Northern Dimension
Partnership in Public Health
and Social Well-being

Action Plan accompanying the NDPHS Strategy 2020

Adopted by the NDPHS Committee of Senior Representatives on
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Acronyms and abbreviations

AI – Associated infections

AMR – Antimicrobial resistance

BARN – The Baltic Antibiotic Resistance Collaborative Network

BMI – Body Mass Index

BSN – Baltic Sea Network on Occupational Health and Safety

CAESAR – Central Asian and Eastern European Surveillance of Antimicrobial Resistance

CIHSD – Coordinated/Integrated Health Services Delivery

CPT – Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

CSR – NDPHS Committee of Senior Representatives

EARS-Net – European Antimicrobial Resistance Surveillance Network

ECDC – European Centre for Disease Prevention and Control

EFPC – European Forum of Primary Care

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

ENETOSH – European Network Education and Training in Occupational Safety and Health

ENWHP – European Network for Workplace Health Promotion

ESBL – Extended Spectrum Beta-Lactamas

EUSBSR – EU Strategy for the Baltic Sea Region

FTA – Free Trade Agreement

GBD – Global Burden of Disease

HIPP – Health in Prisons Programme/WHO Europe

HIV/AIDS – Human immunodeficiency virus infection and acquired immune deficiency syndrome

HSS – Health systems strengthening (action plan)

IALI – International Association of Labour Inspection

ILO – International Labour Organization

IOM/MHD – International Organization for Migration, Migration Health Division

LEGOSH – ILO Global Database on Occupational Safety and Health Legislation

NCD – Non-communicable diseases

ND – Northern Dimension

NDPHS – Northern Dimension Partnership in Public Health and Social Well-being

NGO – Non-governmental organisation

NIVA – Nordic Institute for Advanced Training in Occupational Health

NoDARS – Northern Dimension Antibiotic Resistance Study

OECD – The Organisation for Economic Co-operation and Development

OSH – Occupational safety and health

PAC – Partnership Annual Conference

PHC – Primary health care

PYLL – Potential Years of Life Lost

RARHA – EU Joint Action on Reducing Alcohol Related Harm

TB – Tuberculosis

UNAIDS – Joint United Nations Programme on HIV/AIDS

UTI – Urinary Tract Infections

WHA – World Health Assembly

WHO – World Health Organization

WHO Europe – WHO Regional Office for Europe

Executive summary

The Action Plan accompanies the NDPHS Strategy 2020 and contains detailed information on the planned activities and expected results of the joint work in the period of 2015-2017.

The Action Plan presents assumptions for the effective and successful accomplishment of the objectives, highlighting - inter alia - the important role of the funds needed for appointed delegates and experts to initiate and implement thematic activities, and to disseminate the achieved results in the NDPHS Partner Countries.

The document informs about horizontal actions aiming to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It also presents how the NDPHS will use the leadership role in the EU Strategy for the Baltic Sea Region (Health Policy Area) to improve and promote peoples' health through regional cooperation.

The Action Plan specifies how the achievement of the six objectives of the NDPHS Strategy 2020 will become conducive to the improvement of human health and social well-being in the Northern Dimension area. It shows the development context for each objective, communicates the need for intergovernmental policy and action and sets a framework (footprint and expected results) for the specific NDPHS activities. These are further described and provided with corresponding deliverables (specific outputs of the joint work to be available by the termination date of the Action Plan).

Progress in achieving the expected results for each objective is measured through quantified indicators, with the baseline, target, data source and responsible organisation indicated. A mid-term review of the implementation progress is scheduled for 2018-2019.

Introduction

The Action Plan accompanies the NDPHS Strategy 2020 and contains detailed information on the planned activities and expected results of the joint work in the period of 2015-2020.

The majority of activities listed in the Action Plan will be implemented in all NDPHS Partner Countries. In some indicated cases, they will be executed through a project on a few NDPHS Partner Countries or their selected pilot sites, while the conclusions and recommendations will be disseminated to relevant target groups in the whole Northern Dimension area.

1. Financial resources

Effective implementation of the Action Plan requires allocation of funds, necessary:

- for appointed delegates and experts to actively participate in the activities (working time to prepare for and follow up on the joint work, office expenses, travel costs for meetings etc.);
- to organise the required meetings, seminars and study visits;
- for research/mapping work and to produce guidelines, thematic reports and other publications highlighting the results of the NDPHS work;
- to initiate and implement projects and initiatives;
- to organise the dissemination of results of the Partnership work in the NDPHS Partner Countries by the respective ministries of health and public health institutes (e.g. national workshops, information campaigns and media events).

2. Assumptions

The effective and successful implementation of the Action Plan is dependent upon several other factors:

- high commitment of the governments of the NDPHS Partner Countries to provide political, financial and practical support to the Partnership work towards the expected results in all objectives of the NDPHS Strategy 2020;
- clear understanding of a necessity to ensure financial resources for implementation of the planned activities and the risks related to limited and insufficient funding;
- continuous exchange of information between relevant actors within the NDPHS Partner Countries (including contacts between country senior representatives and NDPHS expert group members) and a good dialogue at a policy-making level to implement the Partnership results;
- selection of professional, motivated and committed representatives for the future NDPHS Expert Groups by all the NDPHS Partners;
- high interest and commitment of the nominated Partnership experts to take part in cross-cutting activities (exceeding the scope of one single objective of the NDPHS Strategy 2020);
- clear understanding of expectations, priorities and needs in the expert-level structures of the Partnership;
- clear understanding and acceptance of the priority of cooperation goals and expected results among the involved stakeholders;
- involvement of relevant EU and international organisations in the expert-level work;
- collaboration with regional an international actors and adherence to regional action frameworks to facilitate synergies and maximise impacts;
- amplification of links and synergies with approved global and regional policies, strategies and action plans and on-going work relevant for the Northern Dimension area.

3. Horizontal results and activities

The listed below results aim to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It is the responsibility of all Partner Countries and NDPHS structures to be active in producing these results. The Secretariat will play an active role in initiating, facilitating and coordinating many of the planned activities.

Horizontal result 1. Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area

As stated in the ministerial-level Partnership Annual Conference (PAC 8 in 2011, and PAC 10 in 2013), health and social well-being have to be more widely recognised on the regional cooperation agenda in the Northern Dimension area. While the inclusion of health as a self-standing Priority Area in the EU Strategy for the Baltic Sea Region (EUSBSR) Action Plan in early 2013 was met with satisfaction, further efforts are needed to convince the international, national and local policy- and decision makers of the need to grant health and the social dimension a status, which would be adequate to their role and importance for the region's societies and economies.

Furthermore, it should be recognized that most factors that influence health and well-being, such as education, housing, employment, legal and/or residential status, poverty and psychosocial factors, etc. lie outside the health sector. These health determinants are in turn shaped by policies across all sectors, emphasizing a Health in All Policies (HiAP) approach, with the aim of improving the health of

everyone and thereby reduce the absolute effect of determinants on all people as well as targeted interventions that focus on the most affected.

Planned activities towards the expected result

- Cooperate with relevant regional and international actors to include NDPHS-facilitated health and social well-being items on the regional cooperation agenda in the Northern Dimension area.
- Include provisions regarding health and social well-being and the importance of the HiAP approach, a focus on health inequalities, as well as the Partnership's role, in relevant high-level and other documents.
- Disseminate information regarding health and social well-being and HiAP approaches to international, national and local policy- and decision makers and other stakeholders.

Horizontal result 2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities

During 2010-2013 support and involvement of other stakeholders in the NDPHS activities led to the increased importance and visibility of the NDPHS. This, in turn, put the Partnership in a better position to initiate and influence developments leading to the improvement of health and the quality of life in the Northern Dimension area. Therefore, the Partnership will continue its efforts to create synergies and develop cooperation with regional and international actors active in the health field.

Planned activities towards the expected result

- Work with other relevant stakeholders towards the achievement of the health-related actions and targets as spelled out in the NDPHS Action Plan.

Horizontal result 3. Increased and strengthened policies to improve health and social well-being through regional cooperation

In order to be effective and to guarantee an equitable and sustainable impact, relevant results and recommendations from projects need to be anchored at the policy level. The NDPHS is well positioned to help convey relevant results and recommendations of on-going and completed projects to the policy level: the relevant conclusions and recommendations can be discussed by the NDPHS expert level bodies and be subsequently presented by the NDPHS expert groups for consideration by the NDPHS Committee of Senior Representatives and possibly by the ministerial-level NDPHS Partnership Annual Conference.

Planned activities towards the expected result

- Communicate relevant results of NDPHS projects and/or NDPHS-facilitated projects to the policy level within the NDPHS.
- Cooperate with relevant stakeholders to communicate the results of NDPHS projects and/or NDPHS-facilitated projects to the policy level in the Northern Dimension area.
- Approach and encourage stakeholders to communicate, when relevant, the results of their regional projects to the policy level by using the NDPHS' structures.

Horizontal result 4. Increased visibility of the NDPHS in the Partner Countries

Whereas other specific visibility-related actions of the Action Plan address the Partnership's outreach activities towards other stakeholders and the general public, this action area aims to further strengthen the commitment and involvement of the NDPHS Partner Countries. This should be done through raising awareness about the Partnership, its achievements, the role of the Partners and possibilities for the Partner Countries to benefit from the cooperation within the NDPHS framework.

The consultations between the NDPHS Chair Country and each NDPHS Partner Country would also provide an opportunity to discuss the issues that require support and action from the highest decision-making and political level, as well as to discuss how country representatives can enhance the NDPHS visibility at home.

Planned activities towards the expected result

- Arrange a series of meetings and consultations between the NDPHS Chair Country and each NDPHS Partner Country to improve the visibility of the Partnership in the Partner Countries; and advance the implementation of the NDPHS Strategy and Action Plan.
- Continue the dialogue with the NDPHS Partner Countries and Organisations by highlighting current information about the NDPHS work on home websites.

