



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

## **Northern Dimension Partnership in Public Health and Social Well-being**

### **Progress Report for 2007**

Approved at the Fourth Partnership Annual Conference (PAC) <sup>1</sup>

16 November 2007, Vilnius, Lithuania

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<sup>1</sup> As agreed during the PAC, this report has been subsequently updated to cover the entire year 2007.

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### Abbreviations and acronyms used

- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group)
- HIV/AIDS EG – Expert Group on HIV/AIDS (a NDPHS' "core" Expert Group)
- ITA – International Technical Adviser
- ND – Northern Dimension
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being
- PH EG – Expert Group on Prison Health (a NDPHS' "core" Expert Group)
- PHC EG – Expert Group on Primary Health Care (a NDPHS' "core" Expert Group)
- SIHLWA EG – Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (a NDPHS' "core" Expert Group)
- WGCC – Working Group for Cooperation on Children at Risk (a Council of the Baltic Sea States working group having a status of a NDPHS' associated expert group)

Further information is available at the NDPHS website at [www.ndphs.org](http://www.ndphs.org).

## 1. Political background

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a cooperative effort of thirteen governments, the European Commission and eight international organizations. The overall objective of the Partnership is to promote sustainable development in the Northern Dimension (ND) area through improving human health and social well-being. The Partnership aims at contributing to intensified co-operation in social and health development and assist Partners and Participants in improving their capacity to set priorities in health and social well-being, as well as to enhance co-ordination of international activities within the Northern Dimension area.

The Partnership works according to the provisions spelled out in the **Declaration concerning the establishment of a NDPHS** (the Oslo Declaration),<sup>1</sup> which stipulates that the Partnership shall promote co-operation and internationally coordinated action in order to fulfill specific objectives within the following two priority areas:

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

The main focus shall be on HIV/AIDS, tuberculosis, sexually transmitted diseases and antibiotics resistance. Concerning non-communicable diseases, special attention shall be paid to the determinants of cardiovascular diseases, including excessive use of alcohol and smoking as well as the use of and their risk factors including the excessive consumption of alcohol, the illicit use of drugs.

### (ii) Enhancing and promoting healthy and socially rewarding lifestyles

Under this objective, the Partnership shall focus on nutrition, the enhancement of physical activity, creating smoke-, alcohol-, and drug-free environments, the practice of safe sexual behaviors, and supportive social and work environment and constructive social skills. Children and young people shall be the main target groups.

From the beginning of 2007, the Northern Dimension process is defined by two documents, namely the **Political Declaration on the Northern Dimension Policy**<sup>2</sup> and the **Northern Dimension Policy Framework Document**<sup>3</sup> – both endorsed at the Northern Dimension Summit on 24 November 2006 in Helsinki, Finland. Unlike the former Actions Plans for the Northern Dimension, these two policy documents are of a permanent nature.

The new Northern Dimension policy puts a strong emphasis on cooperation between the EU and Russia, with the full participation of the other two partners, namely Iceland and Norway, in matters relevant to the ND. These four partners committed themselves to continuing and further developing cooperation within the framework of the NDPHS. In this context, the NDPHS is seen as a tool to pursue the ND policy objectives of one of the six priority sectors agreed upon in the ND Policy Framework Document, namely “social welfare and health care, including prevention of communicable diseases and life-style related diseases and promotion of cooperation between health and social services.”

Also, the **Parliamentary Conference on the New Northern Dimension Policy**, held on 28 February and 1 March 2007 in Brussels, reinforced the important role of the Northern Dimension Policy and supported its overall aim to provide a common framework for the promotion of dialogue and concrete cooperation and stressed the importance of the Northern Dimension Partnership in Public Health and Social Well-being.<sup>4</sup>

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<sup>1</sup> Available at [http://www.ndphs.org/?doc.Oslo\\_Declaration.pdf](http://www.ndphs.org/?doc.Oslo_Declaration.pdf).

<sup>2</sup> Available at [http://www.ndphs.org/?doc.Political\\_Declaration\\_on\\_Northern\\_Dimension\\_Policy.pdf](http://www.ndphs.org/?doc.Political_Declaration_on_Northern_Dimension_Policy.pdf).

<sup>3</sup> Available at [http://www.ndphs.org/?doc.Northern\\_Dimension\\_Policy\\_Framework\\_Document.pdf](http://www.ndphs.org/?doc.Northern_Dimension_Policy_Framework_Document.pdf).

<sup>4</sup> See [http://www.ndphs.org/?doc.Final\\_version\\_Report\\_on\\_ND\\_Parliamentary\\_Conference\\_EP.pdf](http://www.ndphs.org/?doc.Final_version_Report_on_ND_Parliamentary_Conference_EP.pdf).

## 2. Introduction

This NDPHS Progress Report for 2007 presents the main activities implemented by the Partnership during the year 2007. Information contained herein is provided with reference to and against the objectives and action lines included in the NDPHS Work Plan for 2007<sup>1</sup> adopted during the 3<sup>rd</sup> Partnership Annual Conference held on 12 December 2006 in Oslo, Norway. A section presenting conclusions and summarizing strengths and opportunities as well as obstacles and weaknesses have also been included. Finally, **annexed to this report are the progress reports of the NDPHS “core” and “associated” Expert Groups** (HIV/AIDS, PHC, PH, SIHLWA and the CBSS WGCC<sup>2</sup>).<sup>3</sup>

As regards the action lines, five of them have been included in the NDPHS Work Plan for 2007:

- **Action Line 1: NDPHS Project Database**  
Taking a coordinated approach to preventing major public health and social problems in the Northern Dimension area.
- **Action Line 2: Financing NDPHS’ and other parties’ undertakings**  
Ensuring adequate funding for NDPHS and Partnership-relevant activities and projects, *inter alia*, through the Project Pipeline.
- **Action Line 3: NDPHS Expert Groups**  
Providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework.
- **Action Line 4: Engaging non-Partner Countries and Organizations**  
Involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives.
- **Action Line 5: Increasing the visibility of the Partnership**  
Making the NDPHS more recognizable and well-known.

For each of the above action lines a number of actions to be implemented by the Partnership, collectively, or its Expert Groups, individually, was defined.

Concerning the NDPHS Expert Groups’ actions, the Expert Groups’ work plans for 2007 were annexed to the NDPHS Work Plan for 2007 in their entirety, and summarized in the latter’s main section.

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<sup>1</sup> Available at [http://www.ndphs.org/?doc.NDPHS\\_workplan2007.pdf](http://www.ndphs.org/?doc.NDPHS_workplan2007.pdf).

<sup>2</sup> Considering that the CBSS WGCC is not a NDPHS’ “core” expert group and develops its progress reports according to its own reporting elements, only a short summary has been annexed for this group, rather than the entire 29 page long report. The latter can be found at <http://www.childcentre.info/archive/>.

<sup>3</sup> Baltic Sea Network (BSN) on Occupational Health and Safety activities within the framework of the NDPHS are run through the SIHLWA Sub-group on Occupational Safety and Health. Consequently, BSN did not submit a separate progress report and its relevant activities are reflected in the SIHLWA Progress report in Annex 4).

### **3. Achievements of the Partnership during 2007**

#### **3.1 Executive Summary**

The year 2007 can be seen as a period of maturing of the Partnership, which was then able to lay a solid foundation for successful work in the future. Partnership's activities were run in accordance with its Work Plan for 2007 and, on the whole the NDPHS was able to successfully implement it. Chaired by Lithuania and co-chaired by Norway, the Partnership made a rapid progress and delivered tangible results by running a wide array of concrete and pragmatic activities ranging from – high-level ministerial dialogue, policy development, project development and implementation, networking solidification, expertise exchange, information production and dissemination, advocacy to – administrative and organizational issues. Many Partnership's activities were centered on a multi-component Database Project lead by the NDPHS Secretariat.

In its all endeavors the Partnership was able to rely on its multi-faceted structure and its broad network composed of countries, international organizations as well as its networks of experts and the NDPHS Secretariat. Two meetings of the NDPHS Committee of Senior Representatives (CSR) were held during 2007, as well as the Partnership Annual Conference (PAC) at a ministerial level. The latter was preceded by a preparatory forum that involved many distinguished speakers and experts who provided a substantial input to the PAC event.

All NDPHS Expert Groups were actively working, holding regular meetings, enjoying committed leadership and actively contributing toward the NDPHS goals and objectives. Some of them also ran project-based activities. At the same time Expert Groups were faced with a variety of challenges such as lack of ample financial resources to run a wider range of project based activities, and unsatisfactory or lacking participation of some Partners in their work.

During 2007, the Partnership developed several important tools forming parts of its Coordinating and Financing Mechanism, namely a new feature-rich website, a multi-source database and a multi-donor project pipeline. They all should play an instrumental role in the Partnership's future efforts such as policy shaping, project development and implementation, information collection and dissemination, etc.

Not less importantly, the Partnership also grew in number by having included the Baltic Sea States Subregional Cooperation (BSSSC) organization among the NDPHS Partners.

A major effort was taken by to Partnership to improve its out-reach activities and information collection and dissemination. This has resulted in a dramatic increasing of its visibility.

On the other hand, however, the Partnership was straggling to ensure that ample funding would be made available for its structures and activities, as well as that all the Partners would ensure their proper representation and participation in the NDPHS activities. These and other issues were thoroughly discussed within the NDPHS and identified in the NDPHS Work Plan for 2008<sup>1</sup> as the challenges to be resolved by the Partnership during the following year. It is also planned that the evaluation of the Partnership to be done in 2008 will offer a good opportunity to address issues of critical importance to the Partnership raised in this progress report.

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<sup>1</sup> Available at [http://www.ndphs.org/?about\\_ndphs#Strategy\\_and\\_work\\_plan\\_about\\_NDPHS](http://www.ndphs.org/?about_ndphs#Strategy_and_work_plan_about_NDPHS).

## 3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2007

The following actions have been taken by the Partnership to implement the NDPHS Work Plan for 2007:

### Action Line 1: NDPHS Project Database

Taking a coordinated approach to preventing major public health and social problems in the Northern Dimension area.

From 1 February 2007 onwards, the Partnership began to implement the NDPHS project "A Database on Public Health Projects in North Eastern Europe and its neighbouring countries" (NDPHS Project Database), with the strategic objective to achieve a coordinated policy and project approach in actions against HIV/AIDS and lifestyle-related diseases, as well as to promote healthy and socially rewarding lifestyles. The Project involves a wide array of actions contained in seven components. It has been funded by nine NDPHS Partner Countries, the European Commission and the Nordic Council of Ministers.

#### Main actions taken:

- **Database Project Steering Group (DPSG)**  
A DPSG was established to coordinate the implementation of the Database Project. It met twice in 2007. DPSG Members also supported the implementation of the project through direct contacts with the NDPHS Secretariat acting as the Project Main Partner.
- **NDPHS Website**  
A new NDPHS website<sup>1</sup> was developed featuring a variety of solutions designed to help coordinate the work of the Partnership and to reach out to the NDPHS' target groups (e.g. through front page news section, an e-newsletter, e-news and press releases).
- **NDPHS Database**  
A NDPHS Database was developed<sup>2</sup> to facilitate coordinated and harmonized collection and presentation of information and data on (i) ongoing and implemented projects, (ii) organizations and (iii) persons (project leaders, experts, etc.) working with public health and social well-being issues in the ND area. Several databases were connected to the NDPHS Database and further ones will be connected in the near future. Also, the development of a new section which will contain publications, papers, strategies, etc. was commenced.
- **NDPHS Project Pipeline**  
A NDPHS Project Pipeline was developed<sup>3</sup> to serve as a multi-agency on-line project funding coordination tool, which helps proceeding from a project idea through project application to project financing. Its objective is to provide a "market place" for project proponents and project financing agencies working for public health and social well-being in the ND area. Finally, efforts were taken to encourage several financing agencies to participate in the pipeline.<sup>4</sup> Both the NDPHS Database and the NDPHS Project Pipeline are parts of the Partnership's Coordinating and Financing Mechanism, whose development was decided upon by the Partners.

