



Northern Dimension
Partnership in Public Health
and Social Well-being

Northern Dimension Partnership in Public Health and Social Well-being

Progress Report for 2010

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TABLE OF CONTENTS

1. Political background	3
2. Introduction.....	4
3. Achievements of the Partnership during 2010	5
3.1 Executive Summary	5
3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2010.....	6
Action Line 1: Continuing the orientation on policies, strategies and projects	6
Action Line 2: Strengthening a two-fold approach towards health and social well-being.....	8
Action Line 3: Implementing the NDPHS goals and mid-term operational targets (OTs), and monitoring the progress in the implementation of the OTs.....	9
Action Line 4: Setting up new and restructuring the existing Expert Groups and their subsequent launching	17
Action Line 5: Ensuring coordination of regional efforts to fight trafficking in human beings .	18
Action Line 6: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects	18
4. Conclusions.....	21
Annexes	
Annex 1: ASA Expert Group Progress report.....	23
Annex 2: HIV/AIDS&AI Expert Group Progress report.....	28
Annex 3: NCD Expert Group Progress report	37
Annex 4: PPHS Expert Group Progress report	45
Annex 5: ADPY Task Group Progress report.....	60
Annex 6: AMR Task Group Progress report.....	62
Annex 7: IMHAP Task Group Progress report	64
Annex 8: OSH Task Group Progress report.....	69
Annex 9: Leadership and coordination in the Partnership.....	83

Abbreviations and acronyms used

- ADPY TG – NDPHS Task Group on Alcohol and Drug Prevention among Youth.
- AMR TG – NDPHS Task Group on Antimicrobial Resistance.
- ASA EG – NDPHS Expert Group on Alcohol and Substance Abuse.
- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group).
- EGTOR – *ad hoc* Working Group on NDPHS Expert Groups' Terms of Reference.
- EUSBSR – EU Strategy for the Baltic Sea Region.
- HIV/AIDS EG – Expert Group on HIV/AIDS (a NDPHS Expert Group operating until mid-2010).
- HIV/AIDS&AI EG – NDPHS Expert Group on HIV/AIDS and Associated Infections.
- ITA – International Technical Adviser.

- IMHAP TG – NDPHS Task Group on Indigenous Mental Health, Addictions and Parenting.
- NCD EG – NDPHS Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments.
- ND – Northern Dimension.
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being.
- OSH TG – NDPHS Task Group on Occupational Safety and Health.
- PH EG – Expert Group on Prison Health (a NDPHS Expert Group operating until mid-2010).
- PHC EG – Expert Group on Primary Health Care (a NDPHS Expert Group operating until mid-2010).
- PPHS EG – NDPHS Expert Group on Primary Health Care and Prison Health Systems.
- SIHLWA EG – Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability (a NDPHS Expert Group operating until mid-2010).

Further information is available at the NDPHS website at www.ndphs.org.

1. Political background

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a cooperative effort of eleven 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 by improving human health and social well-being. The Partnership aims at contributing to intensified co-operation in social and health development and assisting Partners and Participants improve 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),¹ which stipulates that the Partnership shall promote co-operation and internationally coordinated actions in order to fulfill specific objectives within the following two priority areas:

(i) **Reducing major communicable diseases and prevention of lifestyle 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 the risk factors associated with excessive consumption of alcohol and illicit drug use.

(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**² and the **Northern Dimension Policy Framework Document**³ – both endorsed at the Northern Dimension Summit on 24 November 2006 in Helsinki, Finland.

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.”

Since the beginning of 2010 the work of the NDPHS is guided by its **new Strategy**, which was developed by the Partnership during 2009 and subsequently adopted during the 6th Partnership Annual Conference (PAC).⁴ The NDPHS Strategy is closely correlated with the EU Strategy for the Baltic Sea Region (and more precisely the health priority sub-area thereof). The new NDPHS Strategy defines goals and, linked to them, operational targets and indicators, which constitute an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC.

¹ Available at www.ndphs.org/?doc.Oslo_Declaration.pdf.

² Available at www.ndphs.org/?doc.Political_Declaration_on_Northern_Dimension_Policy.pdf.

³ Available at www.ndphs.org/?doc.Northern_Dimension_Policy_Framework_Document.pdf.

⁴ Available at www.ndphs.org/?about_ndphs#New_NDPHS_Strategy.