Horizontal result 5. Ensured coherence and mutual support in addressing regional challenges and opportunities in the area of health and social well-being through a successful leadership of the EU Strategy for the Baltic Sea Region's Health Policy Area

The role of the NDPHS as the Policy Area Coordinator within the EUSBSR (Policy Area: "Health – Improving and promoting peoples' health, including its social aspects") allows for a making health more integrated and inclusive in the regional cooperation. In particular, by providing a common frame of reference, the NDPHS has contributed to increased interfacing between relevant stakeholders at various levels and across thematic sectors, and a better division of labour among the existing networks. At the same time, most of the EUSBSR -related activities are coherent with the NDPHS mission as spelled out in the Oslo Declaration and contribute to the strategic aims of the NDPHS, such as: increased visibility and better influence in processes related to allocation of funding for regional cooperation.

Through the instrument of the EUSBSR, the Partnership is able to strengthen the message that improving and promoting peoples' health, including social aspects, is an important precondition for ensuring sustainable and healthy societies in order to enable economic growth, and for containing future health and social care- related costs.

Planned activities towards the expected result

- Facilitate the development and implementation of actions and flagship projects defined in the Health Policy Area.
- Monitor and report the implementation progress within the Health Policy Area.
- Regularly review the relevance of the Health Policy Area as described in the EUSBSR Action Plan.

4. Implementation of activities to achieve the objectives in the period of 2015-2020

Objective 1: Reduced impact of HIV, TB and associated infections among key populations at risk, including prisoners, through strengthened prevention and access to treatment

The context

The NDPHS Statement on HIV and tuberculosis ("Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward"), approved by the 10th Partnership Annual Conference in Helsinki on the 22nd of November 2013, underlines the alarming increase in the spreading of HIV and AIDS, tuberculosis (TB) and associated infections (AI), among the key populations at higher risk. These are vulnerable groups living under socially and economically distressing circumstances, particularly persons using drugs, sex workers, men-having-sex-with-men, migrants, prisoners as well as persons released from prisons. Children and young people are most affected by social circumstances, thus, shall be considered as a group at risk. In addition, these populations at higher risk may suffer from the consequences of harmful use of alcohol, social marginalisation and criminalisation, as well as stigmatisation and discrimination.

The complexity and great variation in the epidemiological situation of these groups pose a substantial challenge for the social and health conditions within the Northern Dimension area and, consequently, for the human lives, societies and economies.

Prison populations are a vulnerable group in terms of disease emergence and spread. Of special relevance are infectious diseases, particularly the blood-borne, drug use-related infections with hepatitis viruses (here: B and C) and HIV virus. A particular risk, in addition to blood-borne diseases, is associated with airborne transmission of tuberculosis. The particular circumstances of life inside prison increase infection rates, and the "revolving door" between the prison and civil life allows diseases to spread through the prison walls.

Policy and action needs

Complex and cross-sectoral character of the HIV, TB and AI situation is neither adequately recognised nor properly addressed within the traditional policy practices. Despite HIV and TB infections spreading beyond state boundaries and competences of individual sectors, the degree of international and multi-sectoral cooperation in the Northern Dimension area in this thematic field is insufficient. Primary health and psychological and social care measures are rarely combined in an effort to provide integrated prevention, diagnosis, treatment, care and support interventions, with due attention paid to counteracting the negative impact of a harmful use of alcohol and drugs on adherence to HIV, AIDS and TB treatment regimens.

The potential of non-governmental organisations (NGOs) that work with the key populations at higher risk for HIV-infection is not utilised to the maximum extent in governmental actions to strengthen the prevention and control of TB and HIV/TB co-infection, and to decrease the harmful consequences of HIV and TB and HIV/TB co-infection.

The capacity of the national health care systems to respond to the burden of HIV, TB and AIs is unsatisfactory. The monitoring and provision of epidemiological information of key populations at risk in the Northern Dimension area is assessed as poor, with a diverse availability of data on the current status. The collection of data concerning key populations at risk in the NDPHS Partner Countries is not sufficient, neither is the reporting of such data to UNAIDS.

Treatment of HIV, TB and AIs is not always provided in an integrated and patient-focused manner. There are several barriers in the access to treatment which need to be assessed. Recommendations for updating national programmes are needed. EU Joint Action on HIV and co-infection prevention and harm reduction was launched in 2015. One of its components focuses on mapping of barriers to treatment as well as recommendations for updating national programmes. NDPHS shall deliver expertise to the planning and mapping activities, in particular, the need for complex healthcare measures/solutions addressing multiple diseases and co-infections as HIV, TB and AI.

According to general ethical principles, imprisonment should not cause any harm or damage to health

of inmates nor aggravate an existing condition. Moreover, the basic principle of prison healthcare says that treatment and care must be equivalent to that which is provided outside prison. This may be problematic if the responsibility for prison healthcare provision in the NDPHS Partner Countries is split between different institutions/ministries.

Due to the highly dynamic development in medical science, procedures and practices should be prepared in a coordinated approach that allow prison health care to be raised to a level comparable to that provided to the general population. The access to certain medicines, e.g. antiretroviral medicines for HIV-infection or the more expensive treatment for multidrug- or extensively drug-resistant TB (MDR or XDR TB), should be similar outside and inside prisons. Yet, the high cost and deficiency of these medicines in some NDPHS Partner Countries requires both legislative and budgetary policies. In addition, instruments for HIV control and strategies for prevention of co-infections vary across the Northern Dimension area, calling for improvement in guidelines and routines.

Considering these circumstances and descriptions of the core tasks and limits of prison medicine, international cooperation among the NDPHS Partner Countries seems to be a promising strategy to promote the joint development of modern and internationally recognised values of prisoner healthcare and to put the resulting structures in place. The only viable approach to achieving these developments will be to pursue a continuous and intensive dialogue with the target groups. One of the actions in that respect would be to raise awareness of harm on health from imprisonment as HIPP (Health in Prisons Programme/WHO Europe) and CPT (Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment) standards are not met by all the NDPHS Partner Countries. Another one would consist in encouraging more NDPHS Partner Countries to follow WHO recommendations on how to implement minimum standards for healthy conditions in prisons. The third action would contain preventive harm reduction in intravenous drug abuse.

Footprint of the NDPHS work

- To contribute to improved and better coordinated preventive responses of the national health and social care systems as well as to an equal access to treatment to mitigate the impact of HIV, TB and associated infections in the Northern Dimension area.
- To contribute to reduced harm on health from imprisonment.

Expected results of the NDPHS work

- Increased awareness and knowledge among relevant decision makers and other actors in the Northern Dimension area about the complexity of the epidemiological situation of HIV, TB and AI and their consequences.
- Enhanced international and multi-sectoral stakeholder cooperation on HIV,TB and AI-related issues in the Northern Dimension area, with inclusion of NGOs and broader society representatives.
- Improved effectiveness of HIV, TB and AI prevention actions in the Northern Dimension area.
- Improved monitoring, disaggregated by groups data collection and reporting of the situation of HIV, TB, AI and evaluation of the effect of interventions among key populations at risk and policy/action response in the Northern Dimension area.
- Better knowledge on how to improve control of infectious diseases in prisons, especially regarding HIV, TB and HIV-TB co-infection.
- Raised awareness of harm on health from imprisonment – in accordance with HIPP and CPT standards, especially regarding HIV and TB.
- Improved linkages between medical care in prisons and community public health services.
- Educational measures for children and young people – extensive knowledge on healthy lifestyle, reproductive health, safe sex and relationships' education.

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2020)	Data source	Responsible organisation
1.	Increased awareness and knowledge among relevant decision makers and other actors in the Northern Dimension area about the complexity of the epidemiological situation of HIV, TB, and AI and their consequences	No. of countries which have integrated the HIV and TB action recommendations (cf. the NDPHS Statement) into national health policies	To be estimated as part of activities	2-3 more	National HIV and TB programmes Expert group reports	Expert-level structures National authorities
2.	Enhanced international and multi-sectoral stakeholder cooperation on HIV, TB and AI-related issues in the Northern Dimension area	No. of HIV, TB and AI stakeholder cooperation platforms involving NGOs and representatives of other sectors	*2 (ECDC and Barents Health meetings)*	2-3 more	Project reports Expert group reports	Expert-level structures National authorities
3.	Improved effectiveness of HIV, TB and AI prevention actions in the Northern Dimension area	No. of national prevention actions supported	1 (ongoing NDPHS ENPI project)	3-4	Project reports Expert group reports	Project leaders Expert-level structures
4.	Improved evaluation of interventions, monitoring, data collection and reporting of the situation of HIV, TB and AI among key populations at risk and policy/action response in the Northern Dimension area	No. of monitoring and best practice reports produced and disseminated to decision-makers and general public	*2* *(Integrated care for PLHIV and HATBAI epid report)*	2 more	Expert group reports	Expert-level structures
5.	Better knowledge on how to improve control of infectious diseases in prisons, especially regarding HIV, TB and HIV-TB co-infection	No. of countries fulfilling diagnostic processes for TB resistance in line with international standards No. of countries monitoring the number of TB (with detected resistances MDR or XDR) plus HIV cases, according to international	*To be estimated as part of activities*	At least one more	National data	Relevant national authorities Expert level structures

		standards				
6.	Raised awareness of harm on health from imprisonment, in accordance with WHO Europe/HIPP and CPT standards, especially regarding HIV and TB	No. of countries developing measures to achieve CPT standards No. of countries developing measures to achieve WHO/ HIPP standards	*To be estimated as part of activities*	At least one more	National data	Relevant national authorities Expert level structures
7.	Improved linkages between medical care in prisons and community public health services	No. of countries establishing a through care situation for HIV & TB patients	*To be estimated as part of activities*	At least one more	National data	Relevant national authorities Expert level structures

Planned activities towards the expected results

1. Increased awareness and knowledge among decision makers and other relevant actors in the Northern Dimension area about the complexity of the epidemiological situation of HIV, TB and AI and their consequences

   - Assess the current state of how many countries and to what extent implement the recommendations of the NDPHS Statement "Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward".

   - Continue work on identification of policy response areas and optimum measures based on the NDPHS Statement "Impact of the HIV/AIDS and tuberculosis on people and economies of the Northern Dimension Countries – status quo and the way forward" and information from WHO, ECDC and IOM.