In addition to the facilitating project funding through the pipeline, the latter also offers an overview of funding possibilities in the ND area provided by financing agencies that, although not participating in the pipeline, finance in the Northern Dimension area projects consistent with the NDPHS goals.

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<sup>1</sup> Available at [www.ndphs.org](http://www.ndphs.org).

<sup>2</sup> Available at [www.ndphs.org/?database](http://www.ndphs.org/?database).

<sup>3</sup> Available at [www.ndphs.org/?pipeline](http://www.ndphs.org/?pipeline).

<sup>4</sup> In a test phase, the Norwegian Ministry of Health and Care Services channeled a EUR 2 million grant for health-related projects through the first prototype of the pipeline.

- **Thematic reports**

The NDPHS Expert Groups started evaluating the current situation in the ND area in their respective fields of expertise in order to develop thematic reports. These reports will identify gaps to be addressed, such as project-, policy- and institutional gaps, and will present policy recommendations, best practices, project methods, etc. in selected thematic and geographical areas.

- **E-Newsletter**

Two issues of the NDPHS e-Newsletter were produced during 2007. They were announced through the NDPHS e-news to the e-news subscribers (currently above 14,000 addresses) and e-mailed in a pdf format to the e-Newsletter subscribers (currently almost 700 addresses).

## **Action Line 2: Financing NDPHS' and other parties' undertakings**

Ensuring adequate funding for NDPHS and Partnership-relevant activities and projects, *inter alia*, through the Project Pipeline.

In accordance with the Oslo Declaration and along this action line, the Partnership took efforts to ensure adequate funding for the NDPHS Expert Groups, the Secretariat and other relevant activities, such as meetings or projects.

### **Main actions taken:**

- **Financial support for the NDPHS Expert Groups**

All Expert Groups enjoyed the financial and organizational support of their Lead Partner Countries, who provided the necessary funding for the Expert Groups activities, meetings, travels as well as the remuneration for consultancies and the work of Chairs. The Lead Partners for the Expert Groups on HIV/AIDS (Finland) and PHC (Sweden) also provided funding for employment of International Technical Advisers (ITAs), and the Lead Partner Finland provided funding for employment of the SIHLWA EG Coordinating Chair.<sup>1</sup> The Lead Partner for the PH EG (Norway) secured funds for the PH EG ITA and following interviews in December, a contract will be signed with the selected candidate early 2008.

- **Contributions to the NDPHS Secretariat**

Most, but not all Partners paid their contributions for 2007. Considering the financial gap, the CSR agreed to bridge this gap with funds from the NDPHS Appropriations Account, as an extraordinary solution. Consequently, the NDPHS Secretariat was in a position to provide sound support to the Partners and the NDPHS Expert Groups and to lead the NDPHS Database project. During the period under review the Secretariat was hosted by the CBSS Secretariat and was, therefore, able to enjoy its legal capacity. At the same time, the Partners continued efforts aimed to authorize to the NDPHS Secretariat its own legal capacity.<sup>2</sup>

- **Contributions to the NDPHS Database Project**

Eight Partner Countries and one Partner Organization paid their contributions to the NDPHS Database Project on top of the contribution provided by the European Commission.

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<sup>1</sup> Additionally, Sweden employed three task managers to support the PHC EG.

<sup>2</sup> Detailed information concerning the work of the Secretariat was presented in Secretariat's progress reports submitted to the CSR and is available on the NDPHS website as CSR 11 and CSR 12 documents.

- **Other contributions**

In addition to financial contributions, Partner Countries and Organizations also provided in-kind contributions to the Partnership. For example, the Nordic Council of Ministers assigned two of its staff members in its Information Office in St. Petersburg to support the NDPHS Secretariat on a part-time basis. Partners were also involved in the co-organization of conferences and provided their personnel to help advance the Partnership's activities at all levels. During the Partnership Annual Conference of 2007, Finland announced that it would contribute EUR 1.5 million for projects, which would be channelled through the NDPHS Project Pipeline. The Norwegian Ministry of Health and Care Services also plans to use the Pipeline to announce their next call for proposals to be opened in April 2008.

### **Action Line 3: NDPHS Expert Groups**

Providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework.

Currently, the NDPHS has four Expert Groups, and two Associated Expert Groups. All Expert Groups held meetings on a regular basis (1 to 3 times during the year). Additionally, the Chairs and ITAs of the Expert Groups also participated in a range of other conferences, workshops and meetings to advocate the NDPHS and their own Expert Groups. The Expert Group **progress reports attached to this report as Annexes 1-5 provide a detailed description of the Expert Groups' state of affairs and progress made in 2007.**<sup>1</sup>

#### **Main actions taken:**

- **Increased engagement of the European Commission in Expert Group activities**

The European Commission has vividly increased its involvement in and support for the NDPHS activities. The Directorate General Health and Consumer Protection nominated new contact persons for the Partnership and an EC representative is involved in the PH EG. The EC is also including NDPHS representatives in its own initiatives. For example, the HIV/AIDS EG Chairman represented the EG in the HIV "Think-Tank" organized by DG Sanco, and the Partnership was invited to the EuroMed workshop on Communicable Diseases and Health systems organized by the European Commission.

- **Organization of Conferences and workshops**

Several Expert Groups were actively involved in organization of own events and providing expert input to external events. For example, the SIHLWA EG co-organized the "Healthy Life – Healthy Work" Forum in connection with the Partnership Annual Conference (in Vilnius, Lithuania). It also co-organized with the CBSS the Conference on "Reducing Alcohol Problems in the Baltic Sea Region: Effective approaches to tackle alcohol related problems in local communities" (in Riga, Latvia), as well as the EUPHA European Conference: "The Future of Public Health in the Unified Europe" (in Helsinki, Finland). Finally, it also provided support to the Baltic Sea Network meeting (in Bonn, Germany).

In addition to the above, the SIHLWA EG Chair conducted a workshop for health and social sector administrators on hazardous & harmful use of alcohol: Early Identification and Brief Intervention (in Cherepovets, Vologda Oblast, Russia), and participated in the 3<sup>rd</sup> Neighborhood-seminar on Child Protection and Work with Families in Petrozavodsk (Republic of Karelia, Russia). He also acted as a facilitator at the World Bank and WHO Europe conference on "Meeting the Challenge on non-communicable diseases and injuries in the CIS."

The SIHLWA EG also provided advice and technical support to the NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases (in St. Petersburg, Russia).

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<sup>1</sup> See also the footnotes on page 3.

The HIV/AIDS EG provided support in the organization of the Steering Committee Meeting of the Barents HIV/AIDS Programme with a specific theme on HIV and human rights (in Helsinki, Finland).

The concluding seminar of the three-year period of the Barents HIV/AIDS Programme was organized by support from the HIV/AIDS EG (in Murmansk, Russia).

The PH EG was involved in providing expert input to the HIPP Annual Conference and Network Meeting (in Trečín, Slovakia) where it also gave a presentation on women's health in prison. The EG was also involved in providing expert input together with the Lead Partner Norway and the NDPHS Secretariat at an international conference on co-operation between Russia and Norway, where the Chair gave a lecture on Challenges in Prison Health.

- **Co-ordination and cooperation with other Expert Groups**

All Expert Groups stayed in a close dialogue with each other and with the Secretariat, and exchanged their views and experiences during various events attended by them (e.g. EG Chairs and ITAs meetings, CSR meetings and the PAC event). Also, the Chairs of the PHC, PH and HIV/AIDS EGs participated in other Expert Group's meetings.

- **Contribution to the implementation of the Project Database**

All Expert Groups were actively involved in the implementation of the NDPHS Database Project (cf. Action Line 1). This, *inter alia*, included support in the development of the NDPHS Project Pipeline and the NDPHS Database as well as the promotion of the latter two during various meetings, conferences and workshops. As regards the Project Pipeline, the Expert Groups announced their preparedness to review (selected) project proposals submitted via it, if invited by financing agencies. Most of the groups also started working on a list of projects in the ND area, in which they were involved, to be added to the NDPHS Project Database. Finally, Expert Groups developed their fact-sheets to be included, along with other ones, in a NDPHS folder, and also started development of their thematic reports.

- **Support to and involvement in other project-based activities**

Besides their involvement in the implementation of the NDPHS Database Project, some Expert Groups were involved in activities to support the development and/or implementation of other projects. Detailed information about this type of the Expert Groups' activities is provided in their annexed progress reports (in section "project based activities").

- **Leadership and co-ordination**

All Expert Groups enjoyed strong support of their Lead Partners who also provided the chairmanship for the Expert Group. However, the HIV/AIDS and PH EGs were still awaiting the nomination of their Co-lead Partners and Co-Chairs.

Coordination of the EGs was done by International Technical Advisers who also assisted their Chairs (the HIV/AIDS EG and the PHC EG) and by the Coordinating Chair (SIHLWA EG).<sup>1</sup> Additionally, the PHC enjoyed support of three task managers. The PH EG had some administrative support from the Lead Country, as an ITA will not be in place before early 2008.

An overview of the **current Lead and Co-lead Partners in the Expert Groups as well as the Partner participation in Expert Group Activities is provided in Annex 6.**

- **Securing funding for Expert Group activities**

See Action Line 2, section "Financial support for the NDPHS Expert Groups."

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<sup>1</sup> An ITA for the PH EG is expected to be employed soon.

#### Action Line 4: Engaging non-Partner Countries and Organizations

(Involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives)

Partners, the Expert Groups and the Secretariat actively worked to involve other relevant stakeholders in endeavors to achieve NDPHS goals and objectives. This was primarily done while participating in external events and by inviting to NDPHS events individuals and organizations from the outside of the NDPHS network.

These efforts have resulted in the Baltic Sea States Subregional Co-operation (BSSSC) joining the NDPHS in August 2007 as the 22<sup>nd</sup> Partner in the Partnership. By having included the BSSSC into its framework, the NDPHS is able to better reach out to sub-regional authorities in the Baltic Sea Region. The NDPHS will also be able to benefit from the BSSSC's expertise arising from the latter's ongoing project focusing on health and quality of life in the Baltic Sea Region, which involves 32 partners coming from 8 countries from the region and representing various levels.

#### Action Line 5: Increasing the visibility of the Partnership

(Making the NDPHS more recognizable and well-known)

During 2007 the NDPHS developed new NDPHS website, NDPHS Project Pipeline and NDPHS Database as parts of the Partnership's Coordinating and Financing Mechanism. It also made several announcements (e-news and press releases), which were widely distributed to individuals and organizations (currently over 14,000 recipients) and mass-media (above 100 recipients). As mentioned in "Action Line 1" section, the NDPHS also produced, announced and distributed two issues of the NDPHS e-Newsletter. Further, the Chair and Co-chair Countries, Expert Groups and the Secretariat made presentations in a large variety of international events in the ND area and beyond it.<sup>1</sup> These and other respective activities listed in this progress report dramatically increased the visibility of the NDPHS.

The Partnership's visibility will be further increased with a NDPHS Folder with fact-sheets and Expert Group's thematic folders, the development of which started in late 2007.

## 4. Conclusions

The **Northern Dimension policy** had been given a solid foundation with the outcome of the ND Summit on 24 November 2006 in Helsinki, Finland. Being one of the two Northern Dimension partnerships to date, the **NDPHS is considered a tool to work in one of the sectors defined by this policy**, namely "social welfare and health care, including prevention of communicable diseases and life-style related diseases and promotion of cooperation between health and social services."

Relying on its multi-faceted structure and its broad network composed of countries, international and interregional organizations as well as its networks of experts and the secretariat, the NDPHS was able on the whole to successfully implement its Work Plan for 2007. **A broad array of concrete and pragmatic activities was carried out to deliver tangible results ranging from the policy development to project planning and implementation, and from the administrative decision making to tangible initiatives with measurable impact.** Many of them, but not all are described in this progress report, while more detailed information can be found on the NDPHS website.