2. Introduction

This NDPHS annual progress report presents the main activities implemented by the Partnership during the year 2010. Information contained herein is provided with reference to and against the objectives and action lines included in the NDPHS Work Plan for 2010⁵ adopted during the ministerial-level 6th Partnership Annual Conference held on 25 November 2009 in Oslo, Norway. A section presenting conclusions and summarizing strengths and opportunities as well as obstacles and weaknesses has also been included. Finally, **annexed to this report are the progress reports of the NDPHS Expert Groups** (ASA, HIV/AIDS&AI, NCD, PPHS) **and Task Groups** (ADPY, AMR, OSH and IMHAP).⁶ While these expert-level structures were established by decision of the NDPHS Committee of Senior Representatives (CSR) at its meeting on 29-30 June 2010, their reports include information about the progress made by the NDPHS Expert Groups operating until mid-2010.

As regards the action lines, six of them have been included in the NDPHS Work Plan for 2010:

- **Action Line 1: Continuing the orientation on policies, strategies and projects**
- **Action Line 2: Strengthening a two-fold approach towards health and social well-being**
- **Action Line 3: Implementing the NDPHS goals and mid-term operational targets (OTs), and monitoring the progress in the implementation of the OTs**
- **Action Line 4: Setting up new and restructuring the Existing Expert Groups and their subsequent launching**
- **Action Line 5: Ensuring coordination of regional efforts to fight trafficking in human beings**
- **Action Line 6: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects**

For each of the above action lines a number of actions to be implemented by the Partnership, collectively or its expert-level structures individually, was defined.

⁵ Available at www.ndphs.org/?doc,NDPHS_Work_Plan_for_2010.pdf.

⁶ OSH TG provides a link with the Baltic Sea Network (BSN) on Occupational Health and Safety, which is a NDPHS associated expert group. Consequently, the relevant activities of the BSN are reflected in the OSH TG Progress report, which is submitted as Annex 8 to this document. The other NDPHS associated expert group, namely the CBSS EGCC, decided to withdraw from the status of an NDPHS associated expert group as of April 2010. Consequently, its progress report has not been attached hereto.

3. Achievements of the Partnership during 2010

3.1 Executive Summary

The Partnership's activities were run in accordance with its Work Plan for 2010 and, on the whole, the NDPHS was able to successfully implement most of the foreseen activities. The focus of the NDPHS Work Plan for 2010 was on the implementation of the new NDPHS Strategy, which was developed by the NDPHS during 2009 and subsequently adopted during the 6th Partnership Annual Conference, and is closely correlated with the EU Strategy for the Baltic Sea Region. By implementing the Work Plan for 2010 the Partnership took the first step towards realizing its mid-term vision, which it plans to achieve until the end of 2013.

Chaired by Russia and co-chaired by Finland, the Partnership made progress and delivered tangible results by running a wide array of concrete and pragmatic activities which included, but were not limited to: policy and expertise exchange, information sharing and dialogue, project development and implementation, information production and dissemination, advocacy, and administrative and organizational issues. In addition to these a major effort was taken to reform the expert-level structures of the Partnership and launching new groups.

In all its endeavors the Partnership was able to rely on its multi-faceted structure and its broad network composed of countries, the European Commission, international organizations as well as its networks of experts and the NDPHS Secretariat. One meeting of the NDPHS Committee of Senior Representatives (CSR) was held in 2010,⁷ as well as a Partnership Annual Conference (PAC).⁸ The latter was preceded by a side event "Seminar on project development and funding," which brought together project developers and representatives of the donor community, and helped foster the implementation of the NDPHS Strategy and the EUSBSR.⁹

As the year 2010 was the first year of the implementation of the new NDPHS Strategy, the NDPHS Expert Groups' and (during the second half of the year) the newly established Task Groups' efforts were focused on launching activities to implement the adopted NDPHS Goals and Operational targets. As the NDPHS Strategy placed great emphasis on the project development, facilitation and implementation, most of the groups were involved in developing or facilitating flagship projects.

The assumption of the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (EUSBSR) was of great value as it helped the NDPHS increase its importance and visibility in the region as well as put the NDPHS in a better position to attract financing for its project-based activities. The Partnership successfully coordinated the health area of the EUSBSR and took a number of efforts to implement the health-related actions included in the EUSBSR Action Plan.

The Partnership website, database and project pipeline, which make parts of its Coordinating and Financing Mechanism, were constantly updated and their functions were further developed and the contents updated (a major updating of the website was performed following the reform of the NDPHS expert-level structures).