   - Develop and disseminate advice for the national ministries and public health institutions of the NDPHS Partner Countries on integrating the HIV and TB recommendations of the NDPHS Statement into the national health policies and programmes.

   Deliverables:

   - Thematic report containing advice on integrating the HIV, AIDS and TB recommendations of the NDPHS Statement into the national health policies and programmes.

2. Enhanced international and multi-sectoral stakeholder cooperation in the field on HIV, TB and AI-related issues in the Northern Dimension area

   - Identify and approach relevant NGO and representatives of other sectors as well as stakeholder cooperation platforms dealing with HIV, TB and AI issues in the NDPHS Partner Countries.

   - Stimulate joint meetings between thematic experts and relevant stakeholders, incl. NGOs and broader society representatives, to share experiences and knowledge on the cross-cutting issues of HIV-TB-drugs-alcohol-prison-AMR-PHC etc.

   - Facilitate joint discussion about health systems development and links between the specialised care and the public health care, concerning issues related to HIV, TB & AI.

   - Arrange cross-sectoral study visits for experts on prison health, infectious diseases, primary

health care, alcohol and substance abuse and mental health.

Deliverables:

- Periodical reports (1 per year) summing up outcomes of the joint dialogue, with recommendations to improve policy and action effectiveness in addressing the cross-cutting issues of HIV-TB-drugs-alcohol-prison-AMR-PHC etc.

3. Improved effectiveness of HIV, TB and AI prevention actions in the Northern Dimension area

   - Identify key areas in HIV, TB and AI preventive actions where multi-stakeholder cooperation may bring the most visible added value – through EG discussions and analyses, documentation and recommendations, making also use of international information, such as ECDC, WHO, UNAIDS and IOM.
   - Develop a mechanism to make the joint NDPHS experience in the field of HIV and AI better and more widely used by the ministries and organisations in the NDPHS Partner Countries.
   - Provide training, advisory support and expertise in developing initiatives of the NDPHS Partner Countries (e.g. 'HATBAI' seed money project, EU Joint Action on HIV and harm reduction etc.).
   - Provide support to development of educational measures for children and young people – extensive knowledge on healthy lifestyle, reproductive health, safe sex and relationships' education.

   Deliverables:

   - Report on the added value of multi-stakeholder cooperation in HIV, TB and AI preventive actions.
   - Assistance delivered to the ministries and relevant organisations of the NDPHS Partner Countries in the evaluation of project applications and other issues requiring HIV/TB/AI expertise.
   - Technical advice provided to 3 projects and initiatives in the planning and management stage.

4. Improved evaluation of interventions, monitoring, data collection and reporting of the situation of HIV, TB and AI among key populations at risk and policy/action response in the Northern Dimension area

   - Arrange information exchange and benchmarking between the experts of the NDPHS Partner Countries about current epidemiological situation within the HIV, TB and AI, national response policies and good practices solutions.
   - Produce and disseminate (via the NDPHS website, newsletter and/or media events) analytical conclusions and action proposals towards the national authorities responsible for HIV/AIDS, TB and AI.

   Deliverables:

   - 1-2 reports / 2 years, compiling actual statistical and analytical information on the epidemiological status of HIV, TB and AI risk groups in the NDPHS Partner Countries and containing conclusions and proposals for action based on outcomes of the discussion in the group of cross-sectoral experts.

5. Better knowledge on how to improve control of infectious diseases in prisons, especially regarding HIV, TB and HIV-TB co-infection.

- Increase awareness among prison staff and prisoners on how to improve infectious disease control through e.g. study workshops.
- Develop proposals to implement particular instruments, e.g. diagnostic processes, monitoring mechanisms, for TB control adjusted to specific local conditions. Special focus on MDR and XDR TB and prevention and detection of resistance development, if detected – provision of relevant treatment.
- Develop proposals to implement instruments for HIV control adjusted to specific local conditions. Develop strategies for improvement of other co-infections, e.g. STIs.

Deliverables:

- Concept paper for projects, training programmes and exchange programmes for health care professionals with regard to the implementation of the above mentioned instruments.

6. Raised awareness of harm on health from imprisonment – in accordance with HIPP (WHO Europe) and CPT standards, especially regarding HIV and TB
   - Arrange social and psychological counselling for HIV and/or TB positive inmates to improve compliance and therapy adherence.

Deliverables:

- Reports from regional workshops with participation of prison healthcare staff and the corresponding leadership and decision-making level, with conclusions and recommendations to raise the awareness of harm on health from imprisonment.
- Handbook with fact sheets/recommendations, made available through the NDPHS website and on standards for counselling for HIV and/or TB-positive inmates.

7. Improved linkages between medical care in prisons and community public health services
   - Analyse the current through care situation for HIV & TB patients in the NDPHS Partner Countries.
   - Develop and make a pilot implementation of a “through care project” in highly problematic prisons to improve the linkage between medical care in prisons and community public health services.

Deliverables:

- Thematic report on the current through-care situation in the NDPHS Partner Countries.
- Report from the pilot “through care project” in highly problematic prisons with conclusions and policy/routine recommendations.

<u>Target groups</u>

- National authorities responsible for HIV, AIDS, TB and AI (Ministries of Health, Ministries for Social Affairs, Ministries of Justice etc.)
- Experts working in the field of HIV, TB & AI and harm reduction in national, regional and local administration and in NGOs
- Medical doctors, nursing staff and other medical personnel in the penitentiary system and in public health institutions
- NGOs related to the work in penitentiary system
- Media professionals, general population etc.
- Key populations at higher risk (see the context information)

Objective 2: Contained antimicrobial resistance - through inter-sectoral efforts supporting the implementation of regional and global strategies and/or action plans

The context

Since the NDPHS strategy 2020 and its´ accompanying action plan were adopted in 2015, several significant events and reports have contributed to increased international awareness among politicians, professionals and the general public about the threat of AMR to public health. Most notably:

- The WHO Global Action Plan (GAP) on containment of antimicrobial resistance was adopted at the World Health Assembly 2015. This plan requests, among other things, all Member States to develop financed national plans to tackle AMR and to implement surveillance systems to increase the knowledge to inform interventions.
- The United Nations convened a high-level meeting on antimicrobial resistance 2016.
- Several studies on the potential impact of AMR on public health and global trade were released, for example by the British government (the O´Neill report), by OECD and by World Economic Forum.

Already before these events, the WHO regional office for Europe and the European Commission launched action plans on antibiotic resistance in 2011, the latter of which was revised in 2017.

Several national, regional and global initiatives are now on-going to support GAP. With regard to AMR surveillance, the WHO have developed the **GL**obal **A**ntimicrobial resistance **S**urveillance **S**ystem, "GLASS", which is now under early implementation. GLASS applies a harmonized methodology which is aligned with the surveillance systems the NDPHS Partner Countries are already connected to (either CEASAR (Central Asian and Eastern European Surveillance on Antimicrobial Resistance) or EARS-Net (European Antimicrobial Resistance Surveillance Network), but is broader in its scope.

Another pillar to record information on antibiotic resistance is the surveillance of antibiotic consumption. While ESAC-Net collect data on antimicrobial use in the EU, key indicators for surveillance of rational use of antibiotics (which are not agreed on) have only been implemented in a few NDPHS Partner Countries. Central for rational use of antibiotics are guidelines. However, little is known how the frameworks for developing and implementing treatment guidelines compare and whether they are built on local/ national resistance data or not.

Finally, there is no overarching compilation of the national plans and guidelines on combatting antimicrobial resistance (AMR) in the Northern Dimension area. The impact of these national plans among health care providers and professionals is largely unknown. Moreover, even if the knowledge is increasing about awareness in the general public about the impact AMR has on human and animal health due to the inappropriate use of antibiotics, there is still a lot to learn to be able to tailor interventions.

Policy and action needs

In preparation of the action plan 2015-2017 it was stressed that the variations in conditions and approaches between the NDPHS Partner Countries require a concerted action among health care providers, professionals and policy makers, on how to combat antimicrobial resistance in the Northern Dimension area. Even if this still is true, it is now expected that the broader scope is covered by national plans aligned with the WHO GAP, and better that the AMR-EG in the NDPHS framework focus on some more specific components. When the AMR-EG action plan 2015-2017 was developed, three work-streams were outlined.

Knowledge about the AMR situation in the NDPHS region has suffered from lack of **data from representative and comparable AMR surveillance systems**. With the launch of GLASS, a harmonized methodology with a broader scope, complementing the existing networks in the region EARS-Net and CAESAR, have become available. The members of the AMR-EG have started a collaboration around early implementation of GLASS. All countries in the AMR-EG have registered for participation in GLASS and some have already managed to upload data to WHO.

Only a few NDPHS Partner Countries have implemented key **indicators for rational antibiotic use**. The ECDC recently did a survey on surveillance of antibiotic use and indicators among EU member states, which has not been published yet. Information from this survey should be compiled from a NDPHS perspective, and gaps addressed. Such an overview may, together with any related ECDC activities, act as inspiration and priority for NDPHS countries in this area.

Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken was identified as a third area for action. Since the development of the action plan 2015, most of NDPHS partner countries have developed national action plans in support of GAP. Still there is no overview of existing treatment guidelines to promote rational use of antibiotics, their national status, and the framework for development and implementation in the NDPHS partner countries. A mapping in this area can lead to lessons to be shared, some harmonization (depending on AMR situation) and sharing of guidelines.

The importance of infection prevention and control (IPC) to prevent infections which often need antibiotic treatment and hospital care (and thus further increases the risk for emergence and spread of AMR) was also stressed. However, the AMR-EG has come to the conclusion that the capacity in the expert-group is insufficient to take this area on as well. Instead, it is suggested that NDPHS partners should engage in WHO initiatives such as hand hygiene campaigns and implementation of other developed materials. Furthermore, several aspects of IPC are addressed in the European Joint Action on Antimicrobial Resistance and Associated Infections, "EU-JAMRAI", in which several NDPHS partner countries participate.