Progress made by the Partnership was, to a large degree, possible **thanks to human and financial resources provided by the Partners.** Especially the Partnership Chair Country Lithuania and the Co-Chair Country Norway, as well as those Partner Countries who have committed themselves to leading/co-leading NDPHS Expert Groups are commendable for their

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<sup>1</sup> One of the delivered speeches has been posted at <http://www.ndphs.org/?speeches>.

efforts. On the other hand, however, **some Partners have not yet allocated sufficient resources to the Partnership, which calls for their proper attention and efforts** as regards their involvement in and contributions to the NDPHS in the future.

Tangible achievements of the NDPHS during 2007, as well as presentation at various international events and setting up of several information dissemination channels **made it possible for the Partnership to improve its outreach activities and dramatically increase its visibility**. The Partnership's achievements also provide a firm basis for it to develop new activities in the future. In this respect especially the well-established NDPHS Expert Groups, as well as the NDPHS Project Pipeline and Database are promising tools in the Partnership's hands.

As regards the **NDPHS Expert Groups**, all of them were holding regular meetings during 2007 and some of them also organized themselves or contributed to regional conferences and other events offering opportunities for information exchange concerning trends and phenomena challenging the region as well as projects and policies addressing them. All of them enjoyed committed leadership as well as participation of many Partners. It is, however, recommended that several of **Partners, who abstained from participation in the work of the Expert Groups, would join in and reinforce them** with their own expertise. It should be remarked at this point that some experts, seemingly acting as country representatives during expert group meetings, did not have mandate from their governments to take part in decision-making during meetings. Also, further efforts should be taken by some Expert Groups to **get Co-Lead Partners in place and nominate Vice-Chairs for their groups**, as well as to **develop their own project-based activities**. The latter would provide a practical dimension, which would perfectly match their policy-development efforts.

The main weakness in the work of most of the Expert Groups was the **lack of financial resources that would allow rapidly moving to project planning and, subsequently, implementation**. In this regard it should be noted that by involving highly competent experts with varying backgrounds, the Expert Group have potential that could also be used for seizing experience and information about innovative approaches that could be widely disseminated through demonstration projects. Consistent with this, one of the immediate challenges, which would require the support of Partners and Expert Groups, is to increase the number of financing agencies being part of the NDPHS Project Pipeline. This is a prerequisite for the pipeline to become a genuine part of the Partnership's Coordinating and Financing Mechanism, and a one-entry point for various project-funding activities in the NDPHS area. To that effect, it is recommended that **Partners would consider encouraging their financial agencies to offer financial support for projects through the NDPHS Project Pipeline**. A pledging conference could be one way to attempt **mobilizing resources for projects**, as well.

Concerning the **NDPHS Database**, several databases have already been connected to it, but further efforts are warranted to make it a truly unique single access point to and a repository of information and data on projects, organizations and project leaders, experts, etc. To that effect, efforts need to continue to **identify further sources of information that could be linked with the NDPHS Database**. It is also recommended that the database be expanded with tools such as a publications' section and a graphical data presentation.

During the period under review the **NDPHS Secretariat's administrative capacity remained high**, which enabled the secretariat to provide a very good support to all the Partnership's structures, not least in leading and managing the NDPHS Database Project. While the NDPHS Secretariat was able to enjoy the legal capacity of the CBSS Secretariat, which hosts it, the NDPHS made good progress toward authorizing a legal capacity its own secretariat.

With its tangible achievements during 2007, which provide a firm foundation to build on, as well as challenges and the ways to address them properly identified in the NDPHS Work Plan for 2008,<sup>1</sup> **the Partnership is well set to continue its successful work also in the future**. Its

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<sup>1</sup> Available at [http://www.ndphs.org/?about\\_ndphs#Strategy\\_and\\_work\\_plan\\_about\\_NDPHS](http://www.ndphs.org/?about_ndphs#Strategy_and_work_plan_about_NDPHS).

success, however, is entirely in the hands of the Partners whose commitment displayed, *inter alia*, through **active participation and provision of resources, is the main prerequisite for the NDPHS to continue delivering tangible results.**

## HIV/AIDS Expert Group Progress report for 2007

### 1. Expert Group leadership and coordination

#### 1.1 Lead Partner

Lead partner: Finland

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#### 1.3 Financial resources for leadership

Funding for the chairperson (travel costs) has been covered by the Ministry of Social Affairs and Health, Finland. Negotiations about continuation of financing are ongoing. Funding for ITA activities have been covered through a project financed by the Ministry for Foreign Affairs and implemented by STAKES. Negotiations for continuation of financing during 2008–2010 are ongoing.

### 2. Partner participation in Expert Group activities

#### 2.1 Participation of Partners in meetings of the Expert Group and its Sub-group(s) (if any)

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Above mentioned partners take part in the Expert Group meetings. In addition, Health Canada has sent representatives as observers.

Observers have been invited to represent CEC, UNAIDS, WHO, IOM, EuroHIV and some other international organisations and NGOs.

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

All partners have taken part to projects coordinated or initiated by the EG. Norway, Finland and Russia are involved in several collaborating projects focusing on NW Russia, in particular Murmansk region where long-term projects aimed at decreasing the risk of transmission among vulnerable groups by serving them easy-to reach access to counselling, testing and practical preventive measures. St. Petersburg has been another focus area with numerous projects involving among others Sweden, Finland and Norway. Baltic countries have collaborated with each other and with the Nordic countries. Discussions have been ongoing to establish cross-border collaborative projects between i.e. Estonia and Russia. Poland and Germany have been active in several projects in the past involving among others prevention among drug users and other vulnerable groups. France has supported a project aiming at a better coordination between national HIV and Tb-programmes. Several partners have also supported activities by hosting exchange visits or expert group meetings.

A list of ongoing projects initiated, coordinated or evaluated by the expert group is attached as Attachment 1.

Barents HIV/AIDS Programme is working under the umbrella of NDPHS and has tight contacts with the HIV/AIDS Expert Group. The ITA is simultaneously the Programme coordinator of the Barents HIV/AIDS Programme. Steering Committee of the Programme meets twice a year to map the HIV situation and activities in prevention, surveillance and treatment in the region, as well as to review project proposals. All Norwegian applications concerning HIV projects in Northwest Russia are sent to the ITA for consulting before admitting financing.

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

### **Implementation of the Action Plan for 2007**

1. The group has had a working meeting in Berlin, Germany, in March 14-15 hosted by the Koch Institute. "Specific issues" included HIV epidemiology among ethnic minorities (as exemplified by Canada), changing risk behaviour among certain groups (the meeting minutes are available in the address [http://www.ndphs.org/?mtgs,hiv-aids\\_6\\_berlin](http://www.ndphs.org/?mtgs,hiv-aids_6_berlin)) The next meeting was held in October 9-10 in Porto, Portugal, and it had a specific focus on HIV prevention among migrant populations. As a result of the discussions a message was conveyed to the EU presidency meeting of national AIDS coordinators held in Lisboa in 12-14 October.<sup>1</sup>
2. Coordinating activities: The chairman and ITA have participated in development of project pipeline and database, assisting to the Secretariat of NDPHS. The chairman is a member of the Database Project Steering Group. The chairman also participated in a Baltic Sea Convention in Gotland in June 25-27 where a specific issue on HIV prevention and regional collaboration was in the programme. Furthermore the Chairman represented the EG in the HIV "Think-Tank" organised

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<sup>1</sup> HIV-AIDS EG Presentation at the EU Presidency Meeting of national AIDS coordinators (Lisboa, Portugal, 12-14 October 2007) is available at [http://www.ndphs.org/?download.1445.NDPHS\\_HIV-AIDS\\_EG\\_Presentation\\_at\\_EU\\_presidency\\_mtg\\_of\\_national\\_AIDS\\_coordinators\\_%28Lisboa\\_October\\_2007%29.pdf](http://www.ndphs.org/?download.1445.NDPHS_HIV-AIDS_EG_Presentation_at_EU_presidency_mtg_of_national_AIDS_coordinators_%28Lisboa_October_2007%29.pdf).

by DG Sanco of CEC. A seminar as part of the Barents programme was organised in Helsinki March 29-30 with a specific theme on HIV and human rights. The EG was represented by the Chairman and ITA. The chairman also participated in the meeting of the EG for Prison Health in June in Paris.

3. As depicted in the working plan, the representative from ESTHER has become an active partner into the EG. Discussions concerning the possible Tb specialist to become a member of the group have not resulted in a concrete result yet.
4. Revision of the General Working Programme is ongoing and a new version has been submitted to the members of EG for comments and revisions.
5. Development and support of projects.  
The **Barents HIV/AIDS Programme** has continued and has new subprojects added during the year. This Programme is basically for NW Russia but parts of it have been used to enhance cross-border collaboration between Russia and the Baltic countries. The concluding seminar of the Barents Programme was organised in 18-19 October in Murmansk with a strong input from the Group.

The group is looking for new project proposals during the year 2007. An Estonian-Russian project for **cross-border collaboration** is in the planning phase. Several other project proposals have either been developed and evaluated or planned during the previous meetings. The large project from the Danish Church Aid, approved by the EG, is still looking for financing. Several other initiatives have been discussed in previous meetings but have not been taken further due to the lack of money for the planning phase.

6. Evaluation of national AIDS policies. During the meetings the EG has reviewed and evaluated the current epidemiological situations in the partner countries and discussed about suggestions concerning national policies.

#### **4. Other actions taken by the Expert Group (not covered in item 3)**

##### **4.1 Examples of project-based activities**

1. Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions

##### **i) Project objectives are:**

To stop and better control the spread of HIV/AIDS in Finland's neighbouring regions; and to reduce the social and economic costs of HIV/AIDS that causes a burden on societies.

The purpose of the project (the immediate objective) is an implementation of comprehensive and well coordinated multisectoral and multilateral program for fighting the spread of HIV/AIDS, as part of the Northern Dimension Partnership and Barents Region cooperation.

Geographical area: Barents and Northern Dimension Partnership Regions

##### **ii) Project leader;**

STAKES, International Development Collaboration

##### **iii) Main project donor(s);**

Ministry for Foreign Affairs, Finland

##### **iv) Project time frame;**

February 2005 – December 2007

## **v) Overall conclusions and recommendations for the future.**

The project will be evaluated during the autumn of 2007. The project also covers coordination of Barents HIV/AIDS Programme and ITA activities of the HIV/AIDS EG of NDPHS. Both tasks need to be continued, and a proposal for continuation of financing has been submitted.

The Project includes a subproject called "Development of Low Threshold Support Services in Murmansk Region", which is described below.

## **2. Development of Low Threshold Support Services (LTSC) in Murmansk Region**

### **i) Project objectives and geographical area;**

To make services preventing the spread of HIV/AIDS available to high-risk groups in the Murmansk region while establishing an operational model that is easily transferable to the other regions of North-Western Russia and the Northern Dimension Partnership on Health and Social Well-being (NDPHS).

### **ii) Project leader;**

STAKES, International Development Collaboration

### **iii) Main project donor(s);**

Ministry for Foreign Affairs, Finland

### **iv) Project time frame;**

February 2005 – December 2007

## **v) Overall conclusions and recommendations for the future.**

The project has recently been evaluated and according to the evaluation, all important benchmarks have been met. The Murmansk authorities and employees of the LTSC at the Murmansk Regional AIDS Centre are motivated to continue the work. A new site is Kantalahti with a very serious epidemiological situation. The project has also collaborated with outreach projects supported by Norway and this collaboration is getting new partners (Provincial administration of Northern Finland and University of Lapland). It would be important to extend the project also to Leningrad Oblast and perhaps St. Petersburg. Further financing is pending.

