of alcohol related accidents and disease is one of most urgent measures for health services to tackle. As an antagonistic industrial development one can see the growth of brewing sector in Russia. Public health concern has the obligation to challenge short term business interest of brewing and alcohol industry, which is lobbying in favour of ever growing consumption. As an immediate goal in Russia the project has that beer and other mild alcoholic beverages are rightfully classified as alcoholic drinks and regulated as such, recognizing and admitting their full societal, economic and legal consequences. Entertainment-business is strongly linked with alcohol, tobacco, and even illegal drug marketing and creating positive attitudes towards them. The social responsibility of entertainment-business needs to be recognized and explicitly addressed. Role models in every respect are crucial for young people who often drink alcohol in order to be like grown ups – including their own parents. Emphasizing gender focus and youth perspective is a cross-cutting goal in the project.
- Nordic countries are presently struggling to maintain their values considering healthy lifestyles and moderation when it comes to alcohol consumption and zero-tolerance when it comes to the use of drugs. Global and commercial pressures have strong influence on consumption habits of alcohol among young people in particular. Increasing globalization also facilitates drug trade and exposes young generation to narcotics.

Summary of the project description

- The project will start in St. Petersburg (with possible expansion to other regions or even countries. Dialogue among partners will draw from each others’ experience and involve also Sweden and Finland. Media coverage of project activities will be used to raise public interest to the growing alcohol problem and what is in

the process of happening in our developed regions as well. Northern Dimension Partnership political support will make this possible.

- In project areas previous alcohol/drug intervention projects among youth will be quickly mapped and evaluated. The focus is on identifying the most innovative and practical interventions and “lessons learned”, rather than trying to make an all-covering research. The aim is also to explore the validity of the hypothesis that unfortunately in their impact has been low or nil (in other words, countries are trying to tackle the problem with wrong methods and tools, and new ground-breaking approaches are now needed).
- In project areas a stakeholder analysis of agencies and actors aiming to tackle alcohol/drug problem among youth and children (including “low threshold clinics” rendering assistance to especially young girls in difficult situations and in risk of alcohol and drug misuse, prostitution and even trafficking). Stakeholder analysis would also include assessment antagonistic forces.

In collaboration with St. Petersburg Youth & Children Health Promoting Projects/Programmes

- Estimation of efficiency and productivity of actions directed on healthy lifestyles of children and teenagers. Definition of most effective ways and methods of influence on young population with the purpose of promotion of healthy lifestyles in respect to alcohol and drugs.
  - Training of school teachers and psychologists to methods of initial preventive measures and rendering the initial/first help to children at risk.
  - Training teenagers to methods and monitoring and control of their own mental state and health and methods of self-control and coping strategy in different problem situations.
- Media seminar for journalists (at least one per project site with the aim of repeating it towards the end of project period (“Creation of outrage”).
- Seminar for local politicians to understand their role better and seriousness of the problem (at least one per project site with the aim of repeating it towards the end of project period (“Creation of determination”).
- Development of regional and local legislative and administrative measures for better enforcement of alcohol and drug policies.

#### Output/results (whole project)

1. Project review and best practises focusing on and evaluating alcohol/drug use programmes and low threshold units;
2. Stakeholder analysis in project areas;
3. Young people at large provided with skills to cope with alcohol and refuse drugs.
4. Development, testing and distribution of methodology to better identify children at risk of alcohol and drugs;
5. Media seminars (1-2 per site) organized;
6. Decision makers/administrators seminars (1 per site) organized;
7. Regional and local legislative and administrative measures for better

#### **Comments on the *Alcohol and drug prevention among youth* project**

The ALCOHOL subgroup discussed the *Alcohol and drug prevention among youth* project and came up with the following points and suggestions:

- Any project planned by the SILHWA expert group should bring to the foreground and promote strategies and methods with proven effectiveness.

- Previous projects as well as pre-existing working methods and tools should be mapped at an early stage of project planning. The adolescent health group's attention is drawn in particular to the *Prevention of Social Exclusion of Children and Youth at Risk in St. Petersburg* project, coordinated by Stakes, Finland, in 2005-2007. The project introduces and develops methods of early intervention in co-operation with the local NGO Stellit and with the city's teacher training organisation. A possibly useful framework for developing alcohol and drug prevention in the school setting can be found from instance from Sweden.
- Pre-existing networks of potential partners should be contacted at an early stage, in this case in particular the Finnish-Russian Network of Social and Health NGOs.
- The planned project would benefit from an analysis of the target group (number, age, gender, socioeconomic background) and of the nature of risk behaviours and factors, and of a clarification of the project's focus, i.e. whether the project aims at primary prevention, at early intervention targeting children at risk, or at helping children living in high-risk conditions.
- The media component and the decision-maker component of the planned project were found potentially useful. It was suggested that education of the media and of decision-makers be focussed on increasing understanding of the effectiveness of population based strategies to prevent alcohol and drug problems among youth.
- It was further suggested that a clear distinction be made between short-term feasible objectives and long term goals. It is for instance unlikely that one or two seminars organised for the media or decision-makers would provide sufficient impetus for legislative changes relating to alcohol policy.
- The planned project's coordinative and administrative structures, as outlined in the project plan, were deemed a bit complex and heavy.
- It was noted that plans for the evaluation of the project were somewhat sketchy, and that a proper action plan and budget were missing from the materials presented to the alcohol subgroup.

The ADO group noted the following issues concerning the project alcohol and drug prevention among youth, and came up with the following points and suggestions:

- The overall project frame is acceptable, although very ambitious. Implementers may need to be more humble in what can be done. Important is to get started.
- Logical framework approach can be used (see outcome of problem tree). Problem analysis should provide a causal relationship of what is the situation and why. Problems can eventually be turned into positive statements, and hence we get our objectives, what and why we want to do something.
- Project document eventually also must elaborate on target groups ("who?"), strategy (how?), project elements (what?), project indicators (how to measure?).
- clarification of objectives is still important: is the primary objective to raise awareness?
- Long-term objective is of course that the population drinks less.
- Focus could be on behaviour change.
- Mapping on best practices is important and to identify the most relevant ones. This mapping is challenging. There are a lot of tools already: CDC ([www.communityguide.org](http://www.communityguide.org)) has a database in the web: topics like smoking interventions etc. under work. They have ranked these, what works and does not. Finnish National Health Institute did a literature review on school based programmes, what works and what does not.
- The title of the project is "Alcohol and Drugs". They are not separate problems. In Lithuania a new curriculum is just approved by the government, where they are all together. The problems indeed are not separate: actually smoking, physical exercise, obesity etc. could also be tackled. An integrated approach is important although we cannot change the project name. If we talk about young people, very quickly come other problems as well. It is important to have a holistic view. Actually technically (although not legally) alcohol is also a neurotoxic substance (= drug). And if we think about the lifestyle of the youth, substances are available for them: alcohol, drugs, anything. For example in Australia adolescents do not necessarily use alcohol when they go out, but drugs.
- To summarize: We should be more realistic, focus the objective more on youth, have an integrated approach. And that we should now elaborate on.
- Colleagues from Russia fully supported the principles of this project. There are many intoxicated children in St. Petersburg hospitals. We should remember that schools are different: some are wonderful, some less good. We should take into account: 1) criteria of the results 2) activity outline: how can we identify children: if we take only one school whose social portrait of parents is poor? Identifying children in need is an important aspect. 3) To what extent this information is collected from children, parents, social workers, teachers, psychologists, as without consulting

them information is not valid. 4) Addiction related topic: this can vary on the stage of dependency. Different stages have different methodologies and objectives. The ado-group noted that we do not aim at research or a clinical intervention for alcohol dependent children. This is not a treatment project. Therefore, we do not need to identify children who are already affected, but have ALL pupils as our target group to PREVENT as many as possible from not starting. The situation is same in every school. After all, the majority of young Russian adults use alcohol and many of them (if not the majority) use too much from young age onwards. No family is immune, when we talk about risk for children to drink alcohol – or parents for that matter. We should take a participating approach. Increase awareness, and responsibility of surrounding community. Norms, attitudes etc.

- Many things still need be discussed. The first reaction, though may be that this is too good to be true. It is a peer-to-peer programme, where young people think themselves. Good professionalism is facilitating this. Teachers and other people working with young people are interested to get this methodology more widely used. For example, this was used for prevention of tobacco-use. An NGO had a project on “Smoke free classes”, which was very successful. It is very important to find out WHAT to do and most importantly WHO are your partners in a local level. Working with the media can be done. We have links to journalists in St. Petersburg, who understand, and whom we can use as experts. With journalists we must keep in mind how they can make a story (journalists live of stories that they can sell!). Also we should try to make healthy people to understand newspaper articles better: to be come more educated readers. WHO has some experience from this in Moscow. Sometimes the journalists write what you want and we have had some successful seminars for local journalists. But to get them regularly write about these topics is hard. In Finland the media was quite active during the North-Karelia project. There has to be a clear new message which interests readers.
- We need to remember that 30 % of St. Petersburg city budget comes from brewing (beer) industry. The Chairman of the city’s Financial Committee comes from one of the brewing factories.

<b>Reference</b>	SIHLWA 4/5/1/Info 3 SIHLWA Stakeholder Analysis Discussion
<b>Title</b>	Discussion on project preparation for "SIHLWA Stakeholder Analysis"
<b>Submitted by</b>	SIHLWA Coordinating Chairman
<b>Summary / Note</b>	SIHLWA Stakeholder Analysis was elaborated as project proposal by STAKES/IDC and was submitted for funding through MoSA&H to the MoFA/ Finland. In December 2006 SIHLWA got information that funding was not granted as this proposal was not to be considered a project but rather a study, and because there were not partners identified in other countries (Russia, Baltic States). Part of the work can be done through A&DPrevY SPb (Stellit) but only when linking with alcohol & drugs in St. Petersburg. We desperately need a good stakeholder analysis (not least for the NDPHS data-base project). We need to get a mandate from the 4 <sup>th</sup> SIHLWA meeting whether we shall pursue this issue further Mikko Vienonen will provide additional information for basis of discussion
<b>Requested action</b>	For information and additional advise

Appendix:

## MINISTRY FOR FOREIGN AFFAIRS

### UNIT FOR NEIGHBOURING AREA COOPERATION (ITÄ-24)

#### *Project Description 2007*

<b>Ministry in charge: Ministry of Social affairs and Health, Finland</b>
<b>Project Title: SIHLWA STAKEHOLDER STUDY</b>
<b>New Project: SIHLWA STAKEHOLDER ANALYSIS</b>
<b>Sector: Cross-sectional; social&amp; health, education</b>
<b>Project's starting year and estimated duration: 2007</b>
<b>Target Country: Estonia, Latvia, Lithuania, Russia, Sweden, Norway and Finland</b>
<b>Target Regions in Russia: Republic of Karelia, St Petersburg</b>
<b>Implementing Organisation (Finland): PU SIHLWA/Stakes</b>
<b>Organisation in charge (Target Country): NDPHS Secretariat/PU SIHLWA related authorities in partner countries</b>
<b>Implementing Organisation (Target Country):</b>
<b>Ministry's proposal for financing to the MFA (EURO): 35 000€</b>

### **Short description of the study**

The new expert group within the Northern Dimension Partnership in Public Health and Social Wellbeing on Non-communicable Diseases and Promotion of Health and Socially-rewarding Lifestyles (SIHLWA) was established in December 2004. For SIHLWA EG to be able to work as effectively as possible and to support coordination of international activities within its scope and to enhance a general improvement of the quality of life of the people within the Partnership countries it is essential to have a reasonable good overall picture of most important actors in the thematic area.

The overall structure of this working group is built on three main themes 1) alcohol, 2) adolescent health and socially rewarding lifestyles and 3) work ability.

For SIHLWA EG to be able to work as effectively as possible and to support coordination of international activities within its scope it is essential to have a good overall picture of most important actors in the thematic area readily available for all partner countries. The stakeholder analysis provides an essential tool for improved coordination and exchange of information, which will lead to improved knowledge and quality of activities to be developed within SIHLWA thematic area.

### **Objectives:**

*The main objective of the stakeholder analysis* is to provide all interested partner countries with up to date information on the most important stakeholders and expert organisations and other actors like NGOs and even industries within the Northern Dimension partnership countries for improved networking and exchange of information and know-how.

A better picture and understanding of different important actors and stakeholders in the sector both regionally and nationally is essential in order to enhance institutional linkages and long term sustainability of developed activities. Many institutions, agencies, organisations, NGOs in the partner countries are working with SIHLWA sub-group areas but we do not always know who and where they are and what they have done or are doing. Stakeholders whose interests might be in contradiction to SIHLWA interests are also important to know when planning any development work of the sector.

### **The most important activities:**

- Finalization of the template and questionnaires for interviews
- A desk study using existing background material like country policies, reviews and national strategies will be performed
- Collection of information via internet, mail and telephone interviews
- Analysis of information and reporting
- Categorization of stakeholders in a logical manner is important, like administrative stakeholders, research institutes, NGOs etc.
- The report will include also a list of priority areas for further development for SIHLWA
- Drafting of a Communication Plan for dissemination of results

## Study Proposal

30.10.2006

# Northern Dimension Partnership in Public Health And Social Wellbeing SIHLWA STAKEHOLDER ANALYSIS

## 1. Summary

This study proposal Stakeholder Analysis is based on the discussions held during the NDPHS Expert Group Meeting "Social inclusion, Healthy Lifestyles Work Ability" SIHLWA, Helsinki, 16-17 May 2006.

The SIHLWA, expert group under Northern Dimension Partnership for Public Health and Social Wellbeing (NDPHS) agreed that to work effectively, there is a need to have a better picture and understanding of different actors and stakeholders in the sector aiming on prevention of negative effects of alcohol use and promotion of healthy lifestyles among young people, before harmful habits have been adopted or addiction towards tobacco, alcohol, or drugs has developed. Likewise, positive lifestyles like safe working habits, healthy nutrition, regular physical activity and safe sexual practices can be actively enhanced.