Finally it was noticed in 2015 that there is an insufficient depth of knowledge and awareness in the general public on the impact the AMR has on public health due to the inappropriate use of antibiotics in humans, animals and agriculture, and inefficient prevention and control routines in health care settings. It was suggested that it calls for studies addressing knowledge, attitudes and behaviour in relation to the AMR problems within the NDPHS Partner Countries, but it has become obvious that it is beyond the capacity of the AMR-EG to address these issues as well. Also, most NDPHS countries already engage with national campaigns centred around the European antibiotic Awareness Day and the World Antibiotic Awareness Week.

Strategies, responsibilities and approaches to promote appropriate antibiotic use and antibiotic stewardship based on relevant national or local AMR data, including dedicated funding and resources for guideline development and implementation, differ across NDPHS countries and may have a considerable impact on implementation.

Footprint of the NDPHS work

- To contribute to the achievement of more rational use of antibiotics in all sectors (appropriate for relevant diagnose) in the Northern Dimension area based on a better assessment of the antibiotic resistance situation.

Expected results of the NDPHS work

- More representative and comparable systems for surveillance of AMR in the NDPHS Partner Countries.
- Improved measurement and monitoring of antibiotic use in the NDPHS Partner Countries.
- Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken, particularly development of treatment guidelines based on national or local AMR data.

Measuring the progress

Work-stream	Expected result	Indicator	Target 2020	Baseline (2015)	Status August 2017	Data source	Responsible organization
1.	More representative and comparable AMR surveillance systems implemented in the NDPHS Partner Countries	1.1 Proportion of hospital laboratories reporting to EARS-Net and CEASAR, respectively[1] 1.2 No. of countries with data on ESBL carriage rate 1.3 No. of countries with data resistance levels in E. coli causing uncomplicated UTIs 1.4 No. of NDPHS Partner countries reporting AMR data to GLASS[2] in addition to data reported to EARS-Net or CAESAR[3] 1.5 No. of countries reporting implementation data according to GLASS implementation questionnaire	1.1 At least 50% of the laboratories, or hospitals, in the NDPHS Partner Countries[4] 1.2 Not defined 1.3 Not defined 1.4 100% 1.5 100%	1.1 Existing: FI, LI, LV, NO, SE 1.2 Existing: NO, SE 1.3 Existing: SE 1.4 Not relevant, GLASS was not developed yet. 1.5 Not relevant, GLASS was not developed yet.	1.1 Existing: FI, LI, LV, NO, SE 1.2 Existing: DE, FI, NO, LV, PL, RU, SE 1.3 Existing: DE, FI, LV, PL, RU, SE 1.4 Existing: FI, LV,NO, SE 1.5 Existing: DE, FI, LI, LV, NO, PL, SE	1.1 CAESAR and EARS-Net 1.2 The NoDARS project 1.3 The NoDARS project, 1.4 GLASS 1.5 GLASS	Expert-level structures
2.	Improved measurement and monitoring	2.1 No. of NDPHS	2.1 80% of the NDPHS Partner	2.1 Existing: NO, SE	2.1 Existing: NO, SE	2.1 ESAC-Net	

[1] *Previously the indicator was population coverage, but this is not feasible according to EARS-Net experience. To align with EARS-Net proportion of laboratories, or proportion of hospitals, is proposed instead.*
[2] *GLASS= Global Antimicrobial resistance Surveillance System*
[3] *New indicator 2018-2020*
[4] *New target adapted to above*

	of antibiotic use in the Northern Dimension area	countries with national key indicators for surveillance of antibiotic consumption/ use 2.2 No. of NDPHS countries with national targets for antibiotic consumption/ use	Countries 2.2 50% of the NDPHS Partner Countries	2.2 Existing: SE, NO	2.2 Existing: SE, NO	National authorities 2.2 National authorities	Expert-level structures
3.	Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on measures to be taken to promote rational use of antibiotics in human sector[5]	3.1 No. of NDPHS countries with an action plan on AMR according to GAP[6] 3.2 No. of NDPHS countries with framework for developing and implementing national treatment guidelines for common infections 3.3 Surveillance data is used to inform national treatment guidelines	3.1 100% of the NDPHS Partner Countries 3.2 50% 3.3 50%	3.1 Existing: DE, NO, PL[7], RU, SE 3.2 Existing: FI, PL, SE 3.3 FI, SE	3.1 Existing: DE, FI, NO, PL[7], RU, SE 3.2 Existing: FI, PL, SE 3.3 FI, SE	3.1 National authorities 3.2 National authorities3.3 National authorities	Expert-level structures

Achievements and deliverables 2015-2017 and planned activities 2018-2020 towards the expected results.

1. More representative and comparable AMR surveillance systems developed for implementation in the NDPHS Partner Countries
   - Establishing sentinel AMR surveillance sites to investigate the levels of specified antimicrobial resistance at the selected locations within the Northern Dimension area.
   - Implementation of harmonized AMR surveillance methodology in the region through

[5] *Slightly rephrased/ specified for 2018-2020*
[6] *Reformulated due to the introduction of the Global Action Plan on antimicrobial resistance, GAP*
[7] *Poland´s plan so far only covers human sector*

participation in EARS-Net or CAESAR (coordinated by the ECDC and WHO EURO, respectively) and participation in GLASS.

- Workshop with participants from NDPHS Partner Countries to exchange experience and harmonise/improve data coverage for the AMR surveillance systems.
- Expand implementation of harmonized AMR surveillance.

Achievements and deliverables:

- Some of the previously noted gaps in AMR surveillance in the NDPHS Partner Countries, namely lack of comparable and harmonized data from a representative population, have been addressed in the NoDARS project, where resistance in bacteria collected in the community (asymptomatic stool carriage in healthy individuals and bacterial isolates causing acute cystitis in women) in the partner countries have been assessed.
- Recommendations for harmonisation and improvement of AMR surveillance systems in the NDPHS Partner Countries have been made available in WHO documents developed for early implementation of GLASS. All NDPHS countries have registered for early implementation of GLASS, and a few have already delivered data to WHO.
- Workshops on implementation and methodology for surveillance according to GLASS have been organized at the international level and in each NDPHS member state separately in the NorthernGLASS project. The output from the project will be a report 2018 with conclusions summing up discussions between experts and policy makers from the NDPHS Partner Countries regarding lessons learned from early implementation of GLASS.
- AMR surveillance will be expanded through gradual extension of GLASS to include more pathogens and specimen types and to increase national coverage by increasing number of surveillance sites delivering data. By future extension of GLASS participation within partner countries, increasingly better and more representative and comparable routine data will be available to inform interventions and treatment guidelines.

2. Improved measurement and monitoring of antibiotic use in the Northern Dimension area.

Achievements and deliverables:

- There have been no specific activities within the NDPHS framework 2015-2017 in this area.
- Inventory of key indicators for surveillance of, and targets for, rational antibiotic consumption/use in the NDPHS Partner Countries.
- Suggest appropriate key indicators to accurately reflect rational antibiotic use and consumption in the NDPHS Partner Countries.

3. Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken
   - Map existing National Plans aligned with GAP in the NDPHS partner countries particular in regard to AMR surveillance and antibiotic use.
   - Map frameworks and regulations for development and implementation of treatment guidelines for common infections in the NDPHS region
   - Review national treatment guidelines for common infections and assessment of connection to local/national AMR surveillance data. Specifically (if possible) assess whether they are based on AMR surveillance data that are overestimating antibiotic resistance.

- Disseminate the results (e.g. workshop) to inform on the variations and similarities in the Northern Dimension area and what lessons can be learned.

Achievements and deliverables:

- There have been no specific activities within the NDPHS framework 2015-2017 in this area.
- Map national plans in the NDPHS Partner Countries through the WHO website http://www.who.int/antimicrobial-resistance/global-action-plan/database/en/.
- Assessment report of existing national frameworks and treatment guidelines for selected uncomplicated infections in the NDPHS Partner Countries.
- Report from a workshop with conclusions summing up discussion among experts and policy makers from the NDPHS Partner Countries.

Target groups and communication plan:

Share best practice examples through relevant channels.

Arrange dissemination activities to present the developed key indicators to reach:

- Policy makers
- Governmental agencies and relevant authorities
- Health care providers
- Health care professionals

Initially communication of results and experiences will through the NDPHS website and a newsletter.

Depending on allocated resources, information campaigns (e.g. seminars with the public health agencies, media releases etc.) towards the target groups can be considered.

Objective 3: Reduced impact of non-communicable diseases (NCDs) - through strengthened prevention and addressing lifestyle-related risk factors

The context

As estimated by WHO, non-communicable diseases (NCDs) currently account for 86% of all deaths and 77% of the disease burden in the European Region[8]. NCDs, (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) are mainly caused by the four main risk factors, namely: harmful use of alcohol, use of tobacco, unhealthy nutrition and low physical activity. NCDs and its risk factors are unequally distributed in the population reflecting a social gradient. Additionally, risk factors of the NCDs also share common determinants that are influenced by policies in a range of sectors. International experiences, e.g. the North Karelia Project in Finland (1972–2002) have scientifically proven that most NCDs among the working age population (<65 years) could be preventable. In many European countries (e.g. Finland, France, Norway, Sweden, United Kingdom) the reduction of premature mortality already has been as high as 80%, and population have gained up to 10 years longer and healthier lives, mostly healthy and productive[9].

The unacceptably big differences in life expectancy, NCD morbidity and mortality still prevail in the Northern Dimension area. The life expectancy indices (men and women together) range from the highest of 81.7 years in Norway to the lowest in Russian Federation (69.0 years)[10]. Even in the

[8] Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 (page 1), WHO-EURO 2012, http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf
[9] www.euro.who.int/hfadb
[10] www.euro.who.int/hfadb

countries with positive developments, there are big and even growing differences among population groups: less educated and poorer people have shorter life expectancies and higher disease and death rates than the better off population.

An increasing phenomenon in all NDPHS countries is overweight and obesity, related to for example excessive and unhealthy diet among school age children and insufficient physical activity. To tackle these challenges general health promotion actions are not effective.