## **3. Psychological and social support to HIV infected women in Leningrad Oblast**

### **i) Project objectives**

#### *Overall objectives:*

Reduction of stigma of HIV positive people, especially pregnant women and their children  
Social and psychological adaptation of HIV+ women and their families  
Reduction of mother-to-child transmission of HIV  
Reduction of abandonment of children

#### *Purpose:*

Capacity of specialists and service system to give psychological and social support to HIV+ women increased

### **ii) Project leader;**

STAKES, International Development Collaboration

### **iii) Main project donor(s);**

Ministry for Foreign Affairs, Finland

**iv) Project time frame;**  
2007–2009

**v) Overall conclusions and recommendations for the future:**

Project was started in April 2007. Expected results are:

1. Network between relevant local organizations formed
2. Needs of HIV positive women in social and psychological support assessed
3. Capacity of specialists in giving social and psychological support to HIV infected women increased
4. Working methods of psychological and social support created and tested in pilot districts
5. Capacity of service system increased

#### **4. Prevention of HIV infection in the Republic of Karelia**

**i) Project objectives and geographical area;**

The overall project objective is to stabilize the incidence of HIV/AIDS in the Republic of Karelia. The purpose of the project is to improve the professional capacity of specialists working in the Karelian health care and educational institutions in the field of HIV prevention work.

**ii) Project leader;**

STAKES, International Development Collaboration

**iii) Main project donor(s);**

Ministry for Foreign Affairs, Finland

**iv) Project time frame;**  
2007–2009

**v) Overall conclusions and recommendations for the future**

Project was started in April 2007. Expected results are:

1. Partnerships between project participants created and infrastructure updated
2. Professional level of healthcare and education specialists in HIV prevention developed
3. Knowledge level in working and studying youth 17-29 years old improved
4. Knowledge level among inmates improved

#### **5. Workshop of workers in LTC sites for IDUs**

**i) Project objectives and geographical area;**

To improve laboratory diagnostics and clinical management of HIV in Northwest Russia.

**ii) Project leader;**

National Public Health Institute, Finland

**iii) Main project donor(s);**

Ministry for Foreign Affairs, Finland

**iv) Project time frame;**  
2007

**v) Overall conclusions and recommendations for the future.**

The workshop was organised by the title "Counteracting the HIV epidemic: Prevention, diagnostics and clinical management of HIV and AIDS" in December 2007 in collaboration with HIV projects of STAKES, the ITA and the Chairman. Specialists from St. Petersburg, Leningrad Region, Republic of Karelia, Murmansk Region, Archangelsk Region and Republic of Komi

participated at the workshop. Themes for lively discussion were: how to improve prevention of mother-to-child transmission, should minorities like migrants and Roma people get special attention, what is the role of school in sex education and what are the priorities for prevention.

## **6. Development of Low Threshold Centre activities in the region**

### **i) Project objectives and geographical area;**

Development of low threshold services for injecting drug users, their partners and commercial sex workers

Work packages:

7. Development of surveillance methods
8. Development of clinical management
9. Advocacy
10. Networking
11. Training

Geographical area: Latvia, Lithuania, Estonia, Bulgaria, Finland

### **ii) Project leader;**

Public Health Agency, Latvia (Ferdats) (National Public Health Institute, Finland, as a partner)

### **iii) Main project donor(s);**

EC SANCO, participating countries

### **iv) Project time frame;**

July 2006 - July 2009

## **7. Scaling up treatment and care for HIV/AIDS and TB and accelerating prevention within the health system in the Baltic States**

### **i) Project objectives and geographical area;**

Goal: To reduce HIV and TB transmission, vulnerability from and impact of HIV/AIDS and TB in the three Baltic States (Estonia, Latvia, and Lithuania).

Objectives:

1. To strengthen the national HIV/AIDS interventions, specifically to look into developing collaboration with the TB national programme, aiming at achieving universal access to antiretroviral treatment.
2. To strengthen the national TB interventions; specifically to look into developing collaboration with the HIV/AIDS national programme, aiming at improving treatment outcomes for TB and MDR-TB.
3. To enable the health policies and systems of the countries to adapt to the challenges of controlling HIV/AIDS and TB in a sustainable manner.

### **ii) Main project donor(s);**

WHO, France

***In addition to these projects, there are 14 projects going on under the umbrella of the EG, 15 project proposals have been reviewed by the Group, and five projects have been completed. See the project list in Attachment 1.***

## **5. Strengths and opportunities**

The strength of the EG is the involvement of high level experts representing the partners. Their position allows open discussion about key issues of prevention policies and the process enhances regional collaboration and harmonisation far beyond the practical projects that have

been implemented. It also provides an important forum for mutual information concerning trends and phenomena not yet published elsewhere.

## **6. Obstacles and weaknesses**

The main weakness in the work of the EG is the lack of financing mechanism that would allow rapid planning and implementation. Often the impetus is lost if the financing can only be expected after 12-18 months after the planning phase. The expert group activities could be very valuable in getting experience and information about approaches that are innovative and “unusual” but may have very good impact. Mechanisms that make this possible have been developed and implemented elsewhere, for instance in tb-prevention.

## **7. Conclusions and recommendations**

The work will continue according to the outlines previously adopted. The potential benefits from the database and project pipeline should be fully exploited when the project has been completed. It will help to streamline project planning according to the priorities of the Group.

The Expert Group frequently meets with problems and conditions where rapid design and implementation of proper actions is important. Lack of finances to support this is a serious obstacle for the NDPHS.

Members of the Expert Group are distinguished experts in the field and have a good command of HIV related issues in their countries. It is important that their role is fully acknowledged by the partners including necessary resources.

### **Attachment 1: List of Projects of the Expert Group on HIV/AIDS**

**List of Projects of the Expert Group on HIV/AIDS  
of Northern Dimension Partnership in Public Health and Social Well-being**

List of projects being implemented (update 7.12.2007)

1. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions in 2005–2007" Coordination of the Barents HIV/AIDS Programme and support to EG on HIV/AIDS for the ND partnership. Coordination: STAKES, Finland. Approximate budget - 715 000 EURO (3 years). Financier: Finnish Government.
2. "Development of Low Threshold Support Centre in Murmansk region". Pilot project of the above mentioned programme. Coordination: STAKES (Finland) and Murmansk Regional AIDS Centre. Approximate budget 300 000 EURO (3 years). Financier: Finland
3. "Workshop of workers in LTC sites for IDUs". Coordination: National Public Health Institute, Finland. Approximate budget- 20 000 EURO. Financier: Finland
4. "Empowerment of Self-help groups in St. Petersburg. Creation of a forum for self-help organizations for HIV+ in St. Petersburg" (No B527). Coordination: HivNorge, Norway. Approximate budget NOK 733 000. Financier: Norway
5. "Territory of Life. Mobile unit work for prevention of HIV in Murmansk Region" (B521) Coordination: Norwegian Institute of Public Health, Norway. Approximate budget – 270 000 NOK. Financier: Norway
6. "Youth peer education in St. Petersburg on HIV/STI and life style". Continuation of project B524. Coordination: Pertinax Group, Norway. Approximate budget: 47 000 NOK. Financier: Norway
7. "Cross action between STI Clinic in Archangelsk and Olafia Clinic in Oslo" (B504). Coordination: The Olafia Clinic, Norway. Approximate budget: 190 000 NOK. Financier: Norway. Continuation applied.
8. Development of Low-Threshold-Center activities in the region. Coordination: Latvia. Approximate budget 1.3 ME. Financiers: EU, National governments
9. "HIV/STI and Drug preventive efforts in Murmansk, Archangelsk and Karelia". Coordination: Sweden - Noaks Ark Barents. Approximate budget – SEK 980 000
10. "Only for you". The ConTact Bus- Murmansk Region (B606). Coordination: Norway. Approximate Budget 34 700 USD
11. "Hospital and home-based palliative care to people living with HIV/AIDS in St. Petersburg" (B608). (Earlier phase included also Kaliningrad.) Coordination: Norwegian Church Aid. Approximate budget NOK 935 000
12. Youth education Program - HIV/AIDS and Drug Abuse - Murmansk region". Coordination: Norway. Approximate budget - NOK 549 779
13. "The ConTact Bus – Arkhangelsk Region". Coordination: Norway. Approximate Budget: 280 000 NOK
14. The Clinton HIV/AIDS initiative and Russia. Exchange of Russian and Norwegian clinicians". Coordination: Norway. Approximate budget - NOK 460 000
15. "Scaling up treatment and care for HIV/AIDS and TB and accelerating prevention within the health system in the Baltic States" - WHO/EURO. Approximate budget: 15 000 EURO
16. "The Bus" for Republican AIDS Centre, Petrozavodsk. Approximate budget 250 000 NOK. Financier: Norway (Humanitarian Fund of Crown Prince Haakon and Crown Princess Mette-Marit)
17. "Prevention of HIV infection in the Republic of Karelia in 2007–2009". Coordination: Finland. Approximate budget 300 000 EURO (3 years). Financier: Finland

18. "Psychological and social support to HIV infected women in Leningrad Oblast 2007–2009". Coordination: Finland. Approximate budget 300 000 EURO (3 years). Financier: Finland
19. Education program for pedagogical personal and health specialists in the field of "Healthy lifestyle" and prevention of HIV/AIDS and drug addiction (B705). Coordination: Norwegian Church Aid. Approximate budget 257 000 NOK. Financier: Norway.
20. HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania. Coordination: UNODC. Approximate budget 5,000,000 USD. Financier: UNODC
21. Youth peer education in Murmansk related to HIV, STI and communication skills (B710). Coordination: Pertinax Group, Norway. Approximate budget 90 000 NOK. Financier: Norway.

List of projects under consideration (update 7.12. 2007)

22. "Preventing HIV by increasing diagnostic impact in NW Russia, HIV serology, HIV RNA viral load and CD4/CD8. Archangelsk" Coordination: Norway. Project proposal
23. "Prevention of HIV infection among young people through advocacy, support, development of policies and actions in Murmansk region". Coordination: Norway. Project proposal.
24. DanChurchAid "Prevention and Management of HIV/AIDS and Opportunistic Infections in North-West Russia". Project proposal. Partially financed. Financiers: Danish sources, applied from Norway (for the component of capacity building) and Finland (for the component of prevention activities).
25. HBV vaccination of prison personnel in the Leningrad oblast. Coordination: Russia, approximate budget 30 000 Euros, Financiers: open
26. Rehabilitation of injecting drug users in East- and West-Viru Counties. Coordination: Estonia. Project proposal
27. Tool Kit for HIV case management and secondary prevention. Coordination: Lithuania. Project proposal
28. Strengthening and integrating intersectoral HIV prevention efforts in Central Europe. Coordination: Poland. Project proposal
29. "Empowerment of self help groups in St. Petersburg working for the interests of HIV+ people and being run by HIV+ people themselves". Continuation of the ongoing project applied from Norway. Follow-up of project 4.
30. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II." Coordination: Finland. Project proposal for 2008–2010.
31. "Strengthening of intersectoral action to fight drug abuse and drug related harm in Murmansk Region 2008–2010". Coordination: Finland. Project proposal.
32. "Vera". Development of international network of interaction between organisations dealing with women and adolescents, involved in commercial sex business and trafficking victims. Coordination: NGO Stellit, Russia (Pro Sentret, Norway). Applied from Norway.
33. "HIV: to be aware means to live". Coordination: Norwegian Church Aid, partner: Rassvet, Archangelsk Region. Applied from Norway.
34. Educational project "New view". Coordination: Norwegian Church Aid, partner: New Beginning, Murmansk Region. Applied from Norway.
35. Palliative care to people living with HIV/AIDS in prisons in St. Petersburg. Coordination: Norwegian Church Aid, partner: Association Christian Inter-church Diaconal Council, St. Petersburg. Applied from Norway.
36. Youth peer education in Archangelsk related to HIV, STI and communication skills. Coordination: Pertinax Group, Norway, three partners in Archangelsk Region. Applied from Norway.