Effort also continued to improve the Partnership's outreach activities and information collection and dissemination. The attendance of the NDPHS representatives in non-NDPHS events, the cooperation with other regional stakeholders, regular issuing of NDPHS e-news and e-newsletter, and the development of further language versions of the NDPHS leaflet "Working together to improve peoples' health and social well-being" – they all have helped increase the visibility of Partnership in the region.

⁷ Meeting documents are available at www.ndphs.org/?mtgs.csr_17_moscow.

⁸ Meeting documents are available at www.ndphs.org/?mtgs.pac_7_copenhagen.

⁹ Meeting documents are available at www.ndphs.org/?mtgs.seminar_on_project_dev_and_funding.

3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2010

The following actions have been taken by the Partnership to implement the NDPHS Work Plan for 2010:

Action Line 1: Continuing the orientation on policies, strategies and projects

In 2010 the Partnership continued (i) policy and strategy development as well as exchange of best practices and policies, and (ii) identifying problems in the region and facilitating project ideas.

Main actions taken:

- **Actions to ensure successful discharging of the Partnership's role as the Lead Partner for the Health priority sub-area in the EU Strategy for the Baltic Sea Region**

Following invitation by the European Commission in late 2009, the NDPHS took the role of Lead Partner for the coordination of the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan. Actions aimed at successful discharging of this role included, but were not limited, to the following:

- **Involvement of other regional stakeholders in the implementation of the EUSBSR**

The Partnership took many efforts to inform the regional stakeholders about the EUSBSR and to encourage them to become involved in the Strategy's health-related actions. In exercising its role as the leader for the Health priority sub-area of the EUSBSR, the Partnership successfully approached several key regional stakeholders to involve them in the implementation of the EUSBSR. For example, the EUSBSR Action Plan calls for "promoting e-health technology" and, as the Partnership was not focusing its activities on e-health issues, it engaged another regional stakeholder, the e-Health for Regions network (www.ehealthforregions.net/), to take the lead role for this component. Other involved key regional stakeholders include, e.g., the Baltic Sea Parliamentary Conference (www.bspsc.net), the Union of the Baltic Cities (www.ubc.net).

- **Development of a new NDPHS website section dedicated to the EUSBSR**

In mid-2010 the Partnership launched a new section dedicated to the EUSBSR on its website (cf. EUSBSR at www.ndphs.org). The section informs about the EUSBSR with a focus on Health priority sub-area, presents concrete ideas and proposals for contribution to the implementation of the health-related activities of the EUSBSR and invites the stakeholders to become involved in their implementation (an on-line registration tool is provided).

- **Seminar on project development and funding (a PAC side-event)**

The Partnership co-organized with the INTERACT a regional event focused on the EUSBSR and aimed at fostering the development, fundraising and implementation of projects contributing to the implementation of the EUSBSR (and, at the same time, the NDPHS Strategy). The event brought together a selected group of representatives from the NDPHS expert level structures, as well as other Baltic Sea Region stakeholders involved/to be involved in the implementation of the actions within the EU Strategy's Health priority sub-area, and a selected group of representatives of funding institutions and programs that could provide funding for the implementation of proposed actions. Project concepts were developed for the event by project developers and subsequently discussed during it with participating funding institutions and programs. The event provided an opportunity to identify potential funding sources for projects, based on the advice by donors on how to

best meet their funding criteria, deadlines, etc. The event also provided an opportunity for the participants to voice and discuss their views what the focus of the future funding activities in the Northern Dimension area in the field of health and social well-being should preferably be.

- **Development of a project on alcohol and drug prevention among youth (a EUSBSR flagship project, also included in the NDPHS Strategy)**

A project on alcohol and drug prevention among youth is a fast-track project included in the EUSBSR Action Plan. In mid-2010, the CSR established the NDPHS Task Group on Alcohol and Drug Prevention among Youth in NDPHS Area (ADPY TG), with a task to develop a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EUSBSR Action Plan. In 2010 the ADPY TG held its first meeting and developed a work plan which clearly specifies steps to be taken towards development of the project and aims at submitting the project application in 2011.

- **NDPHS e-Newsletter with a focus on the EUSBSR**

As part of the Partnership's efforts aimed to inform the regional stakeholders about the EUSBSR and to encourage them to become involved in its health-related actions, the first 2010 issue of the NDPHS e-Newsletter focused on the EUSBSR and the Health priority sub-area of its Action Plan. The e-Newsletter presented ongoing and planned health-related activities within the framework of the EUSBSR, including activities to develop regional projects, and invited other regional stakeholders to join the abovementioned activities.