Many institutions, agencies, organizations, NGOs, (army and religious/faith-based organizations included) etc. in Partnership countries are already working towards these goals, but we do not always know who and where they are and what exactly they have done or are doing. To elaborate a list of say "top ten or twenty" stakeholders in Partnership Countries in the field of each sub-sector would be an indispensable starting point to enhance and support existing national and international activities within the scope of SIHLWA.

## 2. Background

### 2.1 The Northern Dimension Partnership in Public Health and Social Wellbeing

According to the Oslo Declaration 2003 the overall objective of the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS) is to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing. 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 wellbeing, *as well as to enhance co-ordination of international activities within the Northern Dimension area.* The activities by partners and participants should contribute to greater political and administrative coherence in the area, narrowing of social and economic differences, and to a general improvement of the quality of life.

When the Partnership was built it was stated that it will *build on, enhance and support existing national and international activities within its scope.* To be able to build on previous experiences there is a need to have actual information about most important key stakeholders as well as projects/programmes in the area. However not much has been systematically done so far to enhance and support this kind of collaboration. A reason to this might be that the Partnership mechanisms for the NDPHS are still somewhat pre-

ture and the roles and responsibilities of different actors are not clear and the funding for coordination mechanisms of activities is almost non-existent.

## **2.2 SIHLWA background**

The new Expert Group (EG) on Non-communicable Diseases and Promotion of Health and Socially-Rewarding Lifestyles was established in December 2004 after consultation in Tallinn Estonia in connection with the Partnership Annual Conference (PAC) and confirmed in April 2005 at the Committee of Senior Representatives (CSR) meeting in Vilnius Lithuania.

The overall structure of this working group is built on three main themes and to better reflect established three sub-groups, the Expert Group's title was changed to "Social Inclusion, Healthy Lifestyles and Work Ability (SIHLWA). The three sub-groups are:

1. Alcohol
2. Adolescent health and socially rewarding lifestyles
3. Work Ability

It has become obvious that a clear basis and framework for the expert group is needed as well as a clear "*mandate*" although the EG will operate more like a network rather than fixed working group with a clear hierarchy. The overall framework needs to be based on a broad and comprehensive understanding of the problem area in order to make a positive impact on the problems identified and to avoid excluding possible important aspects in the development work. The main priority areas will be defined keeping in mind synergy benefits arising from the three sub-groups. The SIHLWA group started to work on a common strategy and work plans for SIHLWA in May 16. - 17. 2006 in Helsinki. It was also decided in Helsinki to propose a SIHLWA-based thematic review to identify important SIHLWA stakeholder in order to improve collaboration and networking among experts. A review and analysis of important past/ongoing projects/programmes was also recommended.

## **3. Beneficiaries**

The main beneficiaries of the stakeholder analysis will be the populations in the partnership countries as actual information on main actors and stakeholders will be readily available for improved networking and exchange of information and experiences relevant to SIHLWA thematic areas. The direct beneficiaries will be the administrators, institutions and NGO's as well as individual experts working within the sector.

## **4. SIHLWA stakeholder analysis**

### **4.1 Overall objectives and expected results**

For SIHLWA EG to be able to work as effectively as possible and to support coordination of international activities within its scope and to enhance a general improvement of the quality of life of the people within the Partnership countries it is essential to have a reasonable good overall picture of most important actors in the thematic area. The stakeholder analysis will mainly cover the two first main themes 1) Alcohol and 2) Adolescent health and socially rewarding lifestyles as the national focal points and stakeholders for 3) Work Ability have been already made several years ago when the Baltic Sea Network (BSN) started. The stakeholders are found at

<http://www.balticseaosh.net/participants.shtml>. The updated information will be looked at and possibly amended to the final report on SIHLWA stakeholders.

The main result will be *a report including a list of main priority areas to be developed within SIHLWA* to promote sustainable development in the Northern Dimension area through improving human health and social wellbeing.

**The main objective of the stakeholder analysis** is to provide all interested partner countries with up to date information on the most important stakeholders and expert organisations and other actors like NGOs and even industries within the Northern Dimension partnership countries for improved networking and exchange of information and know-how.

A better picture and understanding of different important actors and stakeholders in the sector is essential in order to enhance institutional linkages and long term sustainability of developed activities. Many institutions, agencies, organisations, NGOs in the partner countries are working with SIHLWA sub-group areas but we do not always know who and where they are and what they have done or are doing. Stakeholders whose interests might be in contradiction to SIHLWA's interests are also important to know when planning any development work of the sector.

## 4.2 Main working principles and tasks

### Principles

- The collection of information will cover mainly the two sub-groups 1) Alcohol, 2) Adolescent & socially rewarding lifestyles and partly sub-group 3) Workplace health & safety
- A guiding principle in accepting *stakeholders* to the list would be the relevance to SIHLWA objectives.
- Also potential new partner stakeholders should be thought of and listed like professional associations, army etc.
- Stakeholders whose interests might be in contradiction (antagonistic) to SIHLWA's interests need also be identified (e.g. alcohol and tobacco industry, merchants).

### Tasks

- The work will be mainly done as a desk study using existing policy documents, reviews and summaries
- The templates and questionnaires for interviews need to be finalized
- Collection of information via internet, mail and telephone interviews
- Analysis of information and reporting
- Categorization of stakeholders in a logical manner is important, like administrative stakeholders, research institutes, employers' and employees' organisations, NGOs etc.
- Drafting of a Communication Plan for dissemination of the results (A report describing the stakeholders and defined priority areas/projects for future development).

## 4.3 Working methods and timetable

The ultimate aim is to have a stakeholder analysis for all 13 Partner Countries. It might however be feasible to start with e.g. *seven countries who have so far actively participated in SIHLWA activities*. The reviews will require background studies of the NDPHS/SIHLWA structure and work and a visit to the Secretariat. The finalization of attached template (Annex 1) and preparation of questionnaires will require altogether 4 working days. Health policy, action plans and strategies from countries included in the study need to be investigated in order to see how SIHLWA objectives are addressed in each country. The collection of information will take on average 5 days per country/together 35 work days including possible phone interviews of stakeholders. The draft reports will require altogether 15 days and additional 3 days after receiving comments from SIHLWA Coordinator and Chairmen for finalization. The results will be presented and discussed in a SIHLWA meeting and the dissemination of the results/report of the review and analysis will be discussed also with the Secretariat in order to reach optimal benefit from the exercise.

The work will start in January 2007 and will be ready by end May 2007.

## **5. Resources**

Ideally, the stakeholder analysis could be made simultaneously by a team of two experts; a senior and a junior expert. The experts should have relevant background in social-and/or health sector. A detailed budget is presented in Annex 2.

The budget includes a small reservation for unspecified expenditure. One possible cost to be covered could be the printing of a directory describing the stakeholders, which could be used as a source of information.

## **6. Risks and assumptions**

It is assumed that the ND Partnership Countries are interested to have actual information both regionally and nationally who are the actors in SIHLWA thematic areas in order to intensify co-operation and assist Partners and Participants in improving their capacity to set priorities as well as to enhance co-ordination of SIHLWA activities. However not much has been so far done systematically possibly because the Partnership mechanisms for the NDPHS are still somewhat premature and funding for coordination mechanisms are lacking. There might be a risk in finding defining the most important stakeholders in the countries.

The collection of information and answering questions might not be the priority of actors to be contacted, which might hamper or delay the analysis.

## **7. Monitoring and evaluation**

Monitoring and evaluation of the use and usefulness of the list collected stakeholders for the SIHLWA Expert Working Groups will be done biannually during the Expert meetings. The information about defined priority areas/projects will be discussed among SIHLWA EG and used as base for practical actions.

### Appendix 3

#### Stakeholder analysis template (“top 10-15” for each partner country)

*(DRAFT STAKEHOLDER ANALYSIS TEMPLATE)*

- Alcohol
- Adolescent health & socially rewarding lifestyles
- Workplace health & safety

1. Name of institute, organization, administrative structure, NGO, etc.
2. Address
3. Coordinates (e-mail, fax, telephone, GSM, etc.)
4. Contact person(s)
5. Short description of their task(s) [including position in the network of given country, and their funding sources]
6. International role and experience
7. Relevance to SIHLWA

<b>Reference</b>	SIHLWA 4/4/Info 1
<b>Title</b>	A Database on Public Health Projects in North Eastern Europe and its neighboring countries (brief project description)
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	This document contains the description of the Project Database as contained in an annex to the grant agreement signed with the Public Health Executive Agency
<b>Requested action</b>	Information and reference

## ANNEX I DESCRIPTION OF THE ACTION

### Overview

#### **Title**

A Database on Public Health Projects in North Eastern Europe and its neighbouring countries.

#### **Priority area and action**

*Priority area:*

Health Determinants (HD 2006).

*Action:*

Integrative approaches on lifestyles and sexual and reproductive health: HIV/AIDS.

#### **Summary (objectives, methods, expected results)**

The overall aim of this project is to contribute to the reduction of the serious health and social problems in the Northern Dimension area, which risk to have a negative impact on health development in the European Union (EU). This is to be achieved by the preparation of thematic reports, network creation and new project proposals for the purpose of more coordinated project and policy efforts in this area. This coordination work will be based on an innovative info/database tool to be created within the framework of this project. It will for the first time combine newly collected information on projects and processes on HIV/AIDS, lifestyle related diseases, prison health, etc. with existing relevant data, policies, research, best practice, etc. (from other databases). The NDPHS unit hosted by the CBSS secretariat will act as the project management office with a full-time project expert, who can draw on the active involvement of all project partners and the ND expert groups. The tool/reports/networks will be open/accessible to all interested stakeholders. The project will result in a series of policy recommendations, proposals for future project actions to be carried out and newly created or strengthened networks.

### Objectives

#### **General objectives**

The overall aim of the project is to contribute to reduce the serious health and social problems in the Northern Dimension area, which risk to have a negative impact on

← Muotoiltu: Luettelomerkit ja numerointi

health development in the EU in general. This is to be achieved by supporting the international community and the countries concerned in taking a coordinated approach in tackling the problems related to HIV/Aids, lifestyle related diseases, use of narcotic drugs as well as promotion of healthy lifestyles in Northern Europe.

Whereas a number of financial donors - including the EU with its various programmes - carry out numerous projects to support the development of health in the Northern Dimension area, these funds/projects are by far not sufficient to tackle the issues at stake. Moreover the information on the existing and planned projects is scattered into different databases (normally those of donors) and information on local initiatives is even more difficult to access. While the situation calls for a concerted action with strategic focus, there is currently a lack of coordination among projects with the risk of duplication and gaps of projects where they are really needed. Furthermore, the development of projects needs to be matched to the general development and needs in the field of health and social well-being in order to be really effective.

The strategic objective of this project is to achieve a coordinated policy and project approach in actions against HIV/Aids and lifestyle related diseases and for healthy and socially rewarding lifestyles. For this purpose it will develop a tool, whereby it is possible for donors, countries and institutions concerned as well as project people in the field to get "ready at hand" information on the situation in these areas and an overall picture of finished, running and future projects. The project will result in a series of policy recommendations, proposals for future project actions to be carried out and newly created or strengthened networks.

The database tool, analytical mechanisms, project pipeline to be created will be maintained during the project and continued on a permanent basis via the Partnership secretariat after the conclusion of the project and will be open and accessible to all stakeholders concerned beyond the direct partnership structure.

### ***Specific objectives***

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The first specific objective of the project is to develop an innovative, easy-to-use database tool that gives the combined information on projects and processes in place by various donors, organisations, NGOs, etc. combined with existing data. The specific health fields to be covered are communicable diseases, notably HIV/AIDS, lifestyle related diseases, the use of drugs as well as health promotion in the North European countries.

The database will (among others) cover: project descriptions, health area, funding, period of implementation, donor, funding source, organizations involved, beneficiaries, geographical area, intervention type (training, prevention, treatment, investment, information, institution building, etc.). Users shall be able to sort info according to these various criteria.

This project data will be linked with relevant information concerning the health or geographical area such as: epidemiological data, social and economic data, relevant research, best practice reports, project experts, organisations active in the field, funding mechanisms, etc. It is thus a highly innovative tool with which it is possible for donors, countries, institutions and experts concerned to get "ready at hand" information on the situation in these areas and an overall picture of the projects developed.

The second specific objective of the project is to use this tool to prepare a series of thematic reports on integrated analyses in specific health and geographical areas and creating efficient organisational and expert networks in these areas.

The third specific objective of the project is to create a project pipeline on the basis of the database, analyses and networks created. The project pipeline is the process and platform of developing new joint projects within the Partnership.

The analyses, recommendation and project proposals will attract more funding for important projects.

### ***Indicators chosen***

Muotoiltu: Luettelomerkit ja numerointi

The following verifiable and quantifiable indicators will be used for the database tool itself:

- Number of Donors and Institutions contributing information to the database;
- Number of Projects included and Number of Related Data Fields filled in;
- Number of Sorting Options;
- Number of Data Fields with information;
- Number of Linkages created to other databases;
- Number of Linkages made to the database from other sources;
- Number of Health Themes covered;
- Number of Geographical Areas covered;
- Number of Project Experts;
- Number of Daily/Weekly New Information Entries;
- Number of Daily Hits.

The following indicators will be used for the use of the database tool:

- Number of Thematic Reports produced;
- Number of Stakeholders reached via Dissemination of Database/Reports;
- Number of Newsletters sent during the project;
- Number of Seminars/Workshops organised;
- Number of Project proposals in project pipeline;
- Number of Joint/Transnational Projects created;
- Number of Requests made to Secretariat;
- Number of new Project areas covered.

The database is functional and linked to the relevant databases and it includes the main projects in the region.

Countries covered are: Estonia, Lithuania, Latvia, Sweden, Finland, Northern Poland, North East Germany, Norway, Denmark and North West Russia.