List of completed projects

37. "AIDS Alarm in North-West Russia". Coordination: Norway. Approximate budget NOK 151 000. Financer: Norway
38. "Sexual and reproductive Health of Adolescents in Northwestern Russia" Coordination: Sweden, RFSU. Approximate budget - SEK 16 091 000 (1997–2007)
39. "Development of network interaction between organizations of NW Russia, Finland and Norway, dealing with CSW". Coordination: Norway. Approximate budget: 45 000 NOK. Financer: Norway.
40. "Decreasing stigmatization of HIV-positive prisoners-Arkhangelsk region" Coordination: Norway. Approximate Budget 317 000 NOK
41. "Activate patients at Murmansk Municipal HIV/AIDS Centre". Coordination: Norway. Approximate budget NOK 16 000. Financier: Norway

## PHC Expert Group Progress report for 2007

### 1 Expert group leadership and coordination

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### **1.3 Financial resources for leadership**

Funding for the chairperson (travel costs) has been covered by the Ministry of Health and Social Affairs, Sweden. Funding for ITA:s and TMs has been provided by the East Europe Committee of the Swedish Health Care Community. Funding covering other purposes has been provided by the SEEC, the Baltic Sea Unit of the Swedish International Development Cooperation Agency (Sida) and the Ministry of Health and Social Affairs.

## **2 Partner participation in Expert Group activities**

### **2.1 Participation of Partners in meetings of the Expert Group**

The expert group has had two meetings, in Krakow and in Stockholm.

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Participating experts were from Finland, St Petersburg, Germany and the NDHPS Secretariat.

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

So far no project based activities have been implemented.

### **3 Actions taken to implement the Expert Group's annual Work plan**

At its meeting in Krakow in February 2007 the Expert Group elaborated a new workplan. The plan covers four working areas:

Working Area 1: Framework for the PHC EG functions

Working Area 2: Production of thematic reports and situations analyses

Working Area 3: Support to planning, implementation and monitoring projects

Working Area 4: PHC contribution to database and project pipe-line activities as cross-cutting principles.

The work plan, further developed at the Stockholm meeting, is a strategy aiming at contributing to:

Improved public health for all groups of the whole population through

- Developing equitably accessible, high quality and cost effective primary health care in all ND countries including
  - o Promotion of healthy lifestyles by functioning health promotion mechanisms
  - o Enhancement of collaboration with social and other relevant sectors and local communities
  - o Strengthening holistic approach when working with patients, families and local community by primary health care teams
  - o Control of communicable diseases
  - o Prevention of non-communicable diseases
  - o Evidence-based diagnostics and treatment of and rehabilitation after diseases and injuries

In order to reach this objective the Expert Group decided to give priority to the production of thematic reports including situation analysis for dissemination and policy analysis and reports in the following fields:

1. Collecting and aggregating information from PHC
2. Role of PHC in health promotion and disease prevention
3. Implications of demographic changes for PHC
4. Information sharing about remuneration systems and their implications

For every item a reference group has been set up of members of the group or other experts. Work has started on a combined report concerning items 1 and 4 as well as a report on item 2. These are to be prepared by the end of January 2008. The report on item 3 is planned for the spring of 2008.

### **4 Strengths and opportunities**

With a reliable budget covering this year and 2008, qualified ITA and task managers and with support from The Ministry of Health and Social Affairs of Sweden as well as active members in the reference groups, the expert group feels confident that the planned activities now will be implemented.

### **5 Obstacles and weaknesses**

In order to be as effective as possible the group would benefit from participation from all partners. It is also important that all appointed members of the group have full support from their governments and organisations.

## **6. Conclusions and recommendations**

When initiating an expert group like this, finding financing bodies is the most important initial activity. In this group very few actions could be taken until support from SEEC (The East Europe Committee of the Swedish Health Care Community) was established. With a confirmed budget, actions will start including the search for sustainable economic support from different sources.

The Expert group recommends that partners encourage their financing agencies to use the NDPHS project pipeline as a tool to offer financial support for expert groups' project based activities.

Partners who do not take part in the work of the expert group should be encouraged to participate.

## PH Expert Group Progress report for 2007

### Background

The Progress report for the PH EG 2007 covers the period from mid-February to the end of August 2007.

The decision to establish an Expert Group on Prison Health was taken by the CSR already in 2004 with the following objective:

“...the main role is to act as the focal point for national inputs from the Partner countries and Organisations. In this capacity, the EG on Prison Health has the overall objective to work towards the improvement of prison systems and prison reforms, and to promote networking and partnership building among relevant stakeholders.”

The Mandate was agreed upon and decided by the CSR in 2005 and the Terms of Reference were adopted in March 2007. The Expert Group's Work Plan for 2007-2008 was adopted in the PH EG's 3<sup>rd</sup> meeting in June 2007 and will be presented to the CSR in October 2007 together with the Progress report.

Worldwide, more than 9 million persons are held in penal institutions. The prison population varies however considerably between different regions of the world, and between different parts of the same continent. The majority of prisoners are, not surprisingly, detained in the three countries with the largest population, i.e. USA, China and the Russian Federation. In Europe close to 2 million prisoners are detained in various penal establishments (pre-trial institutions, correctional facilities, colonies, prisons, juvenile detention centres etc.) The highest number are to be found in the Russian Federation, which per 1.6.2007 had 889 650 detainees, of which 7 % were women and 2,5 % children and young persons.

A considerable numbers of penal institutions are located within the NDPHS area:

Denmark	87	Lithuania	15
Estonia	7	Norway	47
Finland	38	Poland	213
France	185	The Russian Fed.	1051*
Latvia	15	Sweden	86

We have regrettably no statistics which shows the number of institutions located in North West Russia).

The rate per 100 000 of the national population varies from 628 in the Russian Federation, to 237 in Poland, 85 in France, and between 66-82 in the Scandinavian countries. Surprisingly high is the number of prisoners per 100 000 of the national population in Estonia (268), Latvia (292) and Lithuania (235).

Several of the penal establishments are overcrowded, especially in the central eastern European countries, with unhealthy living conditions, which unfortunately also constitute breeding grounds for diseases.

The obvious purpose of a prison sentence is to punish the offender and to prevent him from re-offending. For detainees who spend shorter or longer time, even life-time, inside an institution, a well-functioning medical service is of utmost importance in order to ensure prevention and treatment of many complicated health problems and to offer possibilities for rehabilitation and reintegration into society.

The majority of penitentiary establishments have some semblance of a system of health care in place. The quantity and quality of the service varies however considerably, and a number of problems remain unsolved. From our experience, it is people from the poorest and most marginalized section of the population who make up the bulk of those serving prison sentences. That means that it consists of persons with poor somatic health, persons infected with different kind of transmissible diseases, chronic untreated conditions, vulnerable persons with psychological/psychiatric problems, and those who engage in risky activities such as injection drugs and commercial sex work. The biggest challenge for the medical service is to treat and prevent the spread of communicable diseases such as TB, HIV/Aids, hepatitis, and other sexually transmissible diseases, as well as to care for prisoners with mental disorders and those who are using drugs.

## **1. Group leadership and co-ordination**

### **1.1 Lead Partner and Co-Lead Partner**

Norway is the Lead Partner of the PH EG. So far, no vice chair or co-lead partner has been elected.

*Chairperson:* Specialist in psychiatry Ingrid Lycke Ellingsen

### **1.2 International Technical Advisor**

The Lead Partner has announced the position as an International Technical Advisor for the group, interviews took place in December, and a contract will be signed with the selected candidate early 2008.

### **1.3 Financial resources**

The Lead Partner has ample funding in place for the leadership and for employment of an ITA.

## **2. Partner participation in Expert Group activities**

### **2.1 Participation of Partners in meetings of the Expert Group**

Upon the re-vitalisation of the group, a letter was sent to all partners requesting nomination of members to the group in the summer of 2006. Seven partners responded. Participation at the three meetings of the group has been as follows:

February: Estonia, Finland, France, Latvia, Lithuania, Norway, Sweden, Russia, WHO  
June: Estonia, Finland, Latvia, Lithuania, Norway, Sweden, WHO, EC  
October: Finland, Latvia, Lithuania, Norway, Poland, Sweden, WHO

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

Members of the PH EG has contributed in developing the structure of the Project Pipeline with the focus to make it easy operational, especially to present new projects to the Pipeline, and make them attractive to possible stakeholders. Members have also tested out the Pipeline. For further information – see point 4.

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

Following the responsibilities of the PH EG's Work Plan, the following activities have taken place during 2007:

1. *Meetings*: The PH EG has met three times in 2007: 13-14 February (in Oslo), 18-19 June (in Paris), and 24-25 October (in Copenhagen).

Three members of the PH EG have formed a working group, which due to the lack of an ITA, has met between the formal meetings. The working group has discussed the functioning of the EG, drafted the annual Work Plan, prepared meeting programs and follow up of already taken decisions.

2. The PH EG has established *connections and co-operation with other Partnership Expert Groups*. The chair has taken part in one meeting for chairs and ITAs in February (in Vilnius) and two meetings of the CSR (in Warsaw and Kaliningrad) where representatives for all Expert Groups were present, and at the PAC.

The chair of the PH EG has visited Professor Pauli Leinikki, chair of the HIV/Aids Group in Finland in April and discussed things of mutual interest.

Professor Pauli Leinikki was invited to PH EG's meeting in June in order to discuss cooperation and provide information about the situation concerning communicable diseases in the NDPHS region.

The chair of PHC EG, Doctor Carl-Eric Thors, has been invited to take part in the next meeting of the PH EG in October.

The chair has had a meeting in August with Doctor Lars Möller, Manager Health in Prisons Project and Illicit Drugs in the WHO's Regional Office for Europe, in order to discuss plans for closer cooperation. Publishing in Russian of the WHO Health in Prison Guidelines is in process, with financial support from Norway. There are plans to co-organise an event in Russia for the launch of the publication. Furthermore, there are plans to develop a new publication on women's health in prisons.

3. Ms Natacha Grenier, The European Commission, Directorate General – Health and consumer protection, was invited to PH EG meeting in June and informed about the project Drugs in prison.

4. The members of the Group have *established and maintained relations within their respective countries as well as with international and national organisations*. It can for instance be mentioned that the chair has had meetings with the Ministry of Justice in Norway in order to discuss possibilities for project planning in North West Russia, with the Ministry of Health and Care Services, and with the Directorate of Health and Social Affairs, as well as a meeting with some doctors in the Council of Europe, and several meetings with non-governmental organisations to discuss the situation of transmissible diseases in prisons and other prison-related issues, especially in the Arkhangels/Murmansk region. In addition it has been contact with the Harstad University College in order to be informed about mental health in one of the prisons in Arkhangelsk and the situation for children with disabilities in the same region.

5. Several of the members have communicated "*collective knowledge*" while taken part and/or lectured about the prison health care in different national and international forum and conferences.

6. *Projects*: Members of the Group have worked actively to get an oversight of past and present projects in the NDPHS region (which has turned out to be very difficult). A great deal of the projects has been published on the NDPHS Database.

The Expert Group has examined a project from an NGO in Russia with the aim to publish it on the Pipeline.

7. Work Plan: The members of the EG have developed the Work Plan, covering 2007-2008. The Plan was adopted in the 3<sup>rd</sup> PH EG meeting in June 2007.

#### **4. Other actions taken by the Expert Group**

##### **Project-based activities**

PH EG has not completed any own projects and is currently not running any. The individual members of the Expert Group are however active in research or other project-based activities.

##### **4.2 Non-project based activities**

The PH EG has visited three prisons in the NDPHS region: Bredtvedt prison for women in Oslo, Versailles prison for women outside Paris and Herstedvester prison outside Copenhagen. The Group had useful discussions with the leadership and the staff and an interesting exchange of views concerning the medical service.

The PH EG has provided the Partnership website/database with some information.

#### **5. Strengths and opportunities**

The strengths of the PH EG: It consists of a group of highly competent persons with varying background. The members have very good knowledge in the special field of prison medical service and some of them have experience from working in penal establishments.

The EG has the advantage of enjoying close co-operation with the Lead Partner, other Expert Groups and the Secretariat. When the EG has received representatives from **all** member countries of the NDPHS and has employed an ITA, we are of the opinion that it will function effectively and fulfil the expectations of the NDPHS.