- **Participation of the NDPHS Secretariat in the meetings of the EUSBSR Priority Area Coordinators and Lead Partners**

The NDPHS Secretariat took part in the meetings of EUSBSR Priority Area Coordinators and Lead Partners where it presented progress being made in the Health sub-area of Priority Area 12 of the EUSBSR Action Plan and discussed the implementation process at large.

- **Participation in the EUSBSR Annual Forum, 14-15 October 2010, Tallinn, Estonia**

The Partnership participated in the EUSBSR Annual Forum on 14-15 October 2010 in Tallinn, Estonia, where it presented the progress in the implementation of the Health priority sub-area of Priority Area 12 of the EUSBSR Action Plan, as well as gave a presentation in thematic group "Promoting contacts between partners in the whole Baltic Sea Region."

- **Submission of a progress report to the European Commission on the progress in the implementation of the Health priority sub-area of Priority Area 12 of the EUSBSR Action Plan**

As a Lead Partner for the Health priority sub-area of the EUSBSR Action Plan, the Partnership periodically prepares reports presenting progress in the implementation of the actions. The progress report covering the period from the adoption of the Strategy in 2009 until mid-2010 was submitted to the European Commission in August 2010.¹⁰ The collection of the information for the progress report was done within the framework of the Annual reporting mechanism adopted by the CSR in June 2010.

- **Development/facilitation of at least one regional flagship project by each Expert Group, where relevant, fully controlled and implemented by the national experts in the group.**

¹⁰ Available at: www.ndphs.org/?eusbsr#Annual_progress_reporting.

Most of the NDPHS Expert Groups and newly established Task Groups embarked on the development or facilitation of regional flagship projects:

- The HIV/AIDS&AI EG started developing a new project on strengthening intersectoral collaboration in HIV and related diseases prevention and care for vulnerable groups. The project will cover Northwest Russia (the focus is on Kaliningrad), as well as Poland and Lithuania;
- The NCD EG started developing:
 - a flagship project on healthy nutrition, prevention and correction of obesity, diabetes-type-2 primary prevention, and physical activity promotion among school-children and youth, and
 - a flagship project on NCD policy and strategy assistance to the pan-European health policy development;
- The PPHS EG started developing:
 - a project proposal on the guaranteed provision of quality primary health care access for inmates;
 - a pilot project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care. The pilot project will commence with an internal workshop during 2011;

In addition, a project proposal “4Bs For Health: Building Bridges, Breaking Borders” was submitted to Lithuania-Poland-Russia Cross-border Cooperation programme 2007-2013.

- The ADPY TG started development of a regional flagship project on alcohol and drug prevention among youth (See Action Line 1, Section “Development of a project on alcohol and drug prevention among youth (a EUSBSR flagship project)”).

Concepts of many of the above projects were submitted for comments and advice to the funding institutions and programs participating in the Seminar on project development and funding.

- **Introduction of an official project labeling procedure based on clear-cut guidelines, which would guarantee that the label would not be misused**

Rules for the NDPHS project labelling have been adopted by the Partnership Annual Conference held in October 2010.¹¹ Following this, the NDPHS Secretariat started developing a separate page on the NDPHS website, which is dedicated to the NDPHS labeled projects and is linked to the project records in the NDPHS database.

Action Line 2: Strengthening a two-fold approach towards health and social well-being

Consistent with its new Strategy, the Partnership shall scale up its efforts to strengthen the social well-being facet within the NDPHS.

¹¹ Available at:

http://www.ndphs.org/internalfiles/File/About_NDPHS/Rules_for_NDPHS_project_labelling.pdf

Main actions taken:

- **Actions to strengthen two-fold approach towards health and social well-being within the Partnership**

Some NDPHS Expert Groups started taking further efforts to more broadly include social dimension in their work. The ToRs of the Expert Groups and Task Groups established in mid-2010 place emphasis on social aspects as important determinants for health and social well-being. For example, the HIV/AIDS&AI EG strongly pursued the integration of social and health care for HIV infected individuals (cf. Action line 3, section “Progress for each Goal and Operational target,” Goal 3: Social and health care for HIV infected individuals in the ND area is integrated).

However, further efforts need to be taken by other Expert Groups in this regard, e.g., aimed to connect social well-being issues with the already existing health topics that they are working on. It should be noted that some Expert Groups reported that their efforts to strengthen the two-fold approach were hindered by the fact that the Partner Countries continue nominating to these groups experts exclusively in the health field.