To take integrated and multi-sectoral action on risk factors and their underlying determinants across sectors by applying Health in All Policies (HiAP)[11], and through the involvement of local level stakeholders, is essential. Furthermore, in order to effectively address unhealthy behaviour, specific attention must be paid to the unequal distribution of key social determinants of health affecting conditions of life and opportunities to make and sustain healthy choices for women and men in the Northern Dimension area. This must be accomplished through actions across the whole of society on the health determinants that give rise to the social gradient in health.

Policy and action needs

Stakeholders and decision makers in the Northern Dimension area often are not aware of the perils that non-communicable diseases bring to human health. In addressing this challenge, there is a need for evidence-based interventions tackling the national burden of NCDs.

By implementing well-planned NCD intervention projects focusing on: 1) implementing a Health in All Policies approach, 2) the prevention of overweight and obesity among youth, and 3) assessing national NCD policies, the disease burden caused by NCD can be alleviated. These specific projects will provide multi-sectoral support to local politicians, authorities and healthcare professionals in NCD prevention though better lifestyles and care, in line with the HiAP approach. Such a multi-level and multi-stakeholder approach, with the involvement of a wide range of actors and sectors, should also be beneficial in improving the eating habits and physical activity among school age children.

Footprint of the NDPHS work

- To contribute to the reduction of premature mortality from NCDs in the Northern Dimension area.
- To strengthen prevention of economic losses from avoidable causes in the Northern Dimension area.
- To contribute to the reduction in prevalence of behavioural risk factors of NCDs.

Expected results of the NDPHS work

- Better implementation of HiAP at the local level for more effective prevention of non-communicable diseases.
- Strengthened stakeholder involvement in preventing overweight and obesity among school age children.
- Better comprehensive national health system response to reduce NCD burden in the Northern Dimension area.

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2020)	Data source	Responsible organisation
1.	Better implementation of	No. of evidence-based measures	To be estimated	At least 3 more (in the	Project	Project consortium

[11] Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity: http://www.healthpromotion2013.org/health-promotion/health-in-all-policies

	Health in All Policies (HiAP) at the local level for more effective prevention of NCDs	addressing lifestyle-related risk factors and health implications developed in the project pilot sites in addition to national action	as part of the activity	project sites)	reports	Expert-level structures
2.	Strengthened stakeholder involvement in preventing overweight and obesity among school age children	No. of evidence-based measures in preventing overweight and obesity among school age children involving stakeholders in the project pilot sites in addition to national action	To be estimated as part of the activity	At least 3 more (in the project sites)	Project reports	Project consortium Expert-level structures
3.	Better comprehensive national health system response to reduce the NCD burden in the Northern Dimension area	No. of countries with assessed health system response to NCD outcomes based on the 2014 WHO Europe assessment guide principles	To be estimated as part of the activity	At least 2 more NDPHS Partner Countries' score cards for core population interventions on NCDs	Project reports Updated NCD country profiles	Project consortium Expert-level structures WHO Europe

Planned activities towards the expected results

1. Better implementation of HiAP at the local level for more effective prevention of non-communicable diseases (*via a project implemented in chosen pilot sites*)

   - Map the situation of the local population covered by the project to identify e.g. the magnitude of the problems causing premature and preventable loss of human resources and the cost of inaction (using the PYLL indicator).
   - Collect and assess the evidence-based measures addressing lifestyle-related health factors and health implications, existing in the chosen pilot sites.
   - Identify evidence-based interventions, which are known to have proven effect to promote health, reduce avoidable premature mortality and loss of human capital, incl. experience gained through earlier projects.
   - Develop a strategic intervention plan in each pilot site to tackle the 3-5 identified priority problems by using the HiAP principles.
   - Implement the strategic intervention plan in each pilot site through specific actions involving local stakeholders and community representatives.
   - Prepare and disseminate conclusions and recommendations (via the NDPHS website, newsletter and media events) to public administration (national, regional and local level).

   Deliverables:

   - Strategic intervention plans for at least 3 pilot sites (e.g. part of city, whole municipality or

region, respective of the project terms and available resources) in at least 3 NDPHS Partner Countries.
- Thematic report presenting conclusions and lessons learned from the HiAP implementation in the pilot sites to serve as evidence and inspiration for action in other localities.

2. Strengthened stakeholder involvement in preventing overweight and obesity among school age children (*via a project implemented in chosen pilot sites)*

   - Map the situation of the target population covered by the project to identify e.g. the magnitude of the problems (through health behaviour analysis and using e.g. the BMI index).
   - Identify and assess stakeholder involvement in the evidence-based measures in the chosen pilot sites addressing overweight and obesity among school age children.
   - Collect evidence-based interventions with a proven effect to promote health, reduce overweight and obesity and too low physical activity, based e.g. on experience gained through EU-funded nutrition and physical activity-related projects and a study trip to best practise localities.
   - Develop models and test best suited measures in the real life situation (e.g. e-solutions for empowerment of school children to take healthy decisions, interventions and campaigns in schools, neighbourhoods, cities, advocacy work towards the industry) with the public involvement, incl. so far inactive local stakeholders and community representatives.
   - Prepare and disseminate conclusions and recommendations (via the NDPHS website, newsletter and media events) to public administration (national, regional and local level).

   Deliverables:

   - A set of action measures tested in at least one pilot site in 3 NDPHS Partner Countries. The pilot sites could be e.g. part of city, whole municipality or region, respective of the project terms and available resources.
   - Policy papers and educational models involving so far inactive stakeholders in addressing obesity, physical inactivity and unhealthy diet challenges among school age children.
   - Thematic report presenting conclusions and lessons learned from the project implementation in the pilot sites to serve as evidence and inspiration for action in other localities.

3. Better comprehensive national health system response to reduce the NCD burden in the Northern Dimension area (*via a project implemented in a sample of the NDPHS Partner Countries)*

   - Assess the baseline situation on the risk factor surveillance in the chosen NDPHS Partner Countries, based on the information collected from Europe Barcelona Office for Health System Strengthening Assessment Guide 2014 and adopted to the Northern Dimension specificity.
   - Analyse the health system performance in each chosen NDPHS Partner Country in relation to WHO targets.
   - Develop a score card for core population interventions and individual services, with linkages to health behaviour and outcomes.
   - Analyse the health system challenges and opportunities that impede or facilitate the delivery of core services.
   - Highlight good practices and innovations in the health system, with evidence of their impact on NCD-related core services and outcomes.
   - Provide policy recommendations for each chosen NDPHS Partner Country to address health system barriers and provide input into NCD and HSS (health systems strengthening) action plans.

- Prepare and disseminate conclusions and recommendations (via the NDPHS website, newsletter and media events) to national ministries and relevant public health authorities, including health insurance agencies.

Deliverables:

- Score card for core population interventions and individual services on NCD prevention and control in at least 2 more NDPHS Partner Countries.
- Assessment reports for at least 2 NDPHS Partner Countries, aimed to: (1) produce pragmatic and implementable policy recommendations for strengthening the health systems in order to allow for faster improvements in key NCD outcomes; (2) synthesise knowledge and experience in the NDPHS Partner Countries on common health system challenges (in particular in the sphere of primary health care) and promising approaches to overcome them; and (3) build capacity in policy analysis, policy development, and implementation through dialogue around health system strengthening and NCDs.

Target groups

- National, regional and local politicians and decision-makers (incl. ministries of finance)
- Public health institutions, incl. doctors and nurses of PHC-clinics and health centres
- Health insurance administrators
- Employer and labour organisations
- National NCD-related patient organisations
- NGOs related with health and social development
- School administration, catering organisations and food manufacturers, sports and leisure organisations, parents and school doctors/nurses, psychological and social services
- Media
- Representatives of academic institutions and professional associations

Objective 4: Reduced social and health harm from alcohol, tobacco and illicit use of drugs - through strengthening and promotion of multi-sectoral approaches

The context

According to the Global Burden of Disease (GBD) report of 2010 the leading causes of premature death and disability have evolved dramatically over the past 20 years. Data on potentially avoidable causes of health loss show that many risks associated with non-communicable diseases have grown, with tobacco and alcohol now being two of the four biggest risk factors. Smoking increases the risk of chronic respiratory diseases, cardiovascular and circulatory diseases, and cancer. Alcohol use contributes to cardiovascular and circulatory diseases, cirrhosis, and cancer, among many other diseases and ill health conditions. In addition to being a contributor to non-communicable diseases, alcohol increases the risk of violence, suicides and injuries. In 2012, of all global deaths 5.9% were attributable to alcohol.

One geographically widespread feature of drug use behaviour in recent years has been the increase in poly drug use. The most frequent combination is that of alcohol and various drugs (both illicit and legally prescribed). A major concern with regard to poly drug use is that it tends to enhance both the intended effects and the side effects of drugs and compound the impact of those drugs on the body. This can have serious health consequences.

The substance abuse varies substantially between countries within the same geographical regions. That includes differences in consumption patterns (e.g.: heroin injections vs smoking) and the

prevalence of the use of illicit drugs.

Policy and action needs

The Northern Dimension area faces common concerns related to the impact of harmful use of alcohol, tobacco and illicit drugs on the health status of the population. A lot of research has been done over the years resulting in vast knowledge of what is the proven effective preventive work. Still, the understanding of the challenges and the ability to develop and implement effective and sustainable community-based interventions for preventing and reducing the harmful use of alcohol, tobacco and drugs at the local level is weak.

In all NDPHS Partner Countries alcohol is, together with other psychoactive substances, prevalent among patients treated in hospitals. In particular, diseases of the liver, but also infections, hypertension and stroke, are observed more often in patients with alcohol dependence. A hospital admission could be seen as an opportunity to intervene towards patients with problematic drug and alcohol use. However, the assessment of problematic alcohol use among hospital patients is inadequate and hampers the outcomes of the treatment of patients with somatic diseases.