#### **6. Obstacles and weaknesses**

A clear obstacle is that not **all** countries in the Northern Dimension are represented in the PH EG. This weakness need to be solved as soon as possible. As long as Denmark, Germany, Iceland, Poland and the Russian Federation have not nominated/appointed their representatives, who actively can participate in promoting activities, the work of the Expert Group will be hampered.

Another obstacle for the work is the lack of an ITA, a situation to be improved by the hiring of an ITA in the beginning of 2008.

The lack of an actively working Vice-chair has also a big impact on the functioning of the Expert Group.

#### **7. Conclusions and recommendations**

The PH EG has learnt that the Expert Group's functioning is dependent of having all countries of the NDPHS represented. A clear obstacle is especially that one of the most important countries, the Russian Federation, has not nominated any representative to the PH EG. This has a big negative impact on the EG's work in the future.

The EG has also learnt that lack of an ITA and a Vice-chair makes the functioning of the chair less effective and very time consuming.

We strongly recommend that the three mentioned obstacles be solved as soon as possible.

## SIHLWA Expert Group Progress report for 2007

### 1. SIHLWA leadership and coordination

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

<p>SIHLWA's "Lead Partner":          Ministry of Social Affairs &amp; Health          P.O. Box 33 , FI-00023 Government,          FINLAND          Focal point 1 Jan – 31 July 2007:          M Seija Saana, Ministerial Adviser          E-mail: <a href="mailto:seija.saana@stm.fi">seija.saana@stm.fi</a>          Focal point 1 Aug. – 31 Dec. 2007:          Olli Kuukasjärvi, Ministerial Adviser          E-mail: <a href="mailto:olli.kuukasjarvi@stm.fi">olli.kuukasjarvi@stm.fi</a>          Phone: +358 9 160 73168          Fax: +358 9 160 73296</p>	<p>SIHLWA's "Co-Lead Partner":          Ministry of Health/ Lithuania          Focal point:          Ms Virginija Ambrazevičiene          Chief Officer of Foreign Affairs Division          Ministry of Health          Vilnius 33, LT-01506 Vilnius, LITHUANIA          Phone: +370 526 047 19, Fax: +370 526 614 02          E-mail: <a href="mailto:virginija.ambrazeviciene@sam.lt">virginija.ambrazeviciene@sam.lt</a></p>
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#### 1.2 SIHLWA technical management support

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

Dr Mikko Vienonen  
 Consultant in International Public Health, M.D., Ph.D.  
 e-mail: [m.vienonen@kolumbus.fi](mailto:m.vienonen@kolumbus.fi)  
 GSM: +358-50-442 1877  
 Address: Sysimiehenkuja 1, 00670 Helsinki, Finland  
 SIHLWA has so far never had an International Technical Adviser (ITA)

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

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

Each sub-group have their own functionaries

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

<b>Chairperson (acting)</b> Mr. Kari Paaso Senior Expert <a href="mailto:kari.paaso@stm.fi">kari.paaso@stm.fi</a> Ministry of Social Affairs & Health/Finland P.O. Box 33 , FI-00023 Government, FINLAND GSM: +358-50-565 837	<b>Co-chairperson</b> Dr. Evgeny Krupitsky Chief, Department of Addictions <a href="mailto:kru@ek3506.spb.edu">kru@ek3506.spb.edu</a> Research Laboratory, Leningrad Regional Center of Addictions Novo-Deviatkino 19/1 Leningrad Region 188661, RUSSIA Tel/Fax: +7-812-296 9905
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### **2) Subgroup on adolescent health and socially-rewarding lifestyles**

<b>Chairperson<sup>2</sup></b> Dr Mikko Vienonen <a href="mailto:m.vienonen@kolumbus.fi">m.vienonen@kolumbus.fi</a> Sysimiehenkuja 1, 00670 Helsinki, FINLAND GSM +358-50-442 1877	<b>Co-chairperson</b> Ms. Daiva Zeromskiene Head of Children Environment Health Division State Environment Centre Kalvariju str. 153, LT-08221 Vilnius, LITHUANIA e-mail: <a href="mailto:daiva.zeromskiene@takas.lt">daiva.zeromskiene@takas.lt</a> Phone: + 370 5 236 0493 Fax: + 370 5 273 7397
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### **3) Subgroup on occupational safety and health<sup>3</sup>**

<b>Chairperson</b> Mr. Wiking Husberg Senior OSH Specialist e-mail: <a href="mailto:husberg@ilo.org">husberg@ilo.org</a> ILO, Subregional Office for Eastern Europe and Central Asia, RUSSIA Petrovka 15, 107031 Moscow, Russian Federation Tel. work: +7-495-933 0827 Fax.: +7-495-933 0827	<b>Co-chairperson</b> Dr. Remigijus Jankauskas, Director of Occupational Medicine Center e-mail: <a href="mailto:jank@dmc.lt">jank@dmc.lt</a> Institute of Hygiene under the Ministry of Health Didzioji 22, 01128 Vilnius, LITHUANIA Phone: + 370 5 212 19 69 Fax: +370 5 212 18 10
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## **1.3 Financial resources for leadership**

Funding for SIHLWA half time coordinating chair (consultative basis) is provided by the MoSA&H/ Finland. Additionally, travel of SIHLWA functionaries to necessary administrative meetings (e.g CSR, Chairs and ITAs meetings, etc.) are covered by the Lead Partner. Also participants to SIHLWA expert group meetings are to some extent covered by the MoSA&H/ Finland budget allocation to SIHLWA, such as Finnish national experts' participation, and expenses of certain key-note speakers and some Russian participants.

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

<sup>1</sup> For alcohol sub-group the Chair in principle was expected to be identified from WHO-EURO cosponsoring the subgroup. Temporarily since January 2007 the group was chaired by Mr Kari Paaso (former technical adviser on alcohol for WHO-EURO). In 2007 EURO was not able to select a successor for Mr Paaso. In the future the chairmanship is expected to return to WHO and Mr Paaso would continue as partner country nominee in the group.

<sup>2</sup> N.B. Mikko Vienonen had a double role in SIHLWA: In addition to acting as Coordinating Chair for the whole SIHLWA EG, he also was selected as Chair of the ADO sub-group.

<sup>3</sup> For OSH sub-group the Chair in principle identified from ILO cosponsoring the sub-group.

## 2. Partner participation in Expert Group activities

In 2007 the 4<sup>th</sup> SIHLWA Expert Group met in Helsinki 29-30 May in Helsinki. All three sub-groups were present and altogether 37 persons attended. The report of the 4<sup>th</sup> SIHLWA meeting (as well as reports of all previous meetings) is available on [www.ndphs.org/meetings/SIHLWA](http://www.ndphs.org/meetings/SIHLWA).

The 5<sup>th</sup> SIHLWA meeting was planned to take place in December 2007, but the group decided to postpone it until February 2008 in Oslo. The reason for shifting the time was due to two big meetings which were organized at the end of 2007 with strong SIHLWA involvement, namely the pre-PAC meeting in Vilnius on 15 November on "Healthy Life – Healthy Work Partnership for health and safety" and the Nordic Council of Ministers' Chairmanship Conference in St. Petersburg 11-12 December on Promotion of Healthy Lifestyles, Work Ability and Social Inclusion. It also helps us to place the upcoming SIHLWA meetings in 2008 in a slightly more peaceful timing.

### 2.1 Participation of Partners in SIHLWA meetings

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

In the attached table one can see the present situation after four SIHLWA meetings, aiming to illustrate how different partner countries and organizations having sent their representatives to previous SIHLWA meetings (1<sup>st</sup> Stockholm, 2<sup>nd</sup> Helsinki, 3<sup>rd</sup> Vilnius, 4<sup>th</sup> Helsinki)

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

<b>Countries &amp; Organizations*</b>	<b>1<sup>st</sup> Stockholm</b>	<b>2<sup>nd</sup> Helsinki.</b>	<b>3<sup>rd</sup> Vilnius</b>	<b>4<sup>th</sup> Helsinki</b>
CANADA	a,b	-	-	a
DENMARK	-	-	-	-
ESTONIA	a	a	a,b	a,
FINLAND	a,b,c	a,b,c	a,b,c	a,b,c
FRANCE	-	-	-	-
GERMANY	-	-	-	-
ICELAND	-	-	-	-
LATVIA	a	b	a,b	a,b
LITHUANIA	-	a,b,c	a,b,c	a,b,c
NORWAY	a	a	a	a
POLAND	b	-	b,c	c
RUSSIAN FED.	a	a,b,c	b	a,b
SWEDEN	a,c	a,b	a,b	a
BEAC	-	-	-	-
EUC	b	-	-	-
CBSS	-	-	b	b
ILO/Russia	c	c	c	c
IOM	-	-	-	-
NCM	-	b	b	a,b
NHV(Nordic School of PH)		b	-	b
WHO/EURO	a,b	a	a	c

Each partner was invited to send at least one participant to every sub-group. Therefore, ideally the table should after the 5<sup>th</sup> SIHLWA meeting look like:

Countries & Organizations*	5 <sup>th</sup> SIHLWA mtg Oslo Feb 2008	6 <sup>th</sup> SIHLWA mtg Place?	7 <sup>th</sup> SIHLWA mtg Place?
COUNTRY A	a,b,c	a,b,c	a,b,c
COUNTRY B	a,b,c	a,b,c	a,b,c
COUNTRY C	a,b,c	a,b,c	a,b,c
ETC.	a,b,c	a,b,c	a,b,c

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

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

- **In implementation:**
  - ILO, Russian Federation and Finland: Occupational safety and health project in N-W Russian Federation (Leningrad Oblast & Republic of Karelia). 1<sup>st</sup> phase 2005 – 2007 and 2<sup>nd</sup> phase in 2007 – 2008.
  - SIHLWA-OSH subgroup: Thematic report on OSH for NDPHS Data-Base project and PAC – conference in November 2007.
- **Project started in autumn 2007:** NCM, Russian Federation (St. Petersburg), Finland and Sweden: Alcohol and drug prevention among youth 2007- 2008;
- **In planning:**
  - SIHLWA Stakeholder Analysis 2008
  - Potential Years of Life Lost (“PYLL”) assessment in selected N-W Russian regions (Karelia, Vologda?)
  - Hazardous & harmful use of alcohol: **Early Identification and Brief Intervention “EIBI”**. Possible regions/countries for implementation: St. Petersburg City (will be agreed upon with the St. Petersburg City Health Committee). Other potential candidates: Leningrad Obl., Republic of Karelia, Murmansk, Cherepovets city /Vologda Obl., Arkhangelsk, Republic of Komi, Nenets Autonomic Area. Potential funders (tentative): Finland, Norway, EC, others?
  - “PYLL” – analysis for the Republic of Karelia and/or Vologda/ Cherepovets city
  - “Life at Stake” (“Elämä Pelissä”) TV programme on healthy lifestyles’ impact on individual people

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

- **January:** Coordinating Chair mission to St. Petersburg to discuss the launching of project on alcohol and drug prevention among youth together with SPb Public Health Committee and local NGOs.
- **January:** Coordinating Chair mission to Vologda Oblast (Cherepovets) in North-West Russia to participate in a regional healthy lifestyles conference representing NDPHS/SIHLWA and conducting a workshop for health and social sector administrators on Hazardous & harmful use of alcohol: **Early Identification and Brief Intervention**.
- **March:** SIHLWA cosponsored and provided technical support to the implementation of CBSS International Conference “Reducing Alcohol Problems in the Baltic Sea Region: Effective Approaches to Tackle Alcohol Related Problems in Local Communities”, Riga, Latvia, 12 – 13 March 2007. Considerable support was also provided to the conference by SIHLWA members from Sweden (Sven Andréasson and Pi Högberg) and from Finland (Kari Paaso). Report of the conference including PP-presentations is available on [www.ndphs.org](http://www.ndphs.org) ->SIHLWA.