- **Reflection of the two-fold approach towards health and social well-being in the Terms of Reference for the new/restructured Expert Groups and Task Groups**

The ToRs of new/restructured Expert Groups and the Task Groups, where appropriate, contain provisions aimed at strengthening the social well-being facet within the NDPHS. Examples include, but are not limited to, the ToR of the HIV/AIDS&AI EG that request taking into account social aspects linked with HIV prevention, as well as the ToR of the IMHAP TG that request promoting the social well-being among indigenous peoples, including fostering collaboration on social inequalities in population mental health.

Action Line 3: Implementing the NDPHS goals and mid-term operational targets (OTs), and monitoring the progress in the implementation of the OTs

During its 6th Partnership Annual Conference, the NDPHS adopted goals and, linked to them, operational targets and indicators. They make the core of the NDPHS’ new strategy and are meant to be an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC and have been divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas. It is planned that the operational targets will be implemented during 2010-2013.

Main actions taken:

- **Development of Terms of Reference (ToR) for new/restructured Expert Groups**

The Partnership Annual Conference in November 2009 agreed that the four, at that time operating, NDPHS Expert Groups would be restructured and, where necessary, new groups be established, all of which would focus on the implementation of concrete time-bound actions (the adopted Goals and Operational targets). Following the CSR decision an *ad hoc* Working Group on NDPHS Expert Groups’ Terms of Reference (EGTOR), which operated during November 2009 to June 2010, developed proposed ToR templates for the future Expert Groups and Task Groups, as well as drafted ToR for new/restructured Expert Groups with clear and time-limited mandates and tasks. Following these, during its 17th meeting in June 2010, the CSR adopted the ToR for the following NDPHS Expert Groups and Task Groups:

- Expert Group on Alcohol and Substance Abuse;
- Expert Group on HIV/AIDS and Associated Infections;

- Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments;
 - Expert Group on Primary Health and Prison Health Systems;
 - Task Group on Alcohol and Drug Prevention among Youth;
 - Task Group on Antimicrobial Resistance;
 - Task Group on Indigenous Mental Health, Addictions and Parenting;
 - Task Group on Occupational Safety and Health.
- **Ensuring that the Partnership's relevant activities properly take into account NDPHS role of the Lead Partner for the Health priority sub-area in the EUSBSR**

Several actions were taken to that effect, e.g.:

- The adopted in mid-2010 ToRs for all new/restructured Expert Groups and, where appropriate, ToRs of the Task Groups, require the Expert/Task Groups to “contribute to proper discharging of the Partnership’s responsibilities as the Lead Partner for the health priority sub-area in the Action Plan of the EU Strategy for the Baltic Sea Region;”
 - An annual reporting mechanism was adopted by the CSR, which is also used for reporting to the European Commission on the progress in the implementation of actions within the framework of the EUSBSR Action Plan’s Health priority sub-area.
 - The Partnership co-organized with the INTERACT a PAC 7 side-event entitled a “Seminar on project development and funding” in October 2010 (further details are included under Action Line 1, section “Actions to ensure successful discharging of the Partnership’s role as the Lead Partner for the Health priority sub-area in the EU Strategy for the Baltic Sea Region”).
- **Setting up a mid-term reporting mechanism, which will allow the CSR and PAC to monitor the accomplishment of the agreed operational targets and the overall progress towards the goals.**

An annual reporting mechanism was adopted by the CSR during its meeting in June 2010.¹² It will form a part of the mid-term reporting mechanism which will be developed at a later stage.

- **Progress for each Goal and Operational target¹³**

2010 was the first year of implementation of the agreed Goals and Operational targets (OTs). The expert-level structures of the NDPHS were reformed and the newly established and reorganized groups held their first meetings in September/October 2010. By making the expert-level structures more focused and result-oriented, it is hoped to make the Partnership better equipped for the implementation of its new Strategy, as well as leading the Health component of the EUSBSR. The main objective in 2010 was to launch reformed structures and initiate coordinated actions to implement the OTs. The NDPHS Strategy foresees that the agreed OTs will be successfully completed during 2011-2013. Thus, a significant progress towards the implementation of the agreed goals is expected starting from 2011.

¹² Available at http://www.ndphs.org/?doc.NDPHS_Annual_reporting_mechanism.pdf.