Continuous monitoring of alcohol consumption is necessary both for the development of evidence based policy responses, and assessment of the impact of proposed interventions. It is important to obtain comparable data both for monitoring progress in reducing alcohol-related harm at the national level and for the whole Northern Dimension area, and for benchmarking national developments against wider trends. Still, the comparison of monitoring results across the Northern Dimension area is difficult, if possible at all, due to the lack of standardised methodologies. Better use of standardised approaches across the NDPHS Partner Countries will lead to more informed and evidence-based policy towards reduction of alcohol's health and economic burden (resulting from losses in workplace productivity, health care expenses, and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage) as well as to its monitoring and evaluation.

In addition, the involvement of the Russian Federation in RARHA (EU Joint Action on Reducing Alcohol Related Harm) will also contribute to a better understanding of the alcohol situation in this country and may will have a vital role for preventing the harmful use of alcohol both in Russia and in the whole Northern Dimension area.

Similarly, there is a need in assessing needs for improvement of response to problem use of cannabis and cannabis dependence in the NDPHS Partner Countries. Cannabis is by far the most frequently used illicit drug all over Europe, including the Northern Dimension area. Although dependency potential of cannabis is lower than most of other illegal drugs, the long history of cannabis use leads to the increase of prevalence of problem cannabis users and dependents, which poses a challenge for treatment system and early intervention service.

Cross-border trade of alcoholic beverages is a common phenomenon in the Northern Dimension area and poses a significant problem for countries that seek to adopt effective national alcohol control policies. Several factors determine the magnitude of cross-border trade in alcoholic beverages: the level of price differences, existence of import quotas, severity of border control, number of annual border crossings, traffic infrastructure, the size of the population residing near the border, motives for crossing the border, etc. There is a need to provide policy makers with a better knowledge base when taking relevant policy measures, based e.g. on more in-depth researched affordability of alcohol beverages.

Footprint of the NDPHS work

- To contribute towards the reduction of alcohol-related harm in the Northern Dimension area
- To contribute towards the decrease of the total consumption of alcohol in the Northern Dimension area
- To contribute to curbing the growth trend of cannabis use among the 15-16 year old population.

Expected results of the NDPHS work

- Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities

- Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm
- Strengthened knowledge base for the planning of public health policies on alcohol and drugs
- Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2020)	Data source	Responsible organisation
1.	Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities	No. of countries with drafted/adopted national guidelines for implementing effective community based interventions	0	2	National policy documents NDPHS National surveys Project reports	Partner Countries and Organisations Expert-level structures Project leaders
2.	Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm	No. of countries with drafted/adopted national guidelines on early identification and brief intervention	0	2	National policy documents National surveys Project reports	Partner Countries and Organisations Expert-level structures Project leaders
3.	Strengthened knowledge base for the planning of public health policies on alcohol and drugs	No. of countries having available and comparable data on: (a) drinking habits and patterns (b) responses to illicit drug challenges	0 (a) 0 (b)	4(a) 2(b)	National statistics RARHA surveys WHO EMCDDA Project reports	Partner Countries and Organisations Expert-level structures Project reports
4.	Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages	No. of countries with relevant policy measures	0	4	National policy documents WHO	Partner Countries and Organisations Expert-level structures

Planned activities towards the expected results

1. Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities

- Arrange a series of multilateral and multi-sectoral seminars on common concerns relating to cross-border trade of alcohol and tobacco products – to facilitate exchange and increase common understanding on how to tackle illicit trade and, especially, its implications for alcohol, tobacco and drug use, in particular among young people.
- Launch a project to exchange approaches in mobilising and supporting municipalities in the planning of community-based action to reduce the harmful use of alcohol, tobacco and drugs.

Deliverables:

- Report with policy recommendations from the series of seminars on challenges related to the illicit cross-border trade of alcohol and tobacco products.
- A modular handbook with fact sheets, made available through the NDPHS website and relevant national websites, aimed to support the planning of local level action to reduce the harmful use of alcohol, tobacco and drugs.

2. Improved implementation of early identification and brief intervention programmes/measures to reduce alcohol- and drug use-related harm
   - Prepare and implement (provided the funding is ensured) a joint pilot project in two NDPHS Partner Countries (Norway and Russia) with the target group representatives to estimate the impact of problematic alcohol and drug use on patients treated for somatic illnesses.
   - Discuss and disseminate the achieved results (e.g. through WHO and the NDPHS website).
   - Develop a larger project (with some other NDPHS Partner Countries involved) to measure the impact of problem drug and alcohol use on patients treated for somatic illnesses and to work out suggestions facilitating early identification and brief intervention programmes/measures.

   Deliverables:

   - Meeting/workshop reports presenting outcomes of discussion between the target group representatives in Norway, Russia and other NDPHS Partner Countries on the association between somatic diseases and alcohol/drug use.
   - Project proposal and study protocol for the larger project to assess the impact of problematic alcohol and drug use on patients treated for somatic illnesses.

3. Strengthened knowledge base for the planning of public health policies on alcohol and drugs
   - Prepare and implement (provided the funding is ensured) a project on Reducing Alcohol Related Harm (RARHA) in Russia
     - Make literature review on the alcohol situation in Russia.
     - Carry out the survey in the focus group and discuss results among thematic experts.
     - Prepare a report and disseminate it through the NDPHS website.
     - Present the report findings at the NDPHS side event.

   - Prepare and implement (provided the funding is ensured) a project on cannabis usage in the Northern Dimension area
     - Analyse epidemiological situation, drug policies and treatment and early intervention offers, with focus on best practices.
     - Collect feedback from national experts, professionals and activists.
     - Formulate policy recommendations for improving the cannabis policy, including treatment and early intervention offers.
     - Prepare a report and disseminate it through the NDPHS website.
     - Present the report findings at the NDPHS side event.

- Develop a thematic report on alcohol policy
    - Make desk review and participatory discussions with the stakeholders.
    - Analyse information received from the NDPHS Partner Countries.
    - Organise discussion with thematic experts.
    - Prepare a report and disseminate it through the NDPHS website.
    - Present the report findings at the NDPHS side event.

- Arrange a PAC side event on 8 February 2018.

Deliverables:

- Thematic report on cannabis usage in the Northern Dimension area, including policy recommendations on improving treatment and early intervention offers.
- Thematic report on alcohol policies in the Northern Dimension area.
- PAC Side event report, including conclusions and recommendations. Declaration adopted by PAC.

4. Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages

- Make desk review/inventory of affordability changes over time in the NDPHS Partner Countries.
- Review the size, structure and dynamics (including trade routes) of the region's market in smuggled alcohol.
- Review and screen relevant WHO and national data on total consumption per capita in each NDPHS Partner Country.
- Discuss possible policy measures with thematic experts representing the NDPHS Partner Countries.
- Prepare a report and disseminate it through the NDPHS website.

Deliverables:

- Thematic report on the state of play of alcohol affordability and cross-border trade in alcohol in the NDPHS Partner Countries, with recommendations on policy measures to reduce alcohol related harm.

Target groups

- Policy makers
- Local authorities
- Hospital authorities
- Public health specialists
- Patients treated for somatic illness in hospitals
- NGOs dealing with health and social development issues
- Police and customs
- General population

Objective 5: Adequately addressed health needs related to chronic conditions and demographic changes – through strengthened integration and coordination of care and prevention throughout life course at primary care level

The context

The changing health needs of the society due to aging, spread of NCDs, diversity, mobility and increasing multi-morbidity require adequate primary health care (PHC) approaches and action to ensure a more equal accessibility to high quality PHC services in the Northern Dimension area. The Strategy for Continuous Professional Development of Primary Health Care Professionals, which was developed within the frame of the Imprim project (Improvement of public health by promotion of equitably distributed high quality primary health care systems)[12], emphasised recent challenges in the primary health care related with the changing health needs of the society.

Also, WHO calls for an Action towards Coordinated/Integrated Health Services Delivery (CIHSD) and has in 2013 developed a roadmap on strengthening people-centred health systems in WHO European Region ('A framework for action towards Coordinated/Integrated Health Services Delivery').

Prison populations are a special vulnerable group in terms of continuation of treatment of their chronic diseases and emergence of mental health problems caused by imprisonment. Moreover, if persons in prisons have been using illicit drugs, the scarcity of drugs inside prisons and the resulting abstinence causes withdrawals from diverse types of abused substances. Depending on the geographical region affected, these withdrawals can be from tobacco via alcohol up to prescription drugs and legal or illegal drugs.

Prison health care varies with the resources granted for that purpose and the qualification of the health care staff. In times of tight resources, it is imperative to prioritise care services and aim for the most effective use of resources through highly motivated and optimally trained personnel.

Policy and action needs

In order to respond to the challenge of the changing health needs and expectations of the patients, new innovative approaches are needed. In that regard, strengthening the competences of primary health care professionals, in order to improve a patient centred, well-coordinated and integrated primary health care is of importance. However, despite widely recognised evidence, the NDPHS Partner Countries still lack the application of NCD early preventive tools and measures in PHC.

One specific policy area that calls for strengthened international cooperation is the integrated care for older people with multiple illnesses. In that connection, experience exchange and joint solutions are needed to help the health systems in a more cost-effective way address recent challenges related to aging and spread of NCDs.

Also, a broader dialogue among decision-makers is needed to work out effective methods aimed to achieve a higher commitment among patients of the primary health care to their own health care process, including self-monitoring. In that respect, the role of patients and their families is not yet sufficiently recognised in the integrated care plans, e.g. in case of chronic illnesses.

Another improvement area is the efficiency of the health and social care systems in the Northern Dimension area, as the resource allocation and incentives are not geared towards supporting an integrated and coordinated care for patients with multi-morbidity.

Introduction of adequate preventive measures could be most cost-effective in case of young patients. Still, many NDPHS Partner Countries continue to apply biomedical approaches in preventive check-up of children and adolescents, while nowadays it is the psychosocial domain that obtains due recognition as the most actual one for identification of risky behaviour and also for the recent most common health problems (obesity, hypertension, depression, diabetes, cardiovascular disease etc.).

[12] Project co-funded by the EU BSR Programme 2007-2013 (http://eu.baltic.net/Project_Database.5308.html?contentid=28&contentaction=single)

The primary health care to a wide extent could be used as the best arena for primary prevention for children and adolescents, while continuous relation with children and their family members allows a better understanding of the psychosocial context.