- **February:** Finalization of the report of 3<sup>rd</sup> SIHLWA EG meeting in Vilnius 30 Nov.-1 Dec. 2006. Report of the meeting including PP-presentations is available on [www.ndphs.org](http://www.ndphs.org) ->SIHLWA.
- **February:** Coordinating Chair and SIHLWA sub-group Chairs participation in the 4<sup>th</sup> Chairs' & ITAs' meeting in Vilnius.
- **February-May:** Start of preparation for the NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December 2007 in St. Petersburg. The role of SIHLWA is advisory and technically supporting.
- **March:** Fifth European Network Meeting on Occupational Health held on 14–16 March 2007 in Buxton, the UK.
- **April:** SIHLWA Coordinating chair attended in Vologda/ N-W Russia a federal conference 4-5 April on NCD prevention strategies and briefed about the activities of SIHLWA. The methodology on measuring the impact of NCD prevention by the "potential years of life lost" (PYLL) methodology.
- **April:** In connection with the mission to Vologda, in the capacity of SIHLWA ADO sub-group chair, Mikko Vienonen conducted extensive discussions on the start-up of project on NCM funded "Alcohol & Drug Prevention among youth in SPb" 2-3 and 6 April.
- **April:** Preparation for the EUPHA (European Public Health Association) Annual Conference in October in Helsinki in October 2007, where SIHLWA together with HIV/AIDS EG plan to organize a workshop on NDPHS and issues relevant to their area of work;
- **April – May:** SIHLWA OSH-subgroup provided on request preliminary ideas for the organizers of upcoming PAC in November 2007. Occupational safety and health will be one of the main themes was decided by the CSR.
- **May:** 4<sup>th</sup> SIHLWA EG meeting in Helsinki 29-30 May.
- **August 6<sup>th</sup> -7<sup>th</sup>:** Coordinating Chair mission to Pitkaryanta (Republic of Karelia/ RF) to participate in CINDI-seminar on non-communicable disease intervention annual consultations together with Public Health Institute/ Finland and North-Karelia program team. Links with upcoming SIHLWA projects were explored. Minister of Health and social Development of KR Dr V. Boinich and Head of Dept. Dr V. Ulich were met and upcoming plans and priorities were discussed.
- **August 29<sup>th</sup> -30<sup>th</sup>:** Coordinating Chair mission to Petrozavodsk (Republic of Karelia/ RF) to participate in 3<sup>rd</sup> Neighborhood-seminar on child protection and work with families. Links and potential partners with upcoming SIHLWA projects were explored. Deputy Minister of Health and Social Development of KR Dr E. Hidisjan was met and upcoming plans and priorities were discussed.
- **September:** Finalization of the report of 4<sup>th</sup> SIHLWA EG meeting in Vilnius 30 Nov.-1 Dec. 2006. Report of the meeting including PP-presentations is available on [www.ndphs.org](http://www.ndphs.org) ->SIHLWA.
- **September 13-14** Coordinating Chair attended the 5<sup>th</sup> Chairs' and ITAs' meeting in Vilnius, Lithuania.
- **September 19-21** Coordinating Chair mission to St Petersburg together with Minister Paula Risikko/ Finland and Director General/NPHI-Finland Pekka Puska to participate in Nordic Food Week activities (healthy nutrition issues) under auspices of NCM Information Office in SPb. Also work of the A&DPrevY in SPb project start up was facilitated and 2008 upcoming project discussed with relevant authorities and NGOs in SPb.
- **October 12<sup>th</sup>:** European Public Health Association (EUPHA) Annual Conference (about 1000 participants), where SIHLWA together with HIV/AIDS EG and NDPHS/Secretariat/Data-base project organized a seminar on NDPHS action.
- **October 15<sup>th</sup>-16<sup>th</sup>:** Coordinating Chair participation in the 12<sup>th</sup> CSR meeting and in the NDPHS data-base project steering group meeting in Kaliningrad/RF.
- **October 30<sup>th</sup>-31<sup>st</sup>:** BSN-OSH meeting participation of SIHLWA-OSH sub-group representatives to discuss further collaboration and synergism in Bonn/ Germany.

- **October 30<sup>th</sup> -31<sup>st</sup>** in Moscow: participation of SIHLWA coordinating chair as facilitator at WB and WHO-EURO conference on meeting the challenge of noncommunicable diseases and injuries in the CIS (Commonwealth of Independent States)
- **November 1<sup>st</sup> – 2<sup>nd</sup>** in Moscow: participation of SIHLWA coordinating chair as facilitator at WHO-EURO second international consultation on preparation of a strategy for the prevention and control of noncommunicable disease in Russian Federation.
- **August – November:** Preparation for the PAC pre-meeting 15 November on “Healthy Life – Healthy Work: Partnership for health & safety” prepared primarily with SIHLWA OSH sub-group supported with ADO and ALC sub-groups and NDPHS secretariat.
- **June - November:** Preparation for the NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December 2007 in St. Petersburg.
- **November 15<sup>th</sup>-16<sup>th</sup>:** participation in Pre-PAC meeting and PAC Conference.
- **December 11<sup>th</sup>-12<sup>th</sup>:** NCM/ Finnish chairmanship conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December. Participation among others by Minister Paula Risikko/ Finland, Governor Valentina Matvienko from SPb, and other high level political figures.

#### 4. Other activities

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

## SIHLWA terminology in NDP-area languages

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

### **English:**

NDPHS: NORTHERN DIMENSION PARTNERSHIP IN HEALTH AND SOCIAL WELLBEING

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

### **Russian**

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

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

SIHLWA: Экспертная группа социальной включенности, здоровый образ жизни и трудоспособности

[ekspertnaya gruppya sotsialnoi vkluchennosti, zdorovyi obraz zhizni i trudosposobnosti]

Danish: [not yet formulated]

NDPHS:

SIHLWA:

Estonian: [not yet formulated]

NDPHS:

SIHLWA:

### **Finnish:**

NDPHS: POHJOISEN ULOTTUVUUDEN SOSIAALI- JA TERVEYSALAN KUMPPANUUS

SIHLWA: Asiantuntijaryhmä sosiaalinen osallisuus, terveet elintavat ja työkyky

French: [not yet formulated]

NDPHS:

SIHLWA:

### **German:**

NDPHS: PARTNERSCHAFT DER NÖRDLICHEN DIMENSION FÜR GESUNDHEIT UND SOZIALES WOHLBEFINDEN

SIHLWA: Sachverständigergruppe für soziale Eingliederung, gesunde Lebensführung und Arbeitsfähigkeit

Icelandic: [not yet formulated]

NDPHS:

SIHLWA:

### **Latvian:**

NDPHS: Ziemeļu dimensijas sabiedrības veselības un sociālās labklājības partnerība

SIHLWA: Sociālā iekļaušana, veselīgs dzīvesveids un darba iespējas

**Lithuanian:**

NDPHS: ŠIAURĖS MATMENS PARTNERYSTĖ VISUOMENĖS SVEIKATOS IR SOCIALINĖS GEROVĖS SRITYJE

SIHLWA: Ekspertų grupė: Socialinės itraukties, sveikos gyvensenos ir darbingumo

**Norwegian:**

NDPHS: NORDLIG DIMENSJON PARTNERSKAP FOR HELSE OG LIVSKVALITET

SIHLWA:missing

**Polish:**

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

SIHLWA: Grupa Ekspertów do spraw Społecznego Włączenia, Zdrowych Stylów Życia i Zdolności do Pracy

**Swedish:**

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

SIHLWA: Expertgrupp på social delaktighet, hälsosam livsstil och arbetsförmåga

**2007 SIHLWA members' individual activities and accomplishments at home-front<sup>1</sup>**

**I. ADO sub-group**

**Iisi Saame**

**Estonia:** Chief Specialist, Public Health Department, Ministry of Social Affairs of Estonia

1. Related to the drug prevention issue Estonia has been active in UNODC, Pompidou Group and EMCDDA collaboration activities.
2. The "children at risk" -topic is covered by the Social Welfare Department in the Ministry of Social Affairs of Estonia through the collaboration in the Council of Baltic Sea States (CBSS) Working Group on Children at Risk (WGCR) for long years. From July 2007 to June 2008 Estonia has the chairmanship in this working group. There are different programmes running under this working group like 1) prevention of child abuse; 2) child trafficking and unaccompanied children; 3) children in care or in institutions; 4) children and internet, etc. In this working group in 2006-2007 specialists from 10 countries (incl. 5 from Estonia) had 2-days workshops under the programme for child trafficking prevention. The analysis of the support systems for trafficked children in Baltic Sea States is currently under development. Results will be available in 2008. Analyses project about the support systems for children after leaving the institution (incl. disabled children) is also planned.

**Lithuania:**

**Daiva Zeromskiene,**

Head of Children's Environmental Health Division, State Environmental Health Center

1. Participated in working group for preparation WHO report on "Home accidents in children and home safety regulations in Lithuania: status quo";
2. Made study on "Analysis of Public health specialists action in school";
3. Prepared report on "Implementation of Children's Environment and Health Action Plan for Europe (CEHAPE) in the Republic of Lithuania (2004-2006)";
4. Participated in working group for preparation draft on "National Children Health Promotion Programme";
5. Preparation of Regulations (Lithuanian Hygiene Standard ) for internet cafe.

**NHV (Sweden)/ NCM:**

**Max Petzold,** Senior Lecturer,

Nordic Council of Ministers/ Nordic School of Public Health

1. Organized advanced course "Migration and health with focus on children";
2. Organized research course "Refugee ship, migration and health";
3. Second scientific conference on apathetic children;
4. Dissertation by Hildegunn Sagvaag. Work-related use of alcohol – a qualitative study in the Science of Public Health perspective;
5. Organized research course "Refugee ship, migration and health";

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<sup>1</sup> The SIHLWA EG members were received the 2007 Progress report draft for comments. In this connection they were all asked to list "In their native countries in their official position/work in 2007, in what activities they had been involved with and accomplishments they had achieved in the field they have been representing their country in SIHLWA and its sub-groups". Out of the sent we received n responses.

6. Organized conference on Adolescent Health.

## II. ALC sub-group

### **Russian Federation:**

**Evgeny Krupitsky**, St. Petersburg Pavlov State Medical University and St. Petersburg Bekhterev Research Psychoneurological Institute.

1. Study of new alcohol detoxification strategies and demonstrated the use of antiglutamatergic anticonvulsants effective (research findings were presented at the International Society of Biomedical Research on Alcoholism and published in the journal of "Alcoholism: Clinical and Experimental Research";
2. Study on the effect of behavioural intervention to reduce HIV-risky behaviour in detoxified alcoholics. Publication of results is in preparation.

### **Sweden:**

**Sven Andreassén** and **Pi Högberg**, National Public Health Institute (Folkhälsoinstitutet),

1. Attendance and active discussion partner in all SIHLWA EG meetings and alcohol subgroup meetings held during 2007 and reporting back to relevant persons in our organisation as well as external networks.
2. Swedish sponsorship, active attendance and presentation of the Swedish nation-wide dissemination of the "Responsible Beverage Service" model.
3. Presentation of the Swedish work on the PHEPA project on screening and brief intervention for alcohol problems in primary health care at the Riga International Conference on "Reducing alcohol problems in the Baltic Sea region: Effective approaches to tackle alcohol related problems in local communities", held in Riga, Latvia, 12-13 March 2007. The event was organized under the auspices of Swedish chairmanship of the Council of Baltic Sea States (CBSS), sponsored by the Ministry of Health of Sweden, co-sponsored by the Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS)/ SIHLWA and organized in cooperation with the Ministry of Health of Latvia.
4. Active attendance and presentation at the pre-ministerial Annual Conference seminar on "Healthy work - Healthy life" in Vilnius, Lithuania, 15 November 2007. This seminar was a pre-conference Forum of the NDPHS Partnership Annual Conference (PAC), which was attended by many Nordic and other ministers. Short reference to the impact of alcohol on work and working aged population in general, and a working place screening and brief intervention project was presented.