¹³ This section contains a summary of the progress towards the achievement of Goals 2-11, based on the progress reports of the NDPHS Expert Groups and Task Groups (attached as Annexes 2-9 to this Progress Report)

Goal 1: The role and working methods of the NDPHS are strengthened

Operational target 1.1: *By 2013, international/regional, national, sub-national and local health authorities or other actors have recognized the NDPHS as a renowned source of knowledge and expertise in the region and contacted it for cooperation and/or advice in their own planned activities (at least two actors from each level).*

Activities have been taken by the Partnership to further increase its visibility and wide recognition in the region, which are a prerequisite for the achievement of the above OT.

These included, but were not limited, to:

- Interacting with relevant actors in the Northern Dimension area and keeping them informed about developments within the NDPHS as well as making presentations at national and international conferences, workshops and other events;
- Including provisions regarding the NDPHS in relevant high-level and other documents;
- Production and dissemination of information and PR materials (e-news, e-newsletter, press-releases and a leaflet).

Operational target 1.2: *Social well-being aspects are systematically and concretely included in the work of the NDPHS including, but not limited to its Expert Groups.*

See Action line 2.

Operational target 1.3: *By 2013, external expertise is involved in the NDPHS policy development. This will be achieved through, inter alia, identifying relevant actors and subsequently approaching them with an invitation to take part in the Partnership policy development as well as project development and implementation. Activities will be undertaken to promote the establishment of cooperation frameworks, such as partnerships involving national, local and sub-regional actors and expert networks (e.g. universities, hospitals and prisons). In this way the NDPHS will be able to promote practical cooperation contributing to its own goals through activities run beyond its institutional framework and* **Operational target 1.4:** *By 2013, external expertise (especially of relevant national, sub-national and local actors in the area of public health and social well being, when available) is involved in the NDPHS project development and implementation.*

Several regional actors were approached and invited to take part in the NDPHS-coordinated activities. Examples include, but are not limited to: the Baltic Sea Parliamentary Conference (BSPC) (to foster the achievement of the Operational target 8.1, cf. further down); the e-Health for Regions Network, the Union of the Baltic Cities and other actors.

Operational target 1.5: *By 2013, the regional dimension of the NDPHS is further developed among other things by facilitating projects involving partners from more than only two countries.*

See Action line 1, section “Development/facilitation of at least one regional flagship project by each Expert Group, where relevant, fully controlled and implemented by the national experts in the group.”

Operational target 1.6: *By 2013, new sources of funding, such as EU programmes and private funds, are mobilized.*

See Action line 6.

Operational target 1.7: *Relevant international projects are included in the NDPHS Database for improved coordination and facilitation.*

Efforts continued to encourage inclusion of relevant international projects in the NDPHS Database. At the end of 2010 the number of records rose to 655. However, further efforts are warranted in this regard and the NDPHS Expert Groups should play a role in this process.

Thematic area 1: Containing the spread of HIV/AIDS and tuberculosis¹⁴

Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved

*As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a project by 2011 that involves relevant stakeholders in the region and pays proper attention to the penitentiary system. This project will be implemented by 2014 and will aim to achieve the following: **Operational target 2.1:** Reinforcing policy recommendations covering the above-mentioned goal, and **Operational target 2.2:** Geographical areas in urgent need of further local or regional projects are identified, and partners to be involved in these projects are recommended.*

As mentioned previously, the HIV/AIDS&AI EG started developing a new project on strengthening intersectoral collaboration in HIV and related diseases prevention and care for vulnerable groups. The project will cover Northwest Russia (the focus is on Kaliningrad), as well as Poland and Lithuania. The project concept was also discussed with the representatives of the funding institutions at the Seminar on project development in Copenhagen, Denmark, on 27 October 2010, with a view to obtaining advice regarding the possible sources of financing.

Other activities of the HIV/AIDS&AI EG towards the implementation of Operational targets 2.1 and 2.2 include, but are not limited, to the following:

- Establishment of low-threshold service centers for injecting drug users and other vulnerable groups in NW Russia and in new locations such as Leningrad Oblast. The EG moderated the cross-border collaboration between Estonia and Russia concerning the Narva-Ivangorod area with particularly high incidence of new infections;
- Organization of a European conference on HIV/AIDS to be held in Estonia in 2011;
- Organization of a seminar on Logical Framework Approach in Leningrad Region, Russia (June 9-11, 2010), to plan a long-term programme to control tuberculosis in the Barents Region.