### ***Rationale and relative merits of the project***

Muotoiltu: Luettelomerkit ja numerointi

A number of databases exist, which also cover the area of the Northern Dimension and/or the related health areas. But there is NOT one single database available which combines this data into "ready at hand" information on the situation in these areas and an overall picture of the projects developed.

Currently the information on donor projects to support the development of health in the Northern Dimension area is scattered into different databases, normally the database of the donor. That makes the task of coordination very difficult for the Partnership and there is a risk of duplication of projects, or lack of projects where they are really needed. No transparency is provided for financial donors and other stakeholders.

The previous database of the Task Force on Communicable Disease Control in the Baltic Sea Region ([www.baltichealth.org](http://www.baltichealth.org)) has been taken offline, but will be integrated into

the new NDPHS database. The existing database of the Norwegian Barents Secretariat ([www.barentshealth.org](http://www.barentshealth.org)) will form part of the database being developed under this project. The Barents Database will thus be one integrated part of the NDPHS project database, but it can by now means be seen to serve the same objectives due to its geographical limitation and its project limited information.

The development of projects needs to be matched to the general development and needs in the field of health and social well-being in order really to contribute to a better effectiveness of the cooperation of all interested parties in Northern Europe. Whereas many databases exist on epidemiological data in this field (e.g. UNAIDS, WHO Health for All Database, WHO Country Health Profiles, EpiNorth, EU Centre for Disease Prevention and Control which will combine info of EuroHIV and EuroTB), there is currently no tool available with which to map the projects and processes in place by various donors, organisations, NGOs, etc., combined with existing data, in order to address the problems in these fields. Also some databases exist on national levels about the various public organisations and NGOs working in this field, but they are not integrated into an international, widely promoted network/database.

In conclusion there is no such tool currently available which combines the information on projects, epidemiological data, organisations in place, project experts, investments, policy in place, research, best practice, target groups, etc. into one database and webportal.

Whereas the tool to be developed by the project will as such already be accessible to all interested bodies, the project will go beyond this and USE the data in order to create relevant networks, prepare recommendations for project areas to be covered, develop policy recommendations, etc.

Thus the project will not only provide a "passive" tool, but also create an "active" mechanism to fill the gaps in the areas of HIV/AIDS, life style related diseases, prisoner health and other health areas in the countries of the Northern Dimension.

Muotoiltu: Luettelomerkit ja numerointi

## **expected results**

### ***Outcome***

The first result of the project will be the innovative database tool itself, which will be accessible for free by all relevant stakeholders in the field also outside the Northern Dimension itself. With this tool it will be possible for all stakeholders to get "ready at hand" information on the situation in these areas and an overall projects developed.

Secondly, the project will result in a series of thematic reports: policy papers/recommendations, project gaps identified, transfer of "best practice", fact sheets to be distributed to international, national and regional bodies, etc.

Thirdly, the project will result in the creation and stimulation of existing networks of stakeholders for the targeted health and geographical areas.

Finally the project will result in new, joint projects via the project pipeline.

Other results include the following:

- Possible overlaps in funding and actions will be avoided;
- Synergies between existing and future projects developed;
- Efforts of various donors effectively combined;
- Project efforts aligned with national policy and social and economic development of the countries where they are in place;
- Technical assistance projects linked to investment projects in the field;
- Areas and topics identified where project are needed and institutional gaps;
- Best practice of projects shared and used for new projects;

- Tapping on existing expertise in the form of research, training and information material;
- Tapping on relevant local/regional/international institutions and project experts.

**Deliverables**

<i>Deliverable No</i>	<i>Deliverable title</i>	<i>Delivery date</i>	<i>Nature</i>	<i>Confidentiality level</i>	<i>Dissemination</i>
D 1	NDPHS Project Database online	M 14	Database	Public	Project Partners, eNewsletters, linkages to other websites
D 2	Project Database linked to other information	M 15	Website	Public	Project Partners, eNewsletters, linkages to other websites
D 3	Network Meetings organised	M 16	Conference	Public	Targetted invitations, results via open dissemination
D 4	Project Pipeline operational	M 4	Website	Public	Project Partners, eNewsletters, linkages to other websites
D 5	Technical and Financial information concerning first 12 months of the project (interim report)	M 12	Report	Confidential	Targetted information
D 6	Thematic Reports (Analyses and Recommendations)	M 20	Guidelines	Public	Project Partners, eNewsletters, linkages to other websites
D 7	Final Report to EU/Steering Committee	M 26	Report	Confidential	Targetted information

## Methodology

### *Methods used, references, significances*

The project will be coordinated by the NDPHS secretariat with a dedicated, full-time project expert, who will draw on the secretariat management and support staff, the annual conference, the project steering group, the NDPHS expert groups and IT database/promotion experts. After the finalisation of the project it is expected that the project expert can continue his work on a part time basis financed by the Partnerships own resources.

The means to carry out Project Coordination will entail personnel costs for permanent Project Secretariat/project expert/steering group (from project partners) and related travel costs.

The project will be structured around the following project phases:

#### *Start up Phase:*

- Project Launch among all relevant bodies (esp. Ministries of Health, Expert Groups, Donors, etc.);
- Setting up of a database steering committee with experts from the supporting Member States;
- Identification/mapping all existing databases in this field and finding ways, to integrate their data into the new tool;
- Screening of existing projects in public health sector;
- Choice of technological solution (GTZ SHARED).

#### *Database Development:*

- Definition of database sections;
- Work with provider of technology;
- Technical Development of Database;
- Pilot test of database on potential users.

The means to carry out the Database Development phase will entail personnel costs for project expert/expert group (and related travel costs) plus external expertise (sub-contract) for technical database development

#### *Data Input:*

- Identification of information providers (donors, national ministries, local/regional bodies, NGOs, hospitals, etc.);
- Integration of data into database tool;
- Creating linkages to other databases and/or some parts of them;
- Preparation of fact sheets;
- Promotion of database among those information providers, development of "easy to use" leaflets in English, Russian) on how to include data by them – organisation of series of promotional seminars in all participating countries and among disease related expert groups;
- Develop easy to use tool for submitting articles, policy papers, etc. to NDPHS database;
- Constant update of data and control on data input;
- Possibly own data input and/or adaptation (translation) of data for project purpose.

The means to carry out the Data Input phase/ linkages (integration of data from other databases) will entail personnel costs for project expert/Production of Easy to Use guidelines/Costs for Seminars/Dissemination efforts plus some external expertise (sub-contract) for technical support. Of highest (non-financial) relevance is the political support on highest level given to this effort by all partners, which will ensure open access to project information and other relevant data. Furthermore the process will be highly supported by the relevant NDPHS expert groups on HIV/AIDS, lifestyle related diseases and tuberculosis.

*Thematic Report (Analysis/Recommendations):*

- Use of first data input in order to prepare series of thematic reports, i.e. gap analysis on HIV/AIDS projects in ND, best practice on preventing drug misuse by young people in Western countries and its use in ND, overview on NGOs involved in PH in Baltic states and their projects.

The means to carry out the preparation of Analyses/Recommendations will entail personnel costs for project expert/expert (WP) group members (plus related travel costs)/external expertise (sub-contract) for preparation of the analyses/recommendations/printing and dissemination costs for reports.

*Network Creation:*

- Series of network meetings and online forums.

*Project Pipeline:*

- Recommendations on the need for projects/policy on certain issues to donors/partner countries/local bodies;
- Development of joint project networks.

The means to carry out the Project Pipeline will entail personnel costs for project expert/expert (WP) group members (plus related travel costs).

- Disseminate and promote the use (input and output) of the database to as many international, national, regional stakeholders as possible;
- Constantly seek new participants (as input) to the database (new countries, other donors, NGOs);
- Link database and/or reports developed as a result of database to other web portals (EU Public Health Portal), donors, etc.;

The means to carry out the Dissemination phase will entail personnel Costs for project expert (plus possible travel costs)/ Production of dissemination material/Organisation of dissemination events. Furthermore the project will constantly be promoted in conferences, seminars, journals, etc. attended or produced by all project partners outside the scope of the project (input thus financially not accounted for).

The project funding is thus to be used for financing a dedicated full-time project expert, input from partner experts, organisation of network meetings, external expertise for preparation of analyses and recommendation, promotional material, technical set up of database.

### ***Analysis of the risks and contingency planning***

There is the risk that much of the data actually has to be manually included into the database due to technical incompatibility and/or unwillingness of information providers to spend time on data input themselves. The latter also corresponds to the risk that some of the more detailed data on projects (involved organisations, best practice, experts, project reports) is most probably not readily available even within donor databases and has to be provided on a voluntary basis.

This risk can be alleviated by highlighting this problem among the highest level project group (national health ministries/possibly international donors) and to seek their support in addressing this and also by putting in more (junior) resources by the project itself.

There is also the risk at the beginning that the value of the database tool is not understood by all information providers and therefore resistance in providing relevant data/information - as the resulting analytical sections can only be developed as a result of them.

Again, this risk can be alleviated by enforced and more directly focused information activities - furthermore it might be possible to go ahead with one particular health/geographical area and thus to highlight in the following the possible use of the database tool for other health/geographical areas.

As to other risks, the database might start off with overly ambitious aims as to what kind of data can all be included and combined and thus either leading to non-functionality or very incomplete sections.

This risk can be alleviated by a constant monitoring/control of which sections are used and to drop some sections - possibly to be included at a later stage.

There is also the risk that some of the local stakeholders (NGOs, etc.) might either not know about the database or have difficulties in developing English language input/material.

This risk can be addressed by more local information campaigns to be conducted by the respective national partners and also by opening the possibility for local language input with English summaries.

Finally, there is the risk that information especially by donors might only cover projects already approved, but not projects in the "pipeline" - thus not providing a picture of possible future activities

This risk might be alleviated through a "closed" section only open to other donor organisations.

**Work package overview**

<i>Work-package (WP) No</i>	<i>Work package title</i>	<i>Lead partner</i>	<i>Number of person days</i>	<i>Global cost (€)</i>	<i>Starting date</i>	<i>Ending date</i>	<i>Deliverable No</i>
WP 1	Coordination of the project	Secretariat of the Council of the Baltic Sea States (NDPHS Unit)	95	36,151.25	M 1	M 24	D 5, D 7
WP 2	Dissemination of the results	Ministry of Health/Office for Foreign Aid Programmes of Poland	100	35,000.00	M 4	M 24	D 2, D 3, D 6
WP 3	Evaluation of the project	Ministere de la sante et de la protection sociale of France	20	5,000.00	M 4	M 24	D 7
WP 4	Database Development	Federal Ministry of Health of Germany	80	75,000.00	M 1	M 12	D 1
WP 5	Information Provision on Specific Health Areas	Ministry of Social Affairs and Health/Finland	200	30,000.00	M 1	M 24	D 2
WP 6	Thematic Reports and Network Creation	Ministry of Health of the Republic of Lithuania	155	50,000.00	M 12	M 24	D 6, D 3
WP 7	Project Pipeline	Ministry of Health and Care Services of Norway	78	30,000.00	M 1	M 24	D 4

**Time schedule**

Muotoiltu: Luettelomerkit ja numerointi

Work package	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24
WP 1																								
WP 2																								
WP 3																								
WP 4																								
WP 5																								
WP 6																								
WP 7																								

Muotoiltu: Luettelomerkit ja numerointi

**work packages description****Work package n° 1: Coordination of the project****List of partners involved**

The Lead Partner for this Work Package is the Secretariat of the Council of the Baltic Sea States/NDPHS Unit (as the Project Secretariat). The other partners involved include the following:

- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministère de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health of Lithuania;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

**Objectives**

Muotoiltu: Luettelomerkit ja numerointi

The main objectives of this Work Package are the over all management of the project, agreements with partners, the organisation and moderation of steering committee meetings, the coordination and contracting of project experts, tenders and the coordination of sub-contracts, the coordination of partners input, financial management and reporting to EU and project steering meetings.

**Description of the work**

Muotoiltu: Luettelomerkit ja numerointi

The project will be managed by the NDPHS unit within the CBSS secretariat. The overall responsible project manager will be Mr. Marek Maciejowski, Head of the NDPHS Unit. The financial management will be taken care of by the CBSS Accountancy Team. For the specific purposes of the project Mr. Redas Laukys from Lithuania will work on a full-time basis for the project. Dr. Pavel Semenov seconded by the Nordic Council of Ministers to the NDPHS for its website development will also assist the Project Secretariat.

Furthermore a number of advisory groups - set up of representatives from all project partners - will be formed for the specific purposes of the project:

- The project steering committee - also responsible for the project pipeline;
- Work Package Expert Group on database development;
- Work Package Expert Groups on specific health areas.

These advisory groups will need to be coordinated, online discussions be initiated and facilitated, a number of meetings arranged and advisory group decisions being communicated and implemented.

Furthermore the project will include a number of sub-contracts:

- Technical development of the database;
- Preparation of reports (analyses/recommendations) on projects/policy areas to be covered in specific health and geographical areas;
- Promotion and information material.

These various inputs, as described here, need to be contracted, budgets allocated for, TORs developed and results be monitored and integrated into the overall project work.

The project coordination will ensure that all these various inputs are coordinated in such a way as to be in line with the overall project timetable and project.