## III. OSH sub-group

The OSH group in SIHLWA, different from the other sub-groups, is coordinating its work with the Baltic Sea Network on Occupational Safety and Health (BSN), which held its 13<sup>th</sup> meeting the 30-31 October 2007 in Bonn, Germany (WHO Centre for Environment and Health).

During the first BSN Annual Meeting day, the participants discussed the international occupational health and safety strategies and the usefulness and the ways of implementing these strategies in the Baltic Sea Network countries. Also, the agenda and work of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), and particularly the activities of one of its expert groups, SIHLWA, were presented and the implications of these activities to the BSN network were discussed. At the end of the first day, brief overviews of current activities and plans in occupational health and safety field in each member country at the meeting were presented. These are available on the BSN web page.

On the second day, plans and proposals for research projects, particularly those concentrating on the health behaviour of the working population, were presented and discussed. Also, the future actions and ways to work together among the BSN network members were discussed.

The BSN network has had an important role in providing a discussion forum and distributing information on good practices among the member countries. Though joint projects were originally included in the aims of the Network, until now such projects have not been carried out. However, a project proposal has been decided to be taken forward to the Forum and Ministerial Meeting in November 2007 in Vilnius (Lithuania). If the Forum supports the project proposal, it was decided to start looking for funding and planning the actual implementation.

### **Conclusions for 2008**

- The BSN Annual Meeting 2008 will be held in Vilnius, Lithuania and hosted by Dr. Remigijus Jankauskas. The dates will be decided later, but the meeting will probably be held in October-November 2008.
- The meeting agreed to further develop ways to cooperate within the BSN Network, such as small-scale research projects
- BSN members that committed to the proposed project on developing occupational health services through a sectoral approach are FIOH (Finland), Nofer Institute, ILO and WHO. BAuA (Germany), the Swedish Work Environment Authority, IOEH (Latvia), and St. Petersburg Medical Academy of Postgraduate studies are interested, but unable to commit themselves in practical activities at this time. Norway and Lithuania are interested, but feel that the project proposed is not within their current priorities and organisational roles.
- The meeting agreed to continue and further develop cooperating with NDPHS, particularly in planning and implementing co-operation projects.

The project document group, led by FIOH, prepared a project proposal for Finnish funding. The prodoc has been submitted to Finland and a decision is expected in early 2008.

The sub-group participated and promoted the NDPHS "Health at Work" strategy in the NCM conference on promotion of healthy lifestyles and prevention of non-communicable diseases in St. Petersburg 11-12 December.

## NDPHS/ SIHLWA members

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Healthy Lifestyles & Working Ability  
18 Sept 2007**

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By 2007 Officially nominated representatives for SIHLWA ( the remaining are “ad hoc” – members)										
	COUNTRY		ADO	ADO alternates		ALC	ALC alternates		OSH	OSH alternates
		1	Chair: Mikko Vienonen		1	acting Chair: Kari Paaso		1	Chair: Wiking Husberg	
			Co-chair: Daiva Zeromskiene			Co-chair: Evgeny Krupitsky			Co-chair: Remigijus Jankauskas	
1	CANADA	1	Robert (Bob) Shearer		1	Heidi Liepold			to be appointed?	
2	DENMARK		not participating			not participating			not participating	
3	ESTONIA	1	Ilsi Saame	Aljona Kurbatova	1	Marge Reinap			not participating	
4	FINLAND	1	Tiina Laatikainen	Mika Pyykkö & Hanna Heikkilä	1	Marjatta Montonen	Salme Ahlström & Pekka Hakkarainen	1	Suvi Lehtinen	Kari Kurppa, Timo Leino
5	FRANCE		to be appointed ?			to be appointed ?			to be appointed ?	
6	GERMANY		to be appointed ?			to be appointed ?			to be appointed ?	
7	ICELAND		not participating			not participating			not participating	
8	LATVIA	1	Lolita Melke		1	Ilse Bogdanovica			to be appointed?	
9	LITHUANIA	1	Daiva Zeromskiene	Aldona Jociute	1	Krivieliene Gelena	Virginija Ambrazeviciene	1	Remigijus Jankauskas	
10	NORWAY		to be appointed?		1	Bent Bull			to be appointed?	
11	POLAND	1	Janusz Sieroslowski			to be appointed?		1	Eliza Iwanowicz	
12	RUSSIA	1	Svetlana Konova		1	Evgeny Krupitsky		1	Natalia Markhel	
13	SWEDEN	1	Karin Nilsson-Kelly		1	Sven Adréasson	Pi Högberg		to be appointed?	
1	BSSSC		to be appointed ?			to be appointed ?			to be appointed ?	
2	B-EAC		to be appointed ?			to be appointed ?			to be appointed ?	
3	CBSS	1	Lars Lööf			to be appointed ?			to be appointed ?	
4	ILO		to be appointed ?			to be appointed ?		1	Roman Litvyakov	
5	IOM		to be appointed ?			to be appointed ?			to be appointed ?	
6	NCM	2	P-M de Palo & M Petzold/ NHV	Carita Peltonen	1	Matilda Hellman (NAD)	Pia Rosenquist (NAD)	1	not participating	
7	UNAIDS		to be appointed ?			to be appointed ?			to be appointed ?	
8	WHO		to be appointed			to be appointed		1	Kim Rokho	
	SUM	12			10			8		

## CBSS WGCC Progress report for 2007

### Meetings of the Working Group

The WGCC has had two meetings during the year: One in Lillehammer, Norway on the invitation of the Norwegian Ministry for Children and Equality and one in Stockholm at the invitation of the Swedish Ministry for Health and Social Affairs.

During the year the Chairperson and the Head of the Children's Unit have made separate visits to the responsible ministries in Warsaw, Berlin and Moscow.

### The Childcentre Website

The website has during the year seen a continued increase in visitors even if the increase rate has slowed down to 10 % on a monthly basis. We now have an average of 800 daily unique visitors to the site.

### Budget

The secretariat function of the WGCC, the Children's Unit at the Secretariat of the Council of the Baltic Sea States is financed through voluntary contributions by the member states to the CBSS. During 2007, all member states except Russia and Latvia have contributed financially.

### **A: The protection of children from all forms of sexual exploitation, abuse and trafficking**

#### **The Baltic Sea Regional Study on Adolescent Sexuality**

Has been completed and was published by NOVA. The report was officially launched at a press conference in Oslo by the Norwegian Minister of Children and Equality, Ms Karita Bekkemellen.

#### **Child Pornography on the Internet and dangers to children related to new techniques**

In cooperation with the Swedish Children's Welfare Foundation the report from the expert meeting organised in May 2006 was published in 2007. The report is published in English and Swedish and deals specifically with how children can be assisted when they have experienced abuse in Internet related settings.

#### **B: Unaccompanied and trafficked children.**

#### **Baltic Sea Region Comprehensive Assistance to Children Victims of Trafficking: BSR CACVT**

The BSR CACVT programme has organised three training events during 2007 for the 50 experts from 10 different countries participating. The training events were held in February in St Petersburg, in May in Tallinn and in September in Stockholm. At the final event in Stockholm the Swedish Minister for Elderly Care and Public Health, Ms Maria Larsson, delivered diplomas to the experts.

## **BSR CACVT Mapping project**

The mapping project run with funding from the EU Daphne programme has been realised during the year. The final report will be ready for publication in January 2008.

### **4<sup>th</sup> Meeting of National Contact Points**

The meeting was organised by the WGCC in cooperation with the Polish Ministry of Interior and Administration in Warsaw in May 2007. Participating National Contact Points and National Coordinators together with experts discussed issues of concern in the region regarding trafficked children and children that are unaccompanied.

### **D: The rights of children in institutions and in other forms of protection.**

The WGCC programme on the rights of children in institutions has been adopted. It includes a mapping of resources for children leaving care. The mapping is commissioned and will start on November 1<sup>st</sup>. The programme also includes the development of a training programme for staff performing the monitoring of child institutions in the region and the implementation of such a training programme. The development of the programme is ongoing.

### **E: Young offenders and self-destructive behaviour of children.**

The expert meeting on Preventing Youth Criminality and Assistance to Children that have committed a crime was organised by the WGCC and the Russian Ministry of Education and Science. Some 40 experts from all CBSS member states participated.

## **Partner Participation in Expert Group Activities (Tables)**

Explanatory note:

These tables below provide an overview of the overall Partner participation in Expert Group activities.

Table 1

## Leadership and Coordination

NDPHS Partners / Associated Partners	HIV/AIDS EG	PHC EG	PH EG	SIHLWA EG			
				Overall leadership	SIHLWA Subgroups		
					ADO <sup>1</sup>	ALC <sup>2</sup>	OSH <sup>3</sup>
Canada							
Denmark							
Estonia							
Finland	Chair and ITA			Coordinating Chair and ITA	Chair	Chair	
France							
Germany							
Iceland							
Latvia							
Lithuania		ITA <sup>4</sup>			Co-Chair		Co-Chair
Norway			Chair and ITA <sup>5</sup>				
Poland		Co-Chair					
Russia						Co-Chair	
Sweden		Chair					
BEAC							
CBSS							
EC							
ILO							Chair
IOM							
NCM							
UNAIDS							
WHO							
Pending participation	Co-Chair		Co-Chair				

Lead Partner

Co-lead Partner

Chair's / Co-Chair's country or organization of origin is mentioned, where appropriate

International Technical Adviser (ITA)

<sup>1</sup> Subgroup on Adolescent Health and Socially Rewarding Lifestyles.

<sup>2</sup> Subgroup on Alcohol

<sup>3</sup> Subgroup on Occupational Safety and Health.

<sup>4</sup> The work of the ITA is supported by three Task Managers from Belarus, Canada and Russia

<sup>5</sup> The ITA is expected to be appointed shortly by the Ministry of Health of Norway, in the meantime, the EG has formed a working group consisting of 3 EG members to ensure the cover up for the EGs tasks.

Table 2

## Participation of Partners in meetings of Expert Groups and its Sub-group(s)

NDPHS Partners / Associate Partners					SIHLWA		
	HIV/AIDS EG	PHC EG	PH EG	SHILWA EG	Subgroup representation at the meetings		
					ADO	ALC	OSH
Canada							
Denmark							
Estonia	1		1				
Finland	2	1		2			
France	1		1				
Germany	1						
Iceland							
Latvia							
Lithuania	1			1			
Norway			1				
Poland		1					
Portugal	1						
Russia							
Sweden		2		1			
BEAC							
CBSS							
EC							
ILO							
IOM							
NCM							
UN AIDS							
WHO							

The number in a cell indicates the number of meetings hosted by a given Partner. As regards the SIHLWA EG, all the three sub-groups meet at the same time and place.

Representative(s) to the Expert Group has/have been appointed and participate(s) in EG meetings

Representatives to the Expert Groups have been attending meetings in the past

Table 3

## Participation of Partners in EG project based activities

NDPHS Partners / Associated Partners	HIV/AIDS EG	PHC EG	PH EG <sup>1</sup>	SHILWA EG
Canada				
Denmark				
Estonia	National Institute for Health Development		Ministry of Justice of Estonia	
Finland	Stakes; National Public Health Institute;		Criminal Sanctions Agency; Finnish Lung Health Association (FILHA)	
France				
Germany				
Iceland				
Latvia	Public Health Agency			
Lithuania	Lithuanian AIDS Centre		Prisons Department at the Ministry of Justice	
Norway			Ministry of Health <sup>2</sup> ; Correctional Service of Norway Staff Academy (WINNING women programme)	
Poland	National AIDS Center Poland			
Portugal				
Russia	Northwest District AIDS Centre			N-W Russia; Leningrad Oblast and Republic of Karelia; St. Petersburg
Sweden		2		
Other Partners and Networks	Barents HIV/AIDS Programme		WHO Health in Prisons Project	

The name(s) in a cell indicates the Partner organization(s) or regions of the respective country taking part in project based activities.

<sup>1</sup> Experts of the Expert Groups are involved in many different project activities in their respective countries and in other countries

<sup>2</sup> Currently considering funding of project activities