¹⁴ From 2004 until mid-2010, activities in this area were fostered by the then HIV/AIDS EG and afterwards – by the HIV/AIDS&AI EG for Goals 2 and 3 and AMR TG for Goal 4.

Operational target 2.3: A best practices document covering the above-mentioned goal, to be used in further local or regional projects, is developed. The document will: (i) collect and disseminate the best practices on effective comprehensive HIV/AIDS prevention interventions and MDR TB management, (ii) evaluate and compare various intervention strategies feasible for the NDPHS region, and (iii) document and share research and evaluation results.

The HIV/AIDS&AI facilitated a Norwegian-Russian research project "The Governance of HIV/AIDS Prevention in North-West Russia", which aims to increase knowledge that improves HIV/AIDS prevention strategies in Russia.

Goal 3: Social and health care for HIV infected individuals in the ND area is integrated

Operational target 3.1: By 2011, evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals are shared among the partner countries. Special emphasis will be placed on coverage of the most vulnerable population groups

All projects facilitated by the HIV/AIDS&AI EG took into account the need to integrate social and health care for HIV infected individuals. Good examples are provided by the projects where inter-sectoral collaboration is being enhanced and facilitated. For example, NGOs often offer social services for HIV-infected persons; therefore NGOs from St. Petersburg, Murmansk and Kaliningrad have been involved into the work of the HIV/AIDS&AI EG and almost all projects implemented under the umbrella of the EG in Northwest Russia included partners from the NGO sector.

Another example are the low threshold services for drug users, sex workers and bridging populations that have been launched in projects run with Murmansk and Kandalaksha. A similar process has been started in the Leningrad Region. This approach includes consulting in social services in addition to anonymous testing, needle exchange, health consulting and distribution of condoms and materials.

Goal 4: Resistance to antibiotics is mitigated in the ND area

*Through its partners, (including international organizations and national authorities) as well as its close links with health care bodies, the Partnership will contribute to policy formulation and strengthening coordination of activities aimed at counteracting the increasing resistance to antimicrobial agents. Where feasible, co-operation with the veterinary side should be sought. **Operational target 4.1:** By 2012, the existing networks working on the above-mentioned goal are strengthened (steps are also taken to encourage the creation of the efficient surveillance of antimicrobial resistance and antibiotic consumption, with comparability between countries), and **Operational target 4.2:** Series of trainings for professionals are organized, aimed to strengthen their capacity to help mitigate antibiotic resistance.*

The AMR TG discussed cooperation with the Baltic Antibiotic Resistance collaborative Network – BARN. It was agreed that it is of utmost importance to avoid duplications and achieve synergistic effects of the activities of BARN and AMR TG in the important struggle against the increasing problem of drug resistant pathogens in the Baltic area.

Thematic area 2: Accessibility and quality of primary health care¹⁵

Goal 5: Inequality in access to qualified primary health care in the ND area is reduced

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a regional flagship project by 2011 fighting health inequalities through improvement of primary health care and reducing inequalities in access to qualified primary health care. This project will be implemented by 2014 and aim to achieve the following:

Operational target 5.1: *Differences in the accessibility and quality of primary healthcare in the ND region are assessed. Organization of primary health care in different countries and regions within the countries will be assessed as to how it fulfils core characteristics of a good PHC system: First contact, accessibility, continuity, comprehensiveness, coordination, and family and community orientation, and*

Operational target 5.2: *Mechanisms for promoting an equitably distributed and good quality primary care system, which corresponds to changing society health needs and increases the cost efficiency of the overall public health systems in the region, are defined.*

Activities of the PPHS EG towards the implementation of operational targets 5.1 and 5.2 included, but were not limited, to the following:

- The EG agreed to collect and prepare background material for a pilot project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care. The pilot project will commence with an internal workshop during 2011;
- The EG monitored the implementation of the ImPrim project (included in the NDPHS Strategy and the EUSBSR). During the first quarter of 2010, the PHC EG Chair and ITA, as well as members from Belarus, Estonia, Finland, Latvia, Lithuania and Sweden, facilitated communication between project partners and their respective Ministries of Health in order to guarantee political support and financial contribution for the implementation of planned project activities;
- In March 2010, a workshop “PHC nurses in the primary health care team: experiences of immigrant doctors and nurses” was organized by the Ministry of Health and Social Affairs of Finland and PHC EG. During the workshop experiences of immigrant doctors and nurses on the role of the nurse in PHC teams in their own countries and Finland were shared. The workshop provided input for planning the activities through ImPrim for strengthening the role of PHC nurses in the Baltic Sea Region.¹⁶
- A project proposal “4Bs For Health: Building Bridges, Breaking Borders” was submitted to Lithuania-Poland-Russia CBS Programme 2007-2013.