There will be four Steering Groups meetings during the implementation of the project, in which the Chairs of Expert Groups will take part. The envisaged time frame and agenda items for each of the Steering Group meetings are as follows:

- Steering Group Meeting 1 (Spring 2007: M4)  
*Preliminary agenda items*
  - Database (M14)
  - Project Pipeline (M4)
  - NDPHS website (M6) (i.a. the development of a new website that will accommodate the Database and Pipeline)
  - Other actors to be involved in Database implementation
  - Half-yearly Interim Report (M4)
- Steering Group Meeting 2 (Autumn 2007: M10)  
*Preliminary agenda items*
  - Database (M14)
  - Project Pipeline (M4)
  - Interim Report to EC (M14)
  - Thematic reports (M20)
  - Other actors to be involved in Database implementation
  - Donors/resources mobilization (M22)
  - Target groups
  - Half-yearly report (M10)
- Steering Group Meeting 3 (Spring 2008: M16)  
*Preliminary agenda items*
  - Database (M14)
  - Project Pipeline (M4)
  - Thematic reports (M20)
  - Donors/resources mobilization (M22)
  - Target groups
  - Half-yearly report (M16)

- Steering Group Meeting 4 (Autumn 2008: M22)
  - Preliminary agenda items*
    - Database (M14)
    - Project Pipeline (M4)
    - Donors/resources mobilization (M22)
    - Half-yearly report (M22)
    - Final report to EC (M26)

**Milestones**

<i>Date</i>	<i>Milestone</i>
January 2007	Formation of project advisory groups (i.e. Steering Group and Work Package Expert groups)
January 2007	Project launch among all relevant bodies with first steering group meeting
January 2007	Terms of Reference, tender assessments and contracts for external expertise
February 2008	Interim Report to the European Commission
September 2008	Decision on continuation of the work without EU funding
February 2009	Final Report to the European Commission

Muotoiltu: Luettelomerkit ja numerointi

**Deliverables**

The following include the deliverables of this Work Package:

- Project Overview with Detailed Action Plan;
- Interim and Final Report to EU;
- Formation and organisation of meetings among various project advisory groups (steering group, WP expert groups, etc.);
- Minutes on meetings;
- Terms of Reference, Tender Assessments, Contracts for external expertise (sub-contracts).

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**Work package n° 2: Dissemination of the results**

**Overall strategy and methods**

The dissemination of these results will occur via a combined set of channels/methods:

The project can draw on the structures already established within the Northern Partnership: thus it has the highest level of support through all Ministries of Health and international organisations within the Partnership via the Annual Conference, the Committee of Senior Representatives as

Muotoiltu: Luettelomerkit ja numerointi

well as the thematic Expert Groups. Together with the Steering Group the representatives of all these bodies shall support the access to all relevant information available to them to be included into the database and bring in their combined know-how on information sources, initiatives, organisations, etc.

Furthermore a dedicated project launch campaign will ensure that all relevant stakeholders in the field will be directly approached via the Project Secretariat. With an (e) mailing campaign they will be informed about the database areas, possible uses and input areas ("easy to use" guidelines). This initiative will be supported by a number of dedicated seminars.

In addition to a quarterly (e) newsletter to be developed by the NDPHS itself, the project will make use of existing webportals, eNewsletters, journals and other dedicated publications.

The database itself will link itself into other databases and webportals and will also constantly seek that these linkages are created on mutual basis.

Leaflets and presentations on the database will constantly distributed during international, national and regional conferences.

Most importantly perhaps the reports/recommendations developed on the basis of this tool will be disseminated and used for discussions in all available international bodies (most of which are members of the Partnership).

The project itself will actively initiate at least one dedicated workshop in each of the health areas targeted among the most important stakeholders identified through the database tool.

All publications to be produced and disseminated via the Northern Partnership will contain a highlighted section on the web-based database tool.

All dissemination efforts together will result in a new dimension of coordinated approaches/projects.

Overall, the strategy for the dissemination of the results covers many different components such as the Database, the NDPHS Website, workshops, conferences and thematic reports.

## Objectives

The objectives of this Work Package are to gain the widest support of information providers to database as possible, and the widest use and uptake of database tool and analytical reports/network creation as possible.

## Description of the dissemination work

The Lead Partner will coordinate the dissemination work for the project supported in all its efforts by the Secretariat of the NDPHS and various project advisory bodies involving all project partners.

It will prepare:

- Appropriate project information material;
- Easy to use guideline on the database;
- Press releases articles for eNewsletters;
- Project proposals.

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← Muotoiltu: Luettelomerkit ja numerointi

It will disseminate this material via:

- Its own partner network structures;
- Own eNewsletter;
- eNewsletters from all its partner networks and related structures;
- Creation of linkages to and from other web portals;
- Presentations at conferences, seminars;
- Organisations of own network meetings, seminars, workshops.

The dissemination will be facilitated by the database tool itself which will lead to an extensive address database of organisations, institutions, experts involved in this field. Concerning the above mentioned workshops, conferences, and meetings, one of these will be the NDPHS Partnership Annual Conference (PAC) to be held in 2008, tentatively in M24, in Vilnius, Lithuania. The dissemination of results will also be channelled through additional conferences planned to be organized, one of which may be a Pledging (resource mobilization) Conference also in 2008. In terms of planned meetings, these will include three NDPHS Committee of Senior Representatives (CSR) meetings, in autumn 2007, spring 2008 and autumn 2008, respectively. There are also eight foreseen meetings of the NDPHS Expert Groups, through which results will be disseminated. Concerning planned workshops, the scheduling and frequency of these is still under consideration.

### Milestones

<i>Date</i>	<i>Milestone</i>
January 2007	Project launch among all relevant bodies with first steering group meeting
January 2007	Promotional material and easy to use leaflets ready
October 2007	Public launch of Database
March 2008	First series of policy papers distributed

Muotoiltu: Luettelomerkit ja numerointi

### Deliverables

The dissemination is linked to all other work packages. The deliverables have been described above as:

- Promotion material
- Easy to use guidelines on database;
- Thematic reports (analyses/recommendations);
- Project papers;
- Articles in eNewsletters, journals, etc. around Northern Dimension;
- Extensive links to and from database webportal.

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### List of stakeholders

The stakeholders involved include donors, national ministries, local and regional (sub-regional) authorities in focal areas, those who are targeting focal areas, as well as relevant international organizations and NGOs.

These stakeholders will be reached via NDPHS events (i.a. the abovementioned PAC, CSR meetings and NDPHS Expert Group meetings), as well as other events such as workshops to be planned. Additionally, stakeholders will be reached through direct contact with selected other

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stakeholders, through the new NDPHS website and NDPHS e-News (as a part of the new website), direct mailing via post (i.a. flyers produced and distributed to a select group of recipients).

**Work package n° 3: Evaluation of the project**

**List of parties involved**

The Lead Partner of this Work Package is the Ministere de la sante et de la protection sociale. The other parties involved will include the Secretariat of the Council of the Baltic Sea States/NDPHS Unit (as the Project Secretariat), the Project Steering Committee, and the EC as the recipient of the progress reports.

**Objectives**

The main objectives of this Work Package are to ensure that project fulfills its objectives in actually providing relevant information to target groups. Additional objectives are to possibly transfer of general project idea also to other health / geographical areas and to identify the level and way of continuing the project after the end of EU financing by NDPHS sources.

**Description of the work and methodologies**

In the framework of the project a regular half yearly evaluation of project progress will be undertaken. For this purpose the Project Secretariat will need to prepare half-yearly interim evaluation project progress reports, which will be presented to the Project Steering Committee as well as the EU Secretariat. The evaluation will not only consider the general progress of the project, but also the appropriateness of activities, expenses and partner involvement. Upon these reports the project steering committee might consider adaptations of the general action plan of the project.

Three months before the end of the project a draft final report will be prepared, which will form the basis for the continuation of the project staffing (project expert for database) and the network, analytical mechanisms and project pipeline structures created in the framework of the project. A review will also be undertaken to what extend the health areas chosen are appropriate and/or whether some more areas should be included. The report will try to make a first assessment of the impacts created by the projects. This draft final report will be presented, discussed and adopted by the project steering committee.

As a result a final project report will be prepared and will be presented to the EU.

In the production of the reports, and process of evaluation, the Work Package Leaders will be responsible for the ongoing monitoring of the project. The Secretariat will remain in contact with the Work Package Leaders concerning evaluation and will also require that the Work Package Leaders regularly produce progress reports. Steering Group meetings will also serve to evaluate progress made in the project's implementation.

**Milestones**

<i>Date</i>	<i>Milestone</i>
November 2007	Interim report to the European Commission
October 2008	Draft final report to the European Commission
November	Final report to the European Commission

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2008

### **Deliverables**

← Muotoiltu: Luettelomerkit ja numerointi

Deliverables for this Work Package include the following:

- Half yearly interim reports;
- Draft Final Report;
- Final Report.

The deliverables are linked to all other Work Packages.

### **Work package n° 4: Database Development**

← Muotoiltu: Luettelomerkit ja numerointi

#### **List of partners involved**

The Lead Partner of this Work Package is the Federal Ministry of Health of Germany. The other partners involved include the following:

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministère de la sante et des solidarites of France;
- Ministry of Health of Lithuania;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

#### **Objectives**

← Muotoiltu: Luettelomerkit ja numerointi

The objective this Work Package is to prepare an analysis of existing databases, to take a decision on the technology of choice, define the database fields, carry out the technical development of the database, as well as the creation of linkages with other databases, and a pilot test phase for database users.

#### **Description of the work**

← Muotoiltu: Luettelomerkit ja numerointi

For the purpose of the project an advisory group will be created by representatives from the project partners (based on former database development expert group), who will bring in their combined knowledge on existing databases, the information included in them and the SHARED database technology and needed adaptations.

With the assistance of the Project Secretariat (and the main project expert) and possibly invited database experts the database advisory group will create the appropriate links to existing databases, chose the appropriate database technology and most importantly take the decision on the database structure: information field to be included into database, selection/sorting criteria, additional information to be provided as a linkage (epidemiological data, social and economic data, best practice reports, relevant research, articles, policy papers, etc).

The advisory group will be assisted in this work by the project expert who will continuously assess the relevant existing comparable databases (also for other areas) and the databases, which shall form the basis for the new database - as to look into the "fit" between the various data formats. Based on this decision, appropriate Terms of Reference will be developed for the technical development of the database and the most cost-efficient offer chosen. The further technical development will be monitored by the project expert and - if needed - possible changes/problem areas discussed within the advisory group.

Before the actual launch of the database a pilot phase will be included for users as to test its appropriateness.

On the basis of the database "easy to use" guidelines for the introduction of data will be developed.

Furthermore the work package will result in a list of appropriate linkages to other, related databases, to which all project partners shall facilitate access to.

The project expert will follow up on the advice of the various partner networks and arrange for these linkages.

### Milestones

<i>Date</i>	<i>Milestone</i>
April 2007	Database technology and section-frame decided upon
July 2007	Database operational for input and easy to use leaflets ready
October 2007	Data sources included and linked into database
October 2007	Public launch of Database

Muotoiltu: Luettelomerkit ja numerointi

### Deliverables and links with other work packages

The database tool is essential for all other work packages as it defines what will be included into the dissemination material, will lead the path towards collecting and sorting information in an innovative way, and therefore create the conditions for the resulting analyses, networks and projects to be created.

This work packages provides therefore the general sorting structure (drawers) for the other project work packages.

Other deliverables include the following:

- List of existing databases and decision on whether/how to integrate/link them with new database;
- Terms of Reference for technological development of database;
- Database structures - Database information input areas;
- Easy to use guidelines for users (input/outputs);
- Functioning database (tested in pilot phase).

Muotoiltu: Luettelomerkit ja numerointi

## **Work package n° 5: Information Provision on Specific Health Areas**

Muotoiltu: Luettelomerkit ja numerointi

### **List of partners involved**

The Lead Partner of this Work Package is the Ministry of Social Affairs and Health of Finland. The other partners involved include the following:

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministère de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health of Lithuania;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

### **Objectives**

The objectives of this Work Package are the identification of information providers/data sources, necessary data groups, gaps and possible analyses derived from data, network meetings in the specific four health areas covered: 1) communicable diseases 2) lifestyle related diseases 3) prison health and 4) primary health care => continuous facilitation and the control of data input.

Muotoiltu: Luettelomerkit ja numerointi

### **Description of the work**

For the purpose of this work package, the main project expert will work together with the existing four expert groups of the Partnership as described above. These groups will advise on the necessary data groups in these four areas, current gaps of existing databases, assist in the identification of the appropriate information providers and data sources, facilitate contacts to them and disseminate the purposes/uses of the databases to them. Furthermore they will continuously in the following monitor the development of the database (its completeness and degree of up to date information). They will also advise the Project Secretariat on the organisation of network meetings among relevant organisation/experts in certain health and geographical areas and discuss and select appropriate topics for further analyses to be prepared.

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The advisory groups will also advise on possible experts from within or outside their sources to be contacted to make offers for the preparation of such reports.

The geographical areas being focus on include Russia, Estonia, Latvia, Lithuania and maybe Poland as well.

#### **Working Steps:**

- Creation and organisation of WP expert/advisory groups (online discussion forums and actual meetings);
- Identification of information providers (donors, national ministries, local/regional bodies, NGOs, hospitals, etc.);
- Integration of data into database tool;
- Creating linkages to other identified databases and/or some parts of the;
- Preparation of fact sheets;

- Promotion of database among those information providers, development of “easy to use” leaflets in English, Russian) on how to include data by them – organisation of series of promotional seminars in all participating countries and among disease related expert groups. The rationale behind producing these leaflets in English and Russian is based on the common working language of Northern Europe (and in the NDPHS) being English and the fact that Russia is one of the main (although not only) target areas, but the knowledge and understanding of English in the Russian population is very poor. If possible, efforts will be undertaken to translate the leaflets into the national languages of the three Baltic countries and perhaps Poland, as well;
- Develop easy to use tool for submitting articles, policy papers, etc. to NDPHS database;
- Constant update of data and control on data input;
- Possibly own data input and/or adaptation (translation) of data for project purpose;
- Decision on topics for further analyses/recommendation reports to be prepared.

### Milestones

← Muotoiltu: Luettelomerkit ja numerointi

<i>Date</i>	<i>Milestone</i>
January 2007	Working Package Expert Groups are formed and activated
December 2007	Aims/data fields for each health area are defined
December 2007	Decisions on topics where further analyses and recommendations are needed
December 2007	Creation of networks for specific health and geographical areas

### Deliverables and links with other work packages

← Muotoiltu: Luettelomerkit ja numerointi

The Deliverables of this Work Package include the following:

- WP Expert Groups formed and active (minutes of expert group meetings);
- Definition of aims/data fields for database for each health area;
- Overview of basic information providers and dissemination of information needs by database to those;
- Joint analysis of database information provided;
- Decisions on topics where further analyses/recommendations needed;
- Shortlist of appropriate organisations/experts to be involved in these analytical reports;
- Creation of networks for specific health areas and geographical areas;
- Constant monitoring of information input to database.