Considering the core tasks and limits of prison health care, international cooperation among the NDPHS Partner Countries seems to be a promising strategy to promote the joint development of modern and internationally recognised values of prison health care and to put the resulting structures in place. The only viable approach to achieving these developments will be to pursue a continuous and intensive dialogue with the target groups. One of the actions in that respect would be to raise awareness of harm on health from imprisonment as HIPP (Health in Prisons Programme/WHO Europe) and CPT (Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment) standards are not met by all the NDPHS Partner Countries. Another one would consist in encouraging more NDPHS Partner Countries to follow WHO recommendations on how to implement minimum standards for healthy conditions in prisons.

It is necessary to study mental health problems inside prisons as a first step for improving prevention, diagnostics and treatment inside prisons. Medical interventions inside prisons should follow international standards. Care improvement measures in the NDPHS Partner Countries, specifically further capacity building in prison health, should comprise particularly topics that are broadly relevant in prison settings and – in view of the above account – focus on mental health conditions and addictions, in addition to control of infectious diseases (see Objective 1.). Moreover, the processes for promoting the management of non-communicable diseases that are currently underway across health care systems should be taken into consideration and, if applicable, increasingly implemented in prisons too.

Footprint of the NDPHS work

- To contribute to the enhancement of people-centred, integrated care for specific groups of patients in the Northern Dimension area.
- To contribute to the empowerment of patients and their families in the care of their own health.
- To contribute to building more healthy conditions in prisons.

Expected results of the NDPHS work

- Higher awareness among national health policy-makers of the increasing prevalence of multi-morbidity in the elderly population and of an effective policy response.
- Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans.
- More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and coordinated care for patients with multi-morbidity.
- Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents for the purpose of developing adequate preventive measures.
- Improved knowledge on and application of international standards regarding prison health and more healthy conditions in prisons.

Measuring the progress

No.	Expected result	Indicator	Baseline (2015)	Target (2020)	Data source	Responsible organisation
1.	Higher awareness among national health policy-makers of the increasing prevalence of multi-morbidity in the elderly population	No. of countries with approved policy documents addressing multi-morbidity	0	At least 3	National data	Each Partner Country Expert-level structures

	and of an effective policy response					
2.	Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans	No. of countries where active role of patients and their families is recommended for inclusion in the integrated care plans	0	At least 3	National data	Each Partner Country Expert-level structures
3.	More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and better coordinated care	No. of countries with revised resource allocation and introduced incentives	0	At least 3	National data	Each Partner Country Expert-level structures
4.	Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents for the purpose of developing adequate preventive measures	No. of countries introducing new methodologies and/or models for identification of psychosocial causes	0	At least 3	National data	Each Partner Country Expert-level structures
5.	Improved knowledge on and application of international standards on prison health and building more healthy conditions in prisons	No. of countries developing procedures in accordance with international standards and recommendations	To be estimated as part of activities	At least one more	National data	Relevant national authorities NDPHS expert-level structures

Planned activities towards the expected results

1. Higher awareness among national health policy-makers of the increasing prevalence of multi-morbidity in the elderly population and of an effective policy response

   - Establish effective dialogue channels between knowledge providers and policy makers in the field of people-centred, integrated care for patients with multi-morbidity, with strengthened coordination and networking between WHO, European Forum of Primary Care (EFPC) and national stakeholders in the Northern Dimension area.
   - Collect and disseminate evidence from good practices on integrated care for patients with multi-morbidity.
   - Arrange an NDPHS international workshop, with participation of national health policy-makers, with a purpose to share experiences of integrated care for elderly patients with multi-morbidity and to work out the policy response.

   Deliverables:

   - Synthesis report with experiences and solutions on how to improve integrated care for elderly patients with multi-morbidity.

- Report/newsletter from the NDPHS international workshop linked to the EFPC (European Forum for Primary Care) conference in Riga in 2016 - featuring good practice conclusions and policy recommendations on integrated care for elderly patients with multi-morbidity.

2. Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans

   - Collect experience from the NDPHS Partner Countries on how the peer groups education is used to cope with diseases for different groups of patients and to include the role of the patients and their family members in the care plans.
   - Develop policy guidance to national policy-makers on how the role of patients and families in the management of chronic illness should be included in the care plans.

   Deliverables:

   - Policy guidance report on the most effective methods to achieve a higher commitment among patients of the primary health care to their own health care process, including self-monitoring.

3. More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and coordinated care for patients with multi-morbidity

   - Collect experience from the NDPHS Partner Countries on how to more cost-effectively allocate health and social care resources towards the needs of patients with multi-morbidity.
   - Arrange a workshop with knowledge providers and health and social care administrators to discuss existing good practice in resource allocation and possible incentives supporting an integrated and better coordinated care for patients with multi-morbidity.

   Deliverables:

   - Thematic workshop report with conclusions and recommendations for action targeting health and social care administrators.

4. Better identified psychosocial causes of NCD-related risky behaviour among children and adolescents for the purpose of developing adequate preventive measures

   - Collect and analyse facts and research documentation related with potential psychosocial causes of NCD-related risky behaviour among children and adolescents in the Northern Dimension area, particularly related to diversity, body image and appearance issues.
   - Arrange a NDPHS workshop during EFPC Conference in Riga in 2016, with participation of health care policy makers and primary health care organisers and professionals, to discuss countries' methodological experiences with identifying psychosocial causes of NCD-related risky behaviour among children and adolescents.
   - Start preparation for a side event to the NDPHS PAC or a separate conference with the purpose to raise awareness among policy makers on the psychosocial causes of risky behaviour as well as on working out effective preventive measures based on their identification.

   Deliverables:

   - Thematic report summing up accumulated experience on potential psychosocial causes of NCD-related risky behaviour among children and adolescents in the Northern Dimension area.
   - Report from the EFPC Conference-related NDPHS workshop summing up countries' experiences with identifying psychosocial causes of NCD-related risky behaviour among children and adolescents, and suggesting new methodologies and/or models.

5. Improved knowledge on and application of international standards on prison health and building more healthy conditions in prisons

- Organise exchange of relevant information between civil and prison health systems.
- Establish a continuous and intensive dialogue with decision makers on how to achieve healthy conditions in prisons.

Deliverables:

- Reports from (regional) workshops with participation of prison healthcare staff and the corresponding leadership and decision-making level with conclusions and recommendations to raise the awareness of healthy conditions in prisons.
- Reports from joint thematic meetings between EGs and relevant stakeholders.

Target groups

- Direct target group: ministries, health professional associations and organisations dealing with the health systems development and the improvement of health and social services.
- The ultimate target is the population with multiple chronic illnesses who needs more adequate care, specially the elderly population. Also the young generation (children and adolescents) needs special attention in form of more comprehensive and more holistic preventive action against NCD-related risky behaviour.
- Medical doctors, nursing staff and other medical care personnel in the penitentiary system and in public health institutions.

Objective 6: Strengthened occupational safety and health and well-being at work - through information and reporting systems, workplace activities and occupational health services

The context

Improvement of working conditions is a long-term process involving government, employers and trade unions. The WHO, ILO and EU strategic approaches provide good guidelines on developing effective national systems. For example, the Promotional Framework for Occupational Safety and Health Convention, developed in 2006 by the International Labour Organization, recognises the global magnitude of occupational injuries, diseases and deaths, and the need for further action to reduce them. The Convention urges each ratifying member to develop, in consultation with the most representative organisations of employers and workers, a national policy, national system and national programme for occupational safety and health (OSH). Similar approaches are presented in the WHO and EU OSH Strategies.

The national system for occupational safety and health shall include, among others: the legislation (laws and regulations, collective agreements), the organisational structures (OSH-responsible authorities and bodies, cooperation arrangements between management, workers and their representatives and a national tripartite advisory body/bodies), the services (information and advice, training, research) and support mechanisms (collection and analysis of data, collaboration with relevant insurance or social security schemes, aid on progressive improvement of occupational safety and health conditions in micro-enterprises, in small and medium-sized enterprises and in the informal economy).

Policy and action needs

A strengthened coordination of actions, capacity building, information and promotion of safety, health

and well-being at workplaces and among individuals is needed to address the OSH challenges. The step-wise approach in pursuing the Promotional Framework for Occupational Safety and Health Convention in the Northern Dimension area is, however, impeded due a number of drawbacks.

In resourcing and targeting the OSH action the occupational accident statistics is frequently used, in spite of the fact that is highly unrepresentative and presents a considerable depth of discrepancy in occupational accident reporting between the NDPHS Partner Countries. Consequently, it does not provide a sound basis for reliable long-term strategic planning.

The Partnership's "Health at Work" Strategy adopted in 2007 has encouraged Partner States to develop OSH programmes to steer the joint efforts towards the improvement of working conditions. Within this framework, particular attention shall be paid to the development of occupational health services and the tackling of the most dangerous hazards at work in the sectors and branches of economy at highest risk, including the informal sector, and to campaigns and compliance issues.

The observed challenge of the ageing OSH doctors and specialists in the Northern Dimension area calls for training of new staff based on the best experience shared in that respect.

Footprint of the NDPHS work

To contribute to the improvement of working conditions by reducing occupational accidents and diseases and through improved occupational health and safety culture in the Northern Dimension area through a coordinated national system response.