This Work Package is linked with Work Package 1 in the sense that it will base its activities on the work of the existing NDPHS Expert Groups, as they deal, inter alia, with the issues to be covered under this Work Package.

Concerning the links between WP 4 and WP 5, the WP 4 coordination group will include members of the NDPHS Expert Groups. The Expert Groups will have the role of providing information and guidance as to what type of issues should be addressed in the Database, concerning their respective fields of expertise. To this end, the Expert Groups involved in WPs 4 and 5 will take part in

coordinating WP 5, not least through the provision of written information explaining why type of information they would like to collect from the Database from the project included.

### **Work package n° 6: Thematic Reports and Network Creation**

Muotoiltu: Luettelomerkit ja numerointi

#### **List of partners involved**

The Lead Partner of this Work Package is the Ministry of Health of the Republic of Lithuania. The other partners involved include:

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministère de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health and Care Services of Norway;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

#### **Objectives**

The objective of this Work Package to show the use of the database tool in terms of developing a concrete series of reports on analyses, project gaps, policy gaps, institutional gaps, etc. and resulting recommendations to national and international responsible authorities. The objective also includes the organization of "real" network meetings (workshops) resulting into further online discussions for certain health areas and geographical areas.

Muotoiltu: Luettelomerkit ja numerointi

#### **Description of the work**

With the help of the expert groups described beforehand (in WP5), the Project Secretariat will initiate concrete uses of the database tool.

It will facilitate the preparation of a series of publications, where certain health and geographical areas will be further analysed resulting into a set of recommendations to national and international bodies. These analyses can take any kind of format (depending on what is seen as major requirements of the expert groups) such as collection of best practice handbooks, policy comparisons, analyses of NGOs active in the field, extension of successful project methodologies into other health or geographical areas, etc.

Muotoiltu: Luettelomerkit ja numerointi

The basic idea is to turn the database into an ACTIVE tool for policy and project development and thereby enhancing the quality of initiatives to be undertaken in these areas by the large variety of actors in this field (including EU).

Furthermore the Project Secretariat with the help of the expert groups will also organise a series of actual network meetings for selected organizations/experts in selected health areas/geographical areas. These networks will be created on the basis of the information gained from the database and the meetings will/shall later on also result in further "online" discussions within the information tool. The experience has shown however that such kind of online discussions are greatly facilitated if triggered off by personal meetings.

The Leader of WP 6 will recommend issues to be included in the thematic reports. Further, the Leader will contact the NDPHS Expert Groups for the purposes of collecting reports from them, and based on these reports, prepare summaries. The Leader of WP6 will assist the Secretariat in

obtaining translations, producing print copies of the reports, and ensuring that the reports are mutually coordinated and properly cover cross-cutting issues. The Leader will also work to ensure that the reports are concrete, offer recommendations that can be implemented, and discuss with the NDPHS Expert Groups what geographical areas should be focused on. Further, the Leader will also be in contact with the Expert Groups concerning best practice handbooks or policy comparisons.

The partners involved also operate as the members as the Expert Groups, and will thereby be contributing to the above process vis-à-vis the Expert Groups. These partners will cooperate with the Leader of Work Package 5, and, Work Package 5 will to some degree provide input to the thematic reports.

### Milestones

<i>Date</i>	<i>Milestone</i>
December 2007	First network meeting held on health and geographical areas
December 2007	Contracting of the first set of policy papers
March 2008	Series of policy papers prepared and distributed

Muotoiltu: Luettelomerkit ja numerointi

### Deliverables and links with other work packages

The deliverables of this Work Package include:

- A series of publications on analyses, policy recommendations, best practice, project methods, etc. in certain health areas/geographical areas;
- A Series of network meetings and further online networking in certain health and geographical areas.

The work package is based on the previous work package and is providing guidance to the project pipeline.

Muotoiltu: Luettelomerkit ja numerointi

### Work package n° 7: Project Pipeline

#### List of partners involved

The Lead Partner of this Work Package is the Ministry of Health and Care Services of Norway.

- Secretariat of the Council of the Baltic Sea States/NDPHS Unit;
- Nordic Council of Ministers (located in Denmark);
- Ministry of the Interior and Health of Denmark;
- Ministry of Social Affairs of Estonia;
- Ministry of Social Affairs and Health of Finland;
- Ministère de la sante et des solidarites of France;
- Federal Ministry of Health of Germany;
- Ministry of Health of Lithuania;
- Ministry of Health/Office for Foreign Aid Programmes of Poland;
- Ministry of Health and Social Affairs of Sweden.

Muotoiltu: Luettelomerkit ja numerointi

## Objectives

In parallel to the general analyses, recommendations and networks a specific "Project pipeline" facility will be created which shall enable project review, development of topics and project networks. Included in the process are the implementing organisations, partners and donors.

The pipeline will enable the Partnership to initiate project activities in line with policy objectives.

## Description of the work

Together with the project steering group and the expert groups, the Project Secretariat will initiate the NDPHS project pipeline. The "Project pipeline" is mainly standing for the process of project development (out of the database information and analyses, recommendations and networks). As such it will always be driven by the meetings of these groups.

At the same time it will also stand for and be supported by an Internet-based project pipeline as part of the NDPHS database. The international initiative Task Force on Communicable Disease Control (2000-2004) successfully elaborated a model for handling and development of project proposals, and this experiences can applied to develop a modified and improve NDPHS pipeline. The model will be developed in a way, which makes it applicable to the partners and to the relevant regional donor organisations. The Partnership's Expert Groups will be instrumental in the pipeline processes.

Through the project pipeline the Project Secretariat will at earliest stages possible constantly draw attention to funding possibilities/opportunities, problem areas, partner search - and also actively facilitate network and project creation.

The Leader of the Work Package, Norway, has great experience with the nature of this type of work. Norway encompasses the Norwegian Barents Secretariat, which was previously involved in the Task Force on Communicable Disease Control and will also be assisting the in developing this. The Barents Secretariat is involved in the NDPHS framework as an observer and is also implementing activities for the Norwegian Ministry of Health. On the part of Norway, the Barents Secretariat will be contributing to carrying out this Work Package. It has previously managed and financed many projects and therefore has a great amount of experience in this area and are aware of the types of mechanisms are necessary to facilitate connections between project proponents and donors.

NDPHS membership includes, *inter alia*, donor countries and, thereby, its role in this Work Package is that donor agencies in the Partner countries will specify what type of information should be included in the Pipeline. This is for the purpose of communicating what criteria the Project Pipeline should meet, in order for it to be considered acceptable to them. To this end, the NDPHS will utilize its donor agencies to spell out their preferences and requirements concerning the Pipeline. Additionally, the NDPHS Partners will publicize the Database, including among the donors and project proponents. For clarification, "other partners" in the project are also NDPHS Partners.

## Milestones

<i>Date</i>	<i>Milestone</i>
April 2007	Online Project Pipeline initiated
May 2008	First joint project created as a result of the Project Pipeline
November 2008	Decision on continuation of work without EU funding

Muotoiltu: Luettelomerkit ja numerointi

Muotoiltu: Luettelomerkit ja numerointi

Muotoiltu: Luettelomerkit ja numerointi

### Deliverables and links with other work packages

Muotoiltu: Luettelomerkit ja numerointi

The deliverables of this Work Package include:

- On-line project pipeline with project proposals and targeted project meetings;
- Information and highlighting of funding mechanisms;
- Facilitation of project network creation;
- Linking to existing project structures/best practice cases/appropriate local organisations;
- Joint, transnational project proposals/projects.

The work package is based on WP 5 information provision and WP 6 which provides guidance to strategic project gaps.

Muotoiltu: Luettelomerkit ja numerointi

### Measures to ensure visibility of Community co-funding

The webportal itself will clearly show in its frame that this initiative was co-funded by Community sources. Additionally, all reports/publication material will also clearly carry the logo and notice of the Community co-financing. All project related correspondence by the Secretariat as well as the National Partners will carry the logo and notice to Community co-financing. And, all press releases and other communication tools will as a standard phrase on the project description make note of the Community co-financing.

Collaborating organisation	Contact person			
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East Europe Com- mittee of the Stock- holm Swedish Health Care Com- munity Stockholm, Sweden	Desk Offi- cer	Janzon, Eva	+46 8 44 1 33 56	<a href="mailto:Eva.janzon@oek.se">Eva.janzon@oek.se</a>

**ANNEX 7:**  
**List of Participants:**

**Meeting of the Expert Group on Social Inclusion,  
 Healthy Lifestyles & Working Ability  
 Helsinki, 29-30 May 2007**

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**ANNEX 8:**

## **TERMS OF REFERENCE**

### **SIHLWA**

As adopted by CSR 9 in Paris, France  
on 26-27 October 2006

#### **I. Background and Rationale**

Within the Northern Dimension area, there are significant disparities in health and well-being, including social and economic problems which lead to a high level of mortality, abuse of alcohol and drugs, and the spreading of infectious diseases. Thus, one of the main priorities of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is to enhance and promote healthy and socially rewarding lifestyles.

In order to achieve these objectives, the Partnership recognises that the building of public policies to enhance health and social well-being in all relevant sectors needs to take place at all levels of society. Also, the creation of supportive physical and social environments should include the continued reorientation of health systems and social care systems. The opportunities for the development of individuals' basic skills related to health and social life are consistent with the Partnership objectives to empower and mobilise people and communities to take action to enhance their well-being.

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 meeting in Vilnius, Lithuania on 14-15 April 2005, to establish the Expert Group (EG) on "Non-communicable diseases and promotion of healthy and socially rewarding lifestyles."

The Partnership Annual Conference (PAC) held in Stockholm, Sweden on 18 November 2005 endorsed the recommendation made by the Expert Group's first meeting (held on 16-17 November 2005) to change the originally given name of the Group to "**Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (EG on SIHLWA)**." This name serves as the general title for the Expert Group's three Sub-groups, which include the Sub-group on alcohol, the Sub-group on adolescent health and socially-rewarding lifestyles, and the Sub-group on occupational safety and health (OSH).

## **II. Objectives**

The main role of the EG on SIHLWA is to assist in co-ordinating and further developing the Partnership's co-operation in the fields of alcohol and binge-drinking, young peoples' lifestyles, and occupational safety and health. In this capacity, the EG on SIHLWA has the overall objective emphasize the priorities of support national, regional or local programmes in its respective fields of co-operation.

## **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 SIHLWA has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the fields of the three Sub-groups 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;
- Advocate and lobby for the improvement of public health and social well-being, provide and communicate "collective knowledge;"
- Improve the general awareness of and increase positive attitudes towards the Expert Group's field of work;
- Promote public health-oriented service systems and health sector reforms with attention to populations at risk and to take into account response capacity in rural and remote locations;
- 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 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 government and national partners in planning, implementing and monitoring programmes in SIHLWA's field of expertise. This will include meeting with authorities, visiting Partner Countries at the request of the CSR, and providing information via correspondence;
- 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 the Partnership Annual Conference (PAC).

Within this scope of responsibilities, the EG on SIHLWA will undertake the following activities:

- Conduct ongoing reviews of projects/programmes and activities in Partnership Countries;
- Assist project groups in co-ordinating with relevant stakeholders, promote networking, co-ordinate work with other NDPHS Expert Groups, and seek collaborative relations with other groups and authorities, as relevant and feasible;
- 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;
- Provide professional advice and technical support to relevant authorities, such as by meeting with authorities, visiting Partner Countries and through written correspondence;
- Advise and assist project groups in contacting financing organisations and formulate criteria for future support of projects;
- Establish connections with other NDPHS Expert Groups and promote functioning cooperation with them as prerequisite for successful implementation of future tasks;
- Facilitate external funding together with the SIHLWA Co-ordinator and the NDPHS Secretariat;
- 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 the Partnership website/database with information concerning the Expert Group's work;
- When relevant, review the Expert Group's Terms of Reference and advise on any necessary amendments.

The main tasks for the three SIHLWA Sub-groups shall be as follows:

*Sub-group on alcohol*

- 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 alcohol use in particular;
- Explore ways to prevent the further weakening of alcohol policies leading into increased consumption;
- Develop a strong focus on holistic and comprehensive approaches to alcohol issues in national alcohol policy strategies;
- Support the implementation of the alcohol policy framework for the WHO European Region, including through appropriate monitoring and surveillance.

*Sub-group on adolescent health and socially-rewarding lifestyles*

- Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being of adolescents through socially rewarding healthy lifestyles;
- Focus work on tobacco, alcohol and drug free lifestyles, healthy nutrition and prevention of obesity, increase of physical activity, prevention of accidents and violence, promotion of mental health, etc;
- Implement holistic and participatory ways of intervention as well as multidisciplinary approaches;
- Support the implementation of the WHO European Strategy for Child and Adolescent Health and Development (2005) and WHO European Strategy for the prevention and control of non-communicable diseases (2006), including through appropriate monitoring and surveillance.

*Sub-group on occupational safety and health (OSH)*

- Develop, facilitate and assist in implementing policies, programmes and activities to promote health, safety and well-being in workplaces and among individuals;
- Provide a link with the Baltic Sea OSH Network (BSN), which is an expert information network;

- Strengthen peer-to-peer networking and collaboration of expert institutions and respective bodies in OSH, between and within countries in the Baltic Sea region;
- Collaborate with the International Labour Organisation Northwest Russia OSH project which provides direct contacts with labour and OSH authorities, and social partners, in North West Russia and at the federal level;
- Use the Barents Newsletter on Occupational Health and Safety, published by the Finnish Institute of Occupational Health, as a means for communication.

The official language of the Expert Group on SIHLWA is English. However, where possible, efforts should be made to provide English/Russian interpretation and translation.

#### **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. Lead Partner**

The CSR decides upon the Lead Partner for the EG on SIHLWA. The role of the Lead Partner is to initiate and lead the Expert Group's activities. The Lead Partner also provides financial support to the Group to prompt its activities.

In the case that a Lead Partner decides to step down, prior to its resignation, it should inform the CSR of its intentions and propose a replacement. Accordingly, the CSR will decide whether to approve the proposed replacement, as appropriate.

#### **VI. Composition of the Expert Group**

##### **1. Chair and Vice Chair**

The Expert Group appoints its Chair and Vice Chair from the individuals nominated. In doing so, it is responsible for keeping the CSR and the NDPHS Secretariat informed of its decision.

Each Sub-group appoints its Chair and Vice Chair from the individuals nominated. In doing so, it is responsible for keeping the CSR and the NDPHS Secretariat informed of its decision. The OSH Sub-group coordinates the appointment of its Chair and Vice Chair with the Baltic Sea OSH Network Annual Meeting.

The Chairs are responsible for providing effective leadership concerning their Sub-groups' responsibilities spelled out above. In addition, the Chairs are responsible for:

- Ensuring that their Sub-groups meet at appropriate intervals, and that the minutes of meetings and any reports to the Partnership bodies accurately record the decisions taken and, where appropriate, the views of individual Sub-group representatives;
- Ensuring that their Sub-groups reach clear conclusions on the matters they discuss;
- Ensuring that the views of their Sub-groups are passed to the CSR, PAC and the Secretariat;
- Communicating their Sub-groups' views to the media, health care professionals and the public, as requested;
- Briefing new members upon their appointment, as appropriate.

## **2. Co-ordinator/International Technical Advisor**

The Lead Partner shall appoint the Expert Group's Co-ordinator and/or International Technical Advisor (ITA), subject to the approval of the Group. The Co-ordinator and/or ITA is responsible for keeping the CSR and the NDPHS Secretariat informed of The Expert Group's decision. Depending on funding available, the ITA can be Expert Group or Sub-group specific.

The Co-ordinator's/ITA's main function is to provide uniformity, support and advice to projects through site visits and collaboration with relevant external bodies in the Programme field. The Co-ordinator/ITA shall also be actively involved in all of the activities described in the Expert Group's mandate, where appropriate and reasonable. In addition, he or she is responsible for the following:

- Preparing, in co-operation with the Sub-groups' Chairs and in contact with the Secretariat, provisional meeting agendas, meeting documents, and preparing the minutes from the Sub-groups' meetings;
- Keeping the representatives of the Sub-groups informed on a regular about the progress of projects;
- Maintaining continuous dialogue with the NDPHS Secretariat to ensure the co-ordination of activities within the Partnership;
- Contacting the NDPHS Secretariat regarding the input of the EG to relevant Partnership projects and activities, such as the Project Database and Project Pipeline;
- Developing partnerships with other individuals and organisations to ensure wide participation in development issues that the Partnership is addressing.

In selecting the Chair, Vice Chair, and Coordinator/ITA, it is advisable that they represent different countries from the Northern Dimension Area.

## **3. General Representation**

General representation within the EG on SIHLWA shall consist of high-level experts in health- and social-sector administration, from the research community, or the NGO sector. These high-level experts shall be appointed to the Expert Group by the Partner Countries and Partner Organisations. In appointing representatives to the Group, Partner Countries and Organisations will be guided by the following considerations:

- The EG's Sub-groups will include one representative, and not more than one alternate from each Partner Country and Organisation, who has an interest and sufficient expertise in the fields covered by the respective Sub-group;
- EG representatives and alternates will normally serve in the Expert Group for a period prescribed by their respective countries or organisations, preferably for a period of at least two years.

If a representative is unable to attend an Expert Group meeting, he or she shall ensure that an alternate is sent.

If a Partner Country or Partner Organisation changes their appointed representative, it should inform the EG Chair, Co-ordinator and the NDPHS Secretariat immediately.

In addition to the appointed Partner Country and Partner Organisation representatives, the Expert Group is entitled to invite other "eligible participants" and "interested parties" as defined in the Oslo Declaration. The Chair or the Co-ordinator/ITA of a given Expert Group meeting will inform the appropriate representatives in the Group about any additional invitees prior to the meeting, if possible.

#### **4. Sub-groups**

The EG on SIHLWA has the right to establish Sub-groups to achieve the objectives of the Group, as appropriate. The establishment of a Sub-group is subject to the approval of the CSR.

As noted above, currently, the EG on SIHLWA has three Sub-groups, which include the Sub-group on alcohol, the Sub-group on adolescent health and socially-rewarding lifestyles, and the Sub-group on occupational safety and health.

#### **VII. Meetings**

The EG on SIHLWA Sub-groups shall each hold at least two meetings per year. The location of meetings will rotate based on the interest expressed by the Partners.

The Sub-groups can organise additional meetings either separately or together with other Sub-groups, as considered necessary and appropriate, given the extent of available funding and other relevant resources.

The NDPHS Secretariat has the right to attend, and submit documents to the Sub-groups' meetings as well as intervene during these meetings.

Should the Sub-groups not be in a position to decide upon additional invitees to their meetings, the Chair may invite persons from international or regional organisations who have an interest in the Sub-groups' fields to meetings or to particular sessions during such meetings.

Except as otherwise herein stated, the Expert Group will determine its own methods of work, including the preparation of agendas, the keeping of records and other procedures. The work of the Expert Group between periodic meetings shall be carried out through correspondence via e-mail and telephone.

#### **VIII. Coordination, supervision and financial aspects**

The CSR is responsible for supervising the work of the Expert Group. As to guidance, PAC is responsible for deciding on the political direction of the Group.

For co-ordination purposes, the Chair, Vice Chair and Co-ordinator should hold co-ordination meetings with the Secretariat and other Expert Groups' Chairs and ITAs. If possible, Sub-groups should also be represented. Such meetings may be organised, if necessary, by the Secretariat when pre-

paring for CSR meetings, and in these cases, would be held back-to-back with the CSR meetings, or as deemed necessary.

As the Partnership cannot bear the travel and other costs related to Expert Group representatives' participation in EG meetings, all expenses incurred by the representatives to attend EG meetings will be covered by their respective countries or organisations.

Notwithstanding the above, individual Partner Countries or organisations may provide voluntary support for the attendance of a participant at Expert Group meetings, if sufficient funds are available.

If other sources are interested in supporting the work of the Group, communication and follow-up will be facilitated by the NDPHS Secretariat.

The Lead Partner shall provide financial support to the Expert Group to aid its activities.

## **IX. Reporting and Decision Making**

The EG on SIHLWA is answerable to the CSR and PAC. To this end, it will provide feedback and report to the CSR, as well as PAC, as necessary.

The Expert Group, supported by the Chair and the Co-ordinator and Sub-group Chairs and Vice-chairs, will prepare an annual Progress Report and a proposed Activity Plan for the following year, both to be submitted to the Autumn CSR meeting.

In order to ensure proper co-ordination and transparency, all reports and plans will be shared with all Expert Group members, the Group's Lead Partner, and the NDPHS Secretariat, which can in turn share the reports with other Partner countries and Partner Organisations.

Decisions within the Expert Group on SIHLWA shall be reached by consensus.

Only appointed representatives to the Expert Group take part in decision making.

The outcomes of each Expert Group meeting shall be documented in the meeting minutes and published on the NDPHS website. The Expert Group will ensure that all decisions are communicated to the NDPHS Secretariat and other Partnership bodies, as appropriate, and that the Secretariat will be included as a recipient of all meeting documents and other relevant documents that are circulated to its representatives.

In addition to the existing Terms of Reference, the Expert Group on SIHLWA can elaborate more precise strategies and action plans, which highlight the methods by which the goals and objectives will be reached. These strategies and action plans can be updated at Expert Group meetings, and any changes will be communicated to the CSR through the NDPHS Secretariat.

## **X. Relationship with other Expert Groups**

The EG on SIHLWA shall seek, when appropriate, to establish and maintain collaborative relationships with other Expert Groups on cross-cutting issues.

Additionally, the EG on SIHLWA shall seek, when appropriate, to establish and maintain working relations with other relevant groups in the Northern Dimension area in a manner that promotes synergies and avoids the duplication of efforts. To this end, and when appropriate, the Expert Group may represent the Partnership in different forums to promote its own objectives and develop support and commitment from potential external partners.

Examples of cross-cutting issues that the Expert Group may wish to work with other Expert Groups on include, but are not limited to the following:

- Social inclusion and healthy lifestyles;
- Policies towards alcohol and drugs;
- Health information and education;
- Reproductive health.

## **XI. Amendments to the Terms of Reference**

The Terms of Reference will be reviewed every two years, coinciding with Chairmanship rotation, or on an ad hoc basis, when deemed necessary by the Expert Group.

Proposed amendments to the Terms of Reference shall be co-ordinated with the NDPHS Secretariat and approved through consensus in the Group before being submitted to the CSR for adoption.

## ANNEX 9.

### SIHLWA<sup>34</sup> Action Plan 2007

Following the recommendation made by the Oslo Ministerial Conference of Northern Dimension Partnership<sup>35</sup> 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 1<sup>st</sup> meeting in Stockholm in November 2005, where Finland and Lithuania pledged financial support for its operation. The 2<sup>nd</sup> meeting of the Expert Group was held in Helsinki 16-17 May 2006 and the 3<sup>rd</sup> meeting in Vilnius 30 November -1 December 2006.

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

- Subgroup on alcohol (periodic/ “binge” drinking) [ALC]
- Subgroup on adolescent health and socially-rewarding lifestyles [ADO]
- 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”) can 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 2007 on the SIHLWA agenda primarily will be the following issues:**

#### Meetings:

- 1) Organizing two SIHLWA meetings together with all 3 subgroups (spring and autumn 2007);

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<sup>34</sup> SIHLWA = Expert Group on **Social Inclusion, Healthy Lifestyles & Work Ability**

<sup>35</sup> 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.

- 2) Organizing for Nordic Council of Ministers (Finnish Chairmanship) a conference on a timely topics under non-communicable disease/healthy lifestyles related problem in autumn 10-11 December 2007 (tentative dates) in St. Petersburg;
- 3) Co-organizing for CBSS (Swedish Chairmanship) a conference on "effective approaches to tackle alcohol related problems in local communities", with the following sub-themes, where measures have proven effective in reducing alcohol use induced harm, to be discussed in parallel: [ 1) family (including support to exposed families, children etc.), 2) health care (including the role of especially primary health care to prevent alcohol problems among the population); 3) traffic; 4) responsible beverage service (preventing violence of excessive drinking in restaurants, bars and other places where people go out to drink). This conference would be implemented under Council of Baltic Sea States sponsorship as part of Swedish Chairmanship activities tentatively in Latvia in March 2007.

#### **Projects:**

- 1) Finalizing SIHLWA stakeholder analysis/ [involved unit: SIHLWA secretariat];
- 2) Starting 2<sup>nd</sup> phase of "Occupational Safety and Health (OSH) project" in north-Western Russia (2007-08) / [involved unit: subgroup on OSH];
- 3) Preparation and eventually starting a joint Baltic Sea Network/BSN OSH project on systematic approach to work related diseases/ [involved unit: subgroup on OSH];
- 4) Preparation of an analysis of the state of occupational safety and health in the Northern Dimension area / [involved unit: subgroup on OSH];
- 5) Preparation and eventually starting project on "Alcohol and Drug Prevention among Youth in St. Petersburg"/ [involved unit: subgroup on ADO];
- 6) Preparation and eventually starting project on "Children at Risk" in St. Petersburg / [involved unit: subgroup on ADO];
- 7) Preparation and eventually starting project in selected NDPHS area (e.g. Estonia, Latvia, Lithuania, Russian Federation and Norway which are not included in the EU-funded "PHEPA"-project) on disseminating brief-intervention to tackle alcohol dependency by health services / [involved unit: subgroup on ALC];

#### **Other activities:**

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

#### **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.

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 2007 can be estimated to be 100.000 €. Project implementation is not included under this amount.

## ANNEX: 10

### SIHLWA<sup>36</sup> Annual Report 2006

Following the recommendation made by the Oslo Ministerial Conference of Northern Dimension Partnership<sup>37</sup> 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 1<sup>st</sup> meeting in Stockholm in November 2005, where Finland and Lithuania pledged financial support for its operation.

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

- Subgroup on alcohol (periodic/ “binge” drinking)
- Subgroup on adolescent health and socially-rewarding lifestyles
- Subgroup on Occupational Safety & Health

The biggest health challenge facing Europe is that of non-communicable chronic diseases causing 86% of deaths and 77% of disease burden in Europe. Yet, health promotion and the prevention of non-communicable chronic diseases have a relatively small share of the health system budget. According to OECD, on average, only 3% of total health expenditure in OECD countries goes toward population-wide prevention and public health programs, while most of the spending is focused on “sick care.” Added to this, donor agencies and international aid efforts are mainly directed at the communicable diseases, deflecting attention from the main contributors to death and disease burden in a Region such as Europe. Cardiovascular diseases cause 46 times the number of deaths, and 11 times the disease burden, from AIDS, tuberculosis and malaria combined in Europe.

The focus on non-communicable chronic diseases is very timely for several reasons. Presently Russian Federation is in the process of negotiating a World Bank loan for “Adult Health” especially focusing on the prevention and treatment of above mentioned chronic diseases, which have lead the country into “demographic crisis (about 700,000 people less every year). This question was raised in President Vladimir Putin’s recent speech on the “State of the Nation” in May as “the number one problem for Russia”. However, none of the countries of Northern Dimension Partnership can claim that we do not have the problem. WHO has recently published the global report on NCD “Preventing Chronic Diseases - a vital investment”, and is in the process of development of a European NCD Strategy to be submitted for adoption by the Regional Committee in September 2006. In 2001 the Declaration on Young People and Alcohol, has offered paths for development and implementation of effective measures. The new Framework for alcohol policy in Europe has recently been adopted by the WHO Regional Committee (September 2005) reinforcing the European alcohol action plan and reflecting new developments and challenges in this area. Additionally, latest developments within the European Union have alerted several countries in the Northern Dimension region to review their alcohol policies and to start corrective measures. Especially rising consumption and problems related with it due to lower prices will require urgent action from the public health side.