Expected results of the NDPHS work

- Tripartite national situational OSH analysis (profile) for better decision-making basis for addressing OSH challenges in the Northern Dimension area
- Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being
- Coordinated special national programmes for the development of occupational health services for all working people
- Higher national commitment to combatting the most dangerous hazards at work
- Strengthened training framework for OHS staff in the Northern Dimension area
- Better practical implementation of policies by improved information dissemination

Measuring the progress

No	Expected result	Indicator	Baseline 2015	Target 2020	Data source	Responsible organization
1.	Tripartite situational OSH analysis for better decision-making basis for addressing OSH challenges in the Northern Dimension area	No. of countries with developed/ revised national OSH profiles Ratified ILO Conventions	5 countries C155 – 6 C161 – 4 C187 – 5	10 One additional ratification	National data	Expert-level structures possible depositories: ILO Safework-Country Profiles, LegOSH, BSN
2.	Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being	No. of countries with developed / updated programme documents	6 countries 1 draft	At least 7	National data	Each Partner Country Expert-level structures
3.	Coordinated special national programmes for the development of occupational health services for all	No. of countries with programmes with action plan	2 countries	At least 4	National data	Each Partner country Expert-level structures

	working people[13].					
4.	Higher national commitment to prevention of occupational hazards	No. of countries reporting high-risk sector actions/ campaigns	Zero Accident Forum 1 country	At least 3 countries	National data	Each Partner Country Expert-level structures
5.	Strengthened training framework for OHS staff in the Northern Dimension area	No. of organised multi-country events and/or developed curricula		One regional training event/ year	Experts	EUMS, ENETOSH, ENWHP, NIVA, IALI
6.	Better practical implementation of policies by improved information dissemination	Increased sharing of practical information	Membership in Editorial Board expanded 3 Barents Newsletter editions per year	3 Barents Newsletter editions per year	OH&S institutions in the countries, OSH experts, project data and information	Each Partner Country EG OSH FIOH

Planned activities towards the expected results

1. Tripartite situational OSH analysis for better decision-making basis for addressing OSH challenges in the Northern Dimension area

- Update/draft brief and comprehensive national OSH profiles (outline available). During the implementation of the "Health at Work" Strategy most of the countries have drafted tri-partite OSH profiles, which are now in need of regular update.
- Empower the Member States to draft in-depth profiles on specific topics.
- Encourage the Member States to ratify related OSH ILO Conventions.
- Improve comparability of relevant indicators (occupational accident statistics)
    - Reassess the scope of the problem based on the comparative summary of the fatal and non-fatal accident rates for the NDPHS Partner Countries (presented to the NDPHS PAC on 21 November 2013)
    - Develop a thematic report on the level of under-reporting, organisation and methodologies in occupational accident recording, with recommendation for improved registration and reporting
    - Present the report to decision makers and EU institutions (European Agency for Safety and Health at Work, Eurofoundation and Eurostat) in order to develop improved reporting and recoding strategy and methods with the aim to provide more realistic occupational accidents statistics (a key strategic objective of the EU strategic framework on OSH for 2015 - 2020)
    - Disseminate the report though the existing information channels (e.g. NDPHS website, Baltic Sea Network on Occupational Health/Safety http://www.balticseaosh.net/, Barents Newsletter on Occupational Health and Safety, other newsletters, publications, other media)

Deliverables:

- Comprehensive national OSH profiles

[13]Norway is not planning to expand its partial access to occupational health services, but has other universally accessible health services.

- Thematic report on the level of under-reporting, organisation and methodologies in occupational accident recording, with recommendation for improved registration and reporting

2. Coordinated national policy frameworks for health and safety at work and for the provision of working conditions conducive to health and well-being

   - Draft/update national OSH programmes based on the above tri-partite analysis (profiles) including action plans in line with WHO, ILO and EU strategies.

   Deliverables:

   - Draft/updated national policy/programmes for the development of work life, health and safety at work and the accomplishment of working conditions conducive to health and well-being

3. Coordinated special national programmes for the development of occupational health services for all working people

   - Improve further the quality of occupational health services systems in countries with an operational system
   - Develop basic occupational health systems concepts in countries in need of improved services. Concept to be approved at the highest political level

Deliverables:

- National improvement plans for developed countries
- National concepts for countries in need of improved occupational health service systems

4. Higher national commitment to prevention of occupational hazards

   - Based on the priorities set in the above programmes (item 2) each member state defines targeted areas/hazards and their related prevention programmes

   Deliverables:

   - Launched special joint and national targeted actions for the reduction of the most dangerous hazards at work or accident prevention programmes in the sectors and branches of economy at highest risk, such as elimination of asbestos hazards, safety in transport, OH&S of health care workers and/or targeted actions for improved compliance. These actions will be country specific and will be decided nationally in due course.

5. Strengthened training framework for OHS staff in the Northern Dimension area

   - Explore the training needs in the individual countries with the aim to develop suitable curricula for several countries in the region
   - Organise cooperation with European and national training organisations

   Deliverables:

   - Training curricula for selected OHS staff
   - Pilot region-wide joint seminars
   - Courses/symposia for sharing experiences
   - OHS training included in BSN Annual Meeting

6. Better practical implementation of policies by improved information dissemination

   - Ensure present level of information dissemination

   Deliverables:

   - Publication of Barents OSH Newsletters; 3 editions annually
   - Updating of webpages, regionally and nationally
   - Linking of TG OSH to other webpages like EU OSHA, BSN
   - Articles to other media
   - Participation in various conferences

Target groups:

- Decision makers in the OSH field
- OSH specialists
- Statisticians

5. Monitoring and Evaluation of the Action Plan

Monitoring the progress in the implementation of the Action Plan to the NDPHS Strategy 2020 will be performed at two levels:

(1) Assessment of an overall impact of the Partnership on the performance of the cooperating Partners and Participants (to be carried out during the next external mid-term evaluation of the Partnership); and

(2) Measurement of the progress towards / the achievement of the six objectives agreed upon by the NDPHS (to be carried out based on the targets and indicators linked with the planned results as specified in the Action Plan).

A mid-term review of the implementation progress (checking the advancement rate towards the set targets) is scheduled for 2018-2019 with the year 2017 being the cut-off year.

Annex: General information on the NDPHS

Composition

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a concerted action of ten governments, the European Commission and eight international organisations to tackle shared challenges in health and social well-being in the Northern Dimension area.

The NDPHS was instituted at a ministerial-level meeting on 27 October 2003, in Oslo, Norway. The declaration concerning the establishment of a Northern Dimension Partnership in Public Health and Social Well-being adopted by Ministers of Health and Social Affairs and other High Representatives of the founding partners (Oslo Declaration) lays the foundation for the Partnership's objectives, structure, role and practical functions, main priorities, financing methods and guidelines for future development.

The Partnership is composed of countries and organisations having either a **Partner** or a **Participant** status. In accordance with the Oslo Declaration, NDPHS eligible partners are: the founding partners, EU Member States and Northern Dimension partner countries, the European Commission and other relevant EU institutions, regional cooperation bodies, international organisations and financing institutions. Eligible participants are interested subnational administrative entities in the Northern Dimension area. The current actors in the Partnership are listed on the NDPHS website (http://www.ndphs.org/?partners).

Operational bodies

The Partnership operates at several organisational levels, aspiring to intensify multilateral cooperation, to assist the Partners and Participants in capacity building and to enhance the coordination between international activities within the Northern Dimension area.

The **Partnership Annual Conference** (PAC) is the main decision-making body of the NDPHS. It convenes once a year, holding its meetings at the ministerial level every alternating year. Being the overall mechanism for steering the NDPHS, the PAC decides upon NDPHS policies, reviews progress made and provides high-level guidance to the Partnership.

The **Committee of Senior Representatives** (CSR) serves as the main coordinating body of the NDPHS, ensuring that decisions and recommendations issued by the PAC are carried out.

The **Meeting of the Parties to the Agreement on the Establishment of the NDPHS Secretariat (**MP) decides about financial, personnel and managerial issues relating to the NDPHS Secretariat.

Expert Groups, consisting of high-level experts appointed by national partners and organisations represented in CSR, provide policy advise and professional input to the preparation, coordination and implementation of joint activities carried out within the framework of the Partnership, including Work Programmes and projects.

The main function of the **Secretariat** is to provide administrative, analytical and other support to the CSR in preparing and following up the PAC and CSR meetings. It also facilitates organisation of expert-level activities as well as preparation and implementation of projects. Following the entry into force of the *Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being* on 31 December 2012, the NDPHS Secretariat was established as an international legal entity in mid-2013.

Mission and strategy

The mission of the NDPHS is to promote the sustainable development of the Northern Dimension area by improving peoples' health and social well-being. This should lead to an increased political and administrative coherence between the countries in the Northern Dimension area, narrowed social and economic disparities, and improved peoples' overall quality of life.

In realising the mission, the NDPHS, at the 6th Partnership Annual Conference, appreciated the European Commission's invitation for the NDPHS to take the role of Lead Partner for the coordination of the health sub-area of Priority Area 12 of the EU Strategy Action Plan. The tasks include but are not limited to: coordination, engaging other actors and stimulating them to take up responsibilities, as well as monitoring and reporting on the progress in implementation.

In 2009 the Partnership adopted a NDPHS Strategy, which – *inter alia* – set the mid-term vision for the

coming years of the NDPHS development and action; laid down policies, strategies and projects; presented goals, operational targets and indicators of the implementation state; and discussed organisational and financial matters.

That very first strategy of the NDPHS expired at the end of 2013. The commissioned evaluation of the Partnership's performance provided valuable insights on procedural and organisational matters and on the outcome of the past strategy.

Priority areas

Based on the Oslo Declaration the Partnership has two main priority areas, in which it aims to support cooperation and coordination.

The first area is to reduce the spread of major communicable diseases and prevent lifestyle related non-communicable diseases. These diseases include HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, cardiovascular diseases, cancer, diabetes, alcohol-related diseases, accidents and suicides, as well as other major public health problems that arise from the use of illicit drugs and socially distressing conditions. Main orientation of the Partnership in this area focuses on strengthening preventive health and social services of individuals, reforms of social and health systems, enhancing inter-sectoral collaboration at relevant levels of administration and co-operation in health surveillance, and combatting antimicrobial resistance.

The second area is to enhance peoples' levels of social well-being and to promote socially rewarding lifestyles. Here, an emphasis is placed on promoting healthy diet and physical activity, advocating safe sexual behaviour, facilitating good social and work environments, as well as preventing harmful use of alcohol, and supporting drug and tobacco-free life. The main orientation of the Partnership in this area is to develop public policies aimed to enhance health and social well-being and to create supportive environments to re-orient the health systems and social care systems, and to empower and mobilise people and communities to take action.