For Adolescent Health, the recently adopted WHO European Strategy for Child and Adolescent Health and Development provides region-wide policy framework and guidance in this area. The

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<sup>36</sup> SIHLWA = Expert Group on **S**ocial **I**nclusion, **H**ealthy **L**ifestyles & **W**ork **A**bility

<sup>37</sup> 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.

other important development providing a baseline is the International Survey Report on Health Behavior in School-aged Children: Young People's Health in Context.

The magnitude of the global burden of occupational injury and disease as well as the impact of poor working conditions on ill-health, absenteeism and productivity has been more clearly recognized. The ILO has adopted the "Global Strategy on Occupational Safety and Health" in 2003. A mechanism to put into practice the ILO Conventions 155 on "Occupational Safety and Health" and 161 on "Occupational Health Services" has been developed in the ILO Management systems Guidelines "ILO OSH 2001".

Northern dimension Partnership in Public Health and Social Wellbeing/ Expert Group "SIHLWA" is now committed and geared to give a booster in moving forward in the right direction. Countries should be assisted by:

1. 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;
2. Carrying out a situational analysis, which analyses the size of the problem and identifies the priority areas for action;
3. Evaluating what is already in place, strengths and weaknesses, and identifies current gaps;
4. Strengthening international, bilateral and multilateral cooperation we could start by developing of an alliance for advocacy and action on NCDs which unites major international players in Europe, including intergovernmental organizations, NGOs and others;
5. A special challenge for this Expert Group will be how we can best benefit from the synergy that the three subgroups will pose. Expert Group and its secretariat supported specifically by Lithuania and Finland, has now started the elaboration of viable and practical project proposals in NDPHS countries;

Starting from 1 February, Mikko Vienonen, former head of WHO in Russia, has acted as Expert Group Coordinator/ Chair.

Subgroup on alcohol (periodic/ "binge" drinking) was chaired by Mr. Kari Paaso, Regional Adviser, WHO/EURO. As co-chair acted Dr. Evgeny Krupitsky, Chief, Department of Addictions, Research Laboratory, Leningrad Regional Center of Addictions, Leningrad Region, RUSSIA.

Subgroup on Occupational Safety & Health was chaired by Mr. Wiking Husberg, Senior OSH Specialist, ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA. As co-chair acted Dr. Remigijus Jankauskas, Director of Occupational Medicine Center, Institute of Hygiene under the Ministry of Health, Vilnius, LITHUANIA.

Subgroup on adolescent health and socially-rewarding lifestyles was chaired by Dr Mikko Vienonen, SIHLWA Coordinator, Specialist in International Public Health, FINLAND. As co-chair acted Ms. Rita Sketerskiene, Head of Division of Public Health Care, Department of Public Health, Lithuanian Ministry of Health, Vilnius Lithuania.

The following activities have taken place:

- A fact finding mission to Lithuania was conducted 14-17 March when Minister of Health Dr Žilvinas Padaiga was met and also thorough and useful discussions with Dr Viktoras Meizis (Head of International Department/ MoH) and his staff were conducted.
- The coordinator has also mapped potential partners for EG SIHLWA in Finland, such as National Public Health Institute (North Karelia Project), National Occupational Health Insti-

tute, STAKES, and others. Similar background work was conducted in St Petersburg prior to the CSR meeting.

- It is important to note that already since 2005 an Occupational Health and Safety and Health (OSH) project in north-Western Russia (about 300.000 €) has taken place under the auspices of SIHLWA implemented by ILO/Russia. This is the first and so far only project within this framework of NDPHS. Therefore, it is a very important example for us. Presently through ILO extension is sought for 2007-2008 (total budget about 550.000€). In 2006 the project was implemented in Leningrad region and in the Karelian Republic. More information is available at [www.ilonw.safework.ru](http://www.ilonw.safework.ru). This was in 2006 the only actual project under the SIHLWA umbrella, and hence provided an example what practical action would be possible.
- SIHLWA Coordinator participated in the CSR-8 meeting in St. Petersburg 6-7 April, briefing about the preparations for expert group activities. Especially the input and feed-back on the mandates and terms of reference of NDPHS expert groups was important, and guided the discussions in upcoming SIHLWA EG meetings. The Coordinator also met with several actors in St. Petersburg, who potentially would benefit from and provide input to SIHLWA's activities in the future.
- Expert Group SIHLWA held its 2<sup>nd</sup> meeting in Helsinki, 16-17 May, sponsored by the MoSA&H/ Finland. The agenda of the meeting focused on organizational issues, in order that the expert group could become fully operational. It was paramount for the group that we elaborated on 1) Mandate, 2) Terms of Reference/Strategy, and 3) Work Programme (priorities), possible project proposals and reporting on situation and progress in non-communicable diseases and their prevention in Northern Dimension Partnership countries for the Nordic Council of Ministers, during the Finnish chairmanship in 2007.
- In June 2006 SIHLWA Coordinator Mikko Vienonen together with Chair of Sub-group on alcohol Kari Paaso (WHO-EURO) visited WHO Regional Office of Europe in Copenhagen and discussed with Director Gudjon Magnusson and Assistant director Haik Nikogosian discussing collaboration on alcohol prevention and noncommunicable diseases in general. The resolution on European Strategy for the Prevention and Control of Non-communicable Diseases (to be adopted at the Regional committee in September 2006) is a very important guiding document for EG SIHLWA. Ways to explore closer collaboration with WHO-EURO and Dr Magnusson's department on Technical Services was considered especially important.
- In June SIHLWA Coordinator Mikko Vienonen together with Chair of Sub-group on alcohol Kari Paaso (WHO-EURO) visited Nordic Council of Ministers' Secretariat in Copenhagen and Discussed with Ms Maria-Pia de Palo and Ms Carita Peltonen about project proposal on "alcohol and drug prevention among youth in St. Petersburg". The financial scope would be approximately 80.000 € with additional funds from Finland and Sweden making the whole project up to approximately 120.000 €. Project application has since then been approved by the NCM and presently Coordinator is seeking for potential implementing partners in the west and in St. Petersburg. It is expected that administrative supervision would take place through the NCM office in St. Petersburg with technical expert supervision through SIHLWA secretariat. This project will be on the agenda in the next SIHLWA meeting in Vilnius in November
- Initiated by the NCM, in the pipeline we also have a project under title "Children at Risk". This project would be about 500.000 € in size and would require still thorough project planning with a wide range of experts. In short, the project would explore and experiment chil-

dren's and women's shelters and support services to prevent and manage home-violence and social exclusion of children. This project will be on the agenda in the next SIHLWA meeting in Vilnius in November.

- To broaden knowledge and understanding of SIHLWA in the Northern Dimension area, Coordinator Mikko Vienonen attended in June the Estonian Health Promotion Conference and highlighters strategies against non-communicable diseases, which relate to unhealthy lifestyles. The strategies and operational models of NDPHS and SIHLWA were explained to the audience. In a similar manner the coordinator attended the annual workshop between North-Karelia project/ Finland and their counterpart in the Republic of Karelia/ Pitkyaranta/ Russia. This provided an opportunity to explore their willingness to participate in the future work of SIHLWA. We concluded that such collaboration would be mutually beneficial.
- End of August SIHLWA Coordinator Mikko Vienonen attended the NDPHS Secretariat's business meeting for expert group Chairs and International Technical Advisers. We especially focused on streamlining and elaboration of expert groups' terms of reference and strategic documents. Work-plans and ways of working in the most effective way were also discussed.
- End of August SIHLWA Coordinator Mikko Vienonen made a technical visit to Sweden and met counterparts in the "Socialdepartementet" (Ministry of social Affairs/Sweden) and also Swedish Public Health Institute. Sweden will launch a study on "Cost of alcohol" made by the University of Stockholm, and reviewing this work would be the main task of the SIHLWA Sub-Group on Alcohol at our next meeting end of November. To explore the possibility to replicate certain selected parts of the study in some of our member countries would be very useful. Discussion about this issue and the study will be continued under Council of Baltic Sea States sponsorship as part of Swedish Chairmanship activities tentatively in a conference in Latvia in February 2007, which SIHLWA Sub-Group on Alcohol would organize.
- In September SIHLWA Coordinator Mikko Vienonen attended the EU Conference on "Partnerships between Stakeholders at Frontline Level Responding to Drug Problems", held in Turku/Finland 6-7/9. The meeting provided good information for the SIHLWA adolescent health sub-group and the upcoming project on "Alcohol and Drugs Prevention among Youth in St. Petersburg. Additionally in September SIHLWA Coordinator Mikko Vienonen attended the EU Conference on "Health in all Policies", organized under Finnish EU Presidency in Kuopio/Finland. The Coordinator attended the workshops on alcohol prevention which also provided useful information for the St. Petersburg project and also strategies for the sub-group on alcohol. 18-21 October the Coordinator also represented SIHLWA at the WHO-EURO Healthy Cities Conference in Turku/ Finland facilitating a workshop for politicians on obesity and another workshop on alcohol related problems and their prevention.
- In October SIHLWA Coordinator Mikko Vienonen attended the "2<sup>nd</sup> Neighborhood Seminar" between the Republic of Karelia and the Region of Eastern Finland. This provided an opportunity to widen the understanding of NDPHS and SIHLWA in particular, and to strengthen contacts with different actors in the Republic of Karelia/ Russia.
- Following the recommendations of 2<sup>nd</sup> SIHLWA meeting in May in Helsinki, Coordinator Mikko Vienonen has been discussing with STAKES/ Finland the ways how to implement the "Stakeholder Analysis" and "Project Review" for SIHLWA. A funding request to the MoSA&H/Finland was sent in November 2006. However, the funding decision by the MoFA was negative in December and therefore in 2007 new funding sources need to be identified.

- The 3<sup>rd</sup> SIHLWA EG meeting was successfully held in Vilnius 30 November – 1 December sponsored by the Ministry of Health / Lithuania. The Subgroup on alcohol focused on possible project to elaborate on effective short interventions of alcohol victims and on the “Cost of alcohol. The Subgroup on adolescent health and socially-rewarding lifestyles focused on the WHO-EURO strategy for the Prevention and control of Non-communicable Diseases and project preparation for “alcohol and drug prevention among youth” and Children at Risk. The Subgroup on Occupational Safety & Health also focused on practical project implementation issues. In other words, the 3<sup>rd</sup> SIHLWA meeting was more practical oriented than the last May meeting, which focused more on administrative and work-plan issues.
- SIHLWA Coordinator participated in the CSR-9 meeting in Paris 26-27 October, briefing about the preparations for expert group activities. The meeting approved the ToR for SIHLWA, and provided important forum for discussion on the partnership and clarified SIHLWA membership.
- SIHLWA Coordinator participated in the CSR-10 meeting in Oslo 11 December,. The meeting approved the Action Plan 2007 for SIHLWA, and provided an opportunity to brief about the recent Vilnius meeting and upcoming projects for 2007. Especially the CBSS sponsored conference on alcohol related short term interventions to help victims of alcohol problems is timely and urgent, planned to take place in Riga/ Latvia 12-13 March 2007 during Swedish chairmanship of CBSS.
- In 2006 SIHLWA coordinator developed close collaboration with the NDPHS secretariat in Stockholm and the new Director Mr Marek Maciejowski. Also the links with SIHLWA EG Lead Partner MoSA&H/Finland (Ms Helena Puro and Ms Seija Saana) and Lead Co-Partner MoH/Lithuania (Dr Viktoras Meizis and Ms Virginija Ambrazeviciene) became frequent and most useful.

**In summary**, we know more than enough 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 it is 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”) can act as catalyst.

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**ANNEX 11:**

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<b>Reference</b>	SIHLWA 4/2/Info 3
<b>Title</b>	January – May 2007 report NDPHS SHILWA EG
<b>Submitted by</b>	SIHLWA Coordinating Chairman
<b>Summary / Note</b>	-
<b>Requested action</b>	For information and elaboration for finalizing the SIHLWA half-year report for 2007

1 Jan – May 31 PROGRESS REPORT 2007

**NDPHS<sup>38</sup> Expert Group**  
**“Social Inclusion, Healthy Lifestyles & Work Ability”**

**SIHLWA**

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<sup>38</sup> Northern Dimension Partnership in Public Health and Social Wellbeing

### SIHLWA<sup>39</sup> Progress Report January – May 2007

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

**English:**

NDPHS: NORTHERN DIMENSION PARTNERSHIP IN HEALTH AND SOCIAL WELLBEING

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

**Russian**

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

[PARTNERSTVO SEVERNOGO IZMERENIYA V SFERE OBSHESTVENNOGO ZDAROVYA I SOTSIALNOGO BLAGOSOSTOYANIYA]

SIHLWA: Экспертная группа социальной включенности, здоровый образ жизни и трудоспособности [Ekspertnaya Gruppya Sotsialnoi Vkluchennosti, Zdorovyi Obraz Zhizni i Trudosposobnosti]

Danish: [not yet formulated]

NDPHS:

SIHLWA:

Estonian: [not yet formulated]

NDPHS:

SIHLWA:

Finnish:

NDPHS: POHJOISEN ULOTTUVUUDEN SOSIAALI- JA TERVEYSALAN KUMPPANUUS

SIHLWA: Asiantuntijaryhmä sosiaalinen osallisuus, terveet elintavat ja työkyky

French: [not yet formulated]

NDPHS:

SIHLWA:

German:

NDPHS: PARTNERSCHAFT DER NÖRDLICHEN DIMENSION FÜR GESUNDHEIT UND SOZIALES WOHLBEFINDEN (PNDGSW)

SIHLWA: Sachverständigergruppe für soziale Eingliederung, gesunde Lebensführung und Arbeitsfähigkeit

Icelandic: [not yet formulated]

NDPHS:

SIHLWA:

Latvian: [not yet formulated]

NDPHS:

SIHLWA:

Lithuanian: [not yet formulated]

NDPHS:

SIHLWA:

Norwegian: [not yet formulated]

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<sup>39</sup> SIHLWA = Expert Group on **S**ocial **I**nclusion, **H**ealthy **L**ifestyles & **W**ork **A**bility

NDPHS:  
SIHLWA:

Polish:

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

SIHLWA: [not yet formulated]

Swedish:

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

SIHLWA: Expertgrupp på social delaktighet, hälsosam livsstil och arbetsförmåga

## 1. SIHLWA leadership and coordination

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

SIHLWA's "Lead Partner":  
Ministry of Social Affairs & Health/Finland  
Focal point:  
Ms Seija Saana, Ministerial Adviser  
E-mail: [seija.saana@stm.fi](mailto:seija.saana@stm.fi)  
Phone: +358 9 160 73168;  
Fax: +358 9 160 73296  
P.O. Box 33 , FI-00023 Government, FINLAND

SIHLWA's "Co-Lead Partner":  
Ministry of Health/ Lithuania  
Focal point:  
Ms Virginija Ambrazevičiene  
Chief Officer of Foreign Affairs Division  
Ministry of Health  
Vilnius 33, LT-01506 Vilnius, LITHUANIA  
Phone: +370 526 047 19, Fax: +370 526 614 02  
E-mail: [virginija.ambrazeviciene@sam.lt](mailto:virginija.ambrazeviciene@sam.lt)

### 1.2 SIHLWA technical management support

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

Dr Mikko Vienonen  
Consultant in International Public Health, M.D., Ph.D.  
e-mail: [m.vienonen@kolumbus.fi](mailto:m.vienonen@kolumbus.fi)  
GSM: +358-50-442 1877  
Address: Sysimiehenkuja 1, 00670 Helsinki, Finland

SIHLWA has so far never had an International Technical Adviser (ITA)

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

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

Each sub-group have their own functionaries

**1) Subgroup on alcohol<sup>40</sup>**

**Chairperson (acting)**

Mr. Kari Paaso  
Senior Expert  
[kari.paaso@stm.fi](mailto:kari.paaso@stm.fi)  
Ministry of Social Affairs & Health/Finland  
P.O. Box 33 , FI-00023 Government, FINLAND  
GSM: +358-50-565 837

**Co-chairperson**

Dr. Evgeny Krupitsky  
Chief, Department of Addictions  
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**2) Subgroup on adolescent health and socially-rewarding lifestyles**

**Chairperson<sup>41</sup>**

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**3) Subgroup on occupational safety and health<sup>42</sup>**

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**1.3 Financial resources for leadership**

Funding for SIHLWA half time coordinating chair (consultative basis) is provided by the MoSA&H/Finland. Additionally, travel of SIHLWA functionaries to necessary administrative meetings (e.g CSR, Chairs and ITAs meetings, etc.) are covered by the Lead Partner. Also participants to SIHLWA expert

<sup>40</sup> for alcohol sub-group the Chair in principle is expected to be identified from WHO-EURO cosponsoring the sub-group. Temporarily since January 2007 the group has been chaired by Mr Kari Paaso (former technical adviser on alcohol for WHO-EURO). When EURO has been able to select a successor for Mr Paaso, the chairmanship is expected to return to WHO and Mr Paaso will continue as partner country nominee in the group

<sup>41</sup> N.B. Mikko Vienonen has a double role in SIHLWA: In addition to acting as Coordinating Chair for the whole SIHLWA EG, he also has been selected as Chair of the ADO sub-group.

<sup>42</sup> for OSH sub-group the Chair in principle is expected to be identified from ILO cosponsoring the sub-group.

group meetings are to some extent covered by the MoSA&H/ Finland budget allocation to SIHLWA, such as Finnish national experts participation, and expenses of certain key-note speakers and some Russian participants.

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

## 2. Partner participation in Expert Group activities

### 2.1 Participation of Partners in SIHLWA meetings its Sub-group(s)

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

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

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

Countries & Organizations*	1 <sup>st</sup> Stockholm	2 <sup>nd</sup> Helsinki.	3 <sup>rd</sup> Vilnius
CANADA	a,b	-	-
DENMARK	-	-	-
ESTONIA	a	a	a,b
FINLAND	a,b,c	a,b,c	a,b,c
FRANCE	-	-	-
GERMANY	-	-	-
ICELAND	-	-	-
LATVIA	a	b	a,b
LITHUANIA	-	a,b,c	a,b,c
NORWAY	a	a	a
POLAND	b	-	b,c
RUSSIAN FED.	a	a,b,c	b
SWEDEN	a,c	a,b	a,b
BEAC	-	-	-
EUC	b	-	-
CBSS	-	-	b
ILO/Russia	c	c	c
IOM	-	-	-
NCM	-	b	b
WHO/EURO	a,b	a	a

Each partner was invited to send at least one participant to every sub-group. Therefore, ideally the table should after the 4<sup>th</sup> SIHLWA meeting look like:

Countries & Organizations*	4 <sup>th</sup> SIHLWA mtg Helsinki 29-30 May	5 <sup>th</sup> SIHLWA mtg Place?	6 <sup>th</sup> SIHLWA mtg Place?
COUNTRY A	a,b,c	a,b,c	a,b,c
COUNTRY B	a,b,c	a,b,c	a,b,c
COUNTRY C	a,b,c	a,b,c	a,b,c
ETC.	a,b,c	a,b,c	a,b,c

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

## 2.2. Participation of Partners in EG project-based activities

- **In implementation:** ILO, Russian Federation and Finland: Occupational safety and health project in N-W Russian Federation (Leningrad Oblast & Republic of Karelia). 1<sup>st</sup> phase 2005 – 2007 and 2<sup>nd</sup> phase starting in 2007 – 2008.
- **In the process of starting:** NCM, Russian Federation (St. Petersburg), Finland and Sweden: Alcohol and drug prevention among youth 2007- 2008;
- **In planning:** Hazardous & harmful use of alcohol: **Early Identification and Brief Intervention** “EIBI”. Possible regions/countries for implementation: St. Petersburg City (will be agreed upon with the St. Petersburg City Health Committee). Other potential candidates: Leningrad Obl., Republic of Karelia, Murmansk, Cherepovets city /Vologda Obl., Arkhangelsk, Republic of Komi, Nenets Autonomic Area. Potential funders (tentative): Finland, Norway, EC, others?

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

- January: Coordinating Chair mission to St. Petersburg to discuss the launching of project on alcohol and drug prevention among youth together with SPb Public Health Committee and local NGOs.
- January: Coordinating Chair mission to Vologda Oblast (Cherepovets) in North-West Russia to participate in a regional healthy lifestyles conference representing NDPHS/SIHLWA and conducting a workshop for health and social sector administrators on Hazardous & harmful use of alcohol: **Early Identification and Brief Intervention**.
- SIHLWA cosponsored and provided technical support to the implementation of CBSS International Conference “Reducing Alcohol Problems in the Baltic Sea Region: Effective Approaches to Tackle Alcohol Related Problems in Local Communities”, Riga, Latvia, 12 – 13 March 2007
- February: Finalization of the report of 3<sup>rd</sup> SIHLWA EG meeting in Vilnius 30 Nov.-1 Dec. 2006
- February: Coordinating Chair and SIHLWA sub-group Chairs participation in the 4<sup>th</sup> Chairs’ & ITAs’ meeting in Vilnius;
- February – May: Start of preparation for the NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December 2007 in St. Petersburg. The role of SIHLWA is advisory and technically supporting;
- April: SIHLWA Coordinating chair attended in Vologda/ N-W Russia a federal conference 4-5 April on NCD prevention strategies and briefed about the activities of SIHLWA. The methodology on measuring the impact of NCD prevention by the “potential years of lifelost” (PYLL) methodology.
- April: In connection with the mission to Vologda, in the capacity of SIHLWA ADO sub-group chair, Mikko Vienonen conducted extensive discussions on the start-up of project on NCM funded “Alcohol & Drug Prevention among youth in SPb” 2-3 and 6 April.
- April: Preparation for the EUPHA (European Public Health Association) Annual Conference in October in Helsinki, where SIHLWA together with HIV/AIDS EG plan to organize a workshop on NDPHS and issues relevant to their area of work;
- April – May: SIHLWA OSH subgroup has provided on request preliminary ideas for the organizers of upcoming PAC in November 2007. One option would be that occupational safety and health could be one of the main themes should the CSR so decide.
- May: 4<sup>th</sup> SIHLWA EG meeting in Helsinki 29-30 May.

## 4. Other activities

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

Adopted elements for NDPHS EG annual progress reports as approved by CSR-11 in Warsaw 27-28/3/07

## **Reporting elements for the NDPHS Expert Groups' progress reports to autumn CSR meetings**

### **Background**

Monitoring of and reporting on the progress in the implementation of the NDPHS Expert Group annual work plans is an important CSR's duty. Regular assessments are to provide timely, targeted, relevant and reliable information that is indispensable for the NDPHS decision-making process. This should also help to increase coherence between Expert Groups by identifying, and subsequently assessing, the links between them. Furthermore, it also enables providing complete and up-to-date information during various events as well as to various stakeholders outside the NDPHS.

As provided for in the NDPHS Expert Groups' Terms of Reference, "Expert Group, supported by the Chair and the ITA, will prepare an annual Progress Report and a proposed Activity Plan for the following year, both to be submitted to the autumn CSR meeting." Progress reports from the Expert Groups should (i) take stock of progress, (ii) describe enabling factors and strengths, as well as obstacles and constraints in their work and the way how to address them, (iii) present proposals for resolution by the CSR and/or PAC.

Based on the reports submitted by the NDPHS Expert Groups, the Secretariat shall prepare an overall NDPHS Progress Report for a given year for presentation to the autumn CSR meeting. This report will (i) summarize progress made by the NDPHS Expert Groups, (ii) identify cross-expert group questions of importance (horizontal issues that need to be addressed by the CSR), (iii) analyze obstacles and constraints in moving the whole process forward, and, finally, (iv) present proposals for resolution by the CSR.

Consistent with the above, and to ensure coherent and consistent reporting, each Expert Group is requested to submit to the NDPHS Secretariat in due time before Autumn CSR meeting (preferably one month before it) a progress report that will be prepared according to the following reporting elements. The Expert Groups' progress reports, and the overall progress report to be developed by the Secretariat, will be submitted to the autumn CSR meeting, as appropriate.

### **Reporting elements**

Progress reports from the Expert Groups should be developed in accordance with the following reporting elements:

#### **1. Conclusions and recommendations**

*Please present lessons learnt and overall conclusions (other than those in the items above) regarding the activities of the Expert Group during the reported year, which you would like to bring to the attention of the NDPHS CSR as well as of the Secretariat when it is preparing an overall (annual) progress report based on all the EGs' progress reports.*

*Based on the conclusions and lessons learnt, please develop Expert Group's recommendations for the future. Please propose steps and actions to address the obstacles and constrains in the Expert Group's work.*

## **2. Expert Group leadership and coordination**

### **2.1 Lead Partner(s) and Co-Lead Partner(s)**

*Please list the Lead and Co-Lead Partners of the EG and each of its Sub-groups (if any). If the EG or its Sub-group(s) plan to change the Lead or Co-Lead Partner, please inform of this as well as of who will take over and when the change will take place.*

### **2.2 International Technical Advisor / Coordinator(s) / Task Manager(s)**

*Please list the ITAs / Coordinator(s) / Task Manager(s) working for the EG and inform if their services are guaranteed also in the future.*

### **2.3 Financial resources for leadership**

*Please inform if the Lead Partner(s) and Co-lead Partner(s) have ample funding in place for the leadership at present and in the future. This includes funding for managing/leading the EG and employment of persons listed in 1.2 above.*

## **3. Partner participation in Expert Group activities**

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

*Please list the Partners who have nominated their representative to the EG and inform if they take part in meetings of the Expert Group and its Sub-group(s) (if any). If there are Partners, who do not take part in meetings at present, but whose participation is specifically desired considering the scope and character of the EG's meetings, please name them.*

### **3.2. Participation of Partners in EG project-based activities**

*Please list the Partners who take part in EG project-based activities run by the Expert Group or its Sub-group(s) (if any). If there are Partners, who do not take part in these activities at present, but whose participation is specifically desired considering the scope and character of the EG's projects, please name them.*

## **4. Actions taken to implement the Expert Group's annual Work Plan**

*Please list the activities planned to be taken, which have been included in the Expert Group's annual Work Plan (please annex the EG's Work Plan to your report), and describe actions taken to implement them (list the EG meetings in this section, too). Please describe how much the Expert Group's activities during the reported year have contributed to the achievement of the group's objectives as spelled out in its Terms of Reference.*

## **5. Other actions taken by the Expert Group (not covered in item 3)**

### **5.1 Project-based activities**

*For each main project that the EG has completed or is currently running (or was/is actively involved in) please provide the information in accordance with the below specified items. Please*

*do not include projects which are labelled as NDPHS projects, but to which the EG does not provide a meaningful input.*<sup>43</sup>

- i) Name of the project;
- ii) Project objectives and geographical area;
- iii) Project leader;
- iv) Main project donor(s);
- v) Project time frame;
- vi) Overall conclusions and recommendations for the future.

#### **5.2 Non-project-based activities**

*Please list other activities that the EG has completed or is currently running (or was/is actively involved in), and which are not project-based.*

#### **6. Strengths and opportunities**

*Please describe enabling factors, strengths and opportunities in the Expert Group's work.*

#### **7. Obstacles and weaknesses**

*Please obstacles, constraints and weaknesses in the Expert Group's work.*

#### **8. Other relevant information**

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END OF ANNEXES

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<sup>43</sup> The Secretariat proposes that, as soon as the NDPHS will have established its Database, the information requested below will be included in the Database and the Expert Groups will include below a reference and the direct link to the respective project. The following section will then be adjusted by the Secretariat to this new pattern.