Operational target 5.3: *Regarding the health of parents and their children, a symposium on babies with extremely low body weight is organized in 2010 and a conference on prenatal diagnostics in 2011.*

No progress reported for 2010.

¹⁵ From 2004 until mid-2010, activities in this area were fostered by the then PHC EG and afterwards – by the PPHS EG.

¹⁶ Further information about the workshop is available at: www.ndphs.org/?mtgs,phc_9_helsinki.

Operational target 5.4: *By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.*

The Partnership engaged another regional stakeholder, the e-Health for Regions network, to take the lead role for this issue. In exercising this role, the e-Health for Regions network worked to communicate an overall eHealth strategy in the Baltic Sea Region, identify priorities, organize the exchange of knowledge and experience and will implement projects.

Thematic area 3: Prison health care policy and services¹⁷

Goal 6: Prison policy in the ND area provides for that the health and other needs of inmates are readily met and easily accessed, and that gender specific needs of women and the needs of children accompanying their mothers are addressed

As a follow-up on implementation of the approaches indicated in the NDPHS Declaration on Prison Health of NDPHS, Partnership in close collaboration with national authorities and international organizations will contribute to policy formulation, and strengthening coordination of activities aimed to develop closer links or integration between Prison Health and Public Health services, and, as a consequence, developing a safer society.

Operational target 6.1: *By 2011, policy recommendations on provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary assessment of organizational structures of Prison Health services and their influence on access to health care institutions in different Partner countries has been carried out. International seminars on Prison Health care system to share knowledge, experiences and examples of evidence-based practice have been organized, if considered necessary.*

No progress reported for 2010.

Operational target 6.2: *By 2011, a set of recommendations for a gender-sensitive prison policy aimed at meeting the basic health and welfare needs of women and children accompanying their mothers in prison, are developed and shared with relevant professionals in the ND area.*

No progress reported for 2010.

Operational target 6.3: *By 2012, a documentation of lessons learned and best practices exists, and experiences and examples of effective practice regarding women in prison and children accompanying their mothers in prison are shared at national and international seminars. The documentation is distributed to relevant professionals in the ND area.*

No progress reported for 2010.

¹⁷ From 2004 until mid-2010, activities in this area were fostered by the then PH EG and afterwards – by the PPHS EG.

Thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments¹⁸

Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced

Operational target 7.1: *By 2012, the Partnership will have developed a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan, and* **Operational target 7.2:** *By 2014, the above-mentioned project will have been implemented in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.*

See Action Line 1, section "Development of a project on alcohol and drug prevention among youth (a EUSBSR flagship project)."

Goal 8: Pricing, access to and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol

Operational target 8.1: *By 2011, the Partnership will have organized a side event back-to-back with the Baltic Sea Parliamentary Conference (BSPC) to promote parliamentarians' attention to and awareness of the impact of alcohol on society and to propose actions to be taken by national parliaments to reduce this impact and to support evidence based and cost effective preventive methods, and* **Operational target 8.2:** *BSPC parliamentarians, as a result of the side event, will have included a plea to national parliaments in the ND area to adopt legislation aimed to limit the impact of alcohol on society in the BSPC Resolution 2011.*

During 2010, the Partnership took efforts to establish cooperation with the Baltic Sea Parliamentary Conference (BSPC) in the field of reduction of hazardous and harmful use of alcohol. As a result, the following objective was included in the BSPC Work Programme for 2010-2011: "To develop contacts and exchange with the Northern Dimension Partnership in Public Health and Social Well-being with a view to arranging a joint activity on a relevant health-related topic." It is expected that the cooperation will be run through the ASA EG, in which the BSPC representatives would participate.

Furthermore, the Chair of NCD EG made a presentation at the Annual Conference of Nordic Alcohol and Drugs Policy Network (NordAN) on 1-2 October 2010, under the theme "Alcohol and drugs – lifelong concern". This was part of the networking and partner seeking for future project activity in scaling up the NCD policies in the ND area jointly with NGOs and organizations like WHO-EURO. Additional links were created through chairing a workshop on the Northern Dimension.

Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area

Operational target 9.1: *By 2012, experiences, legislation and best practices in tobacco control are exchanged through a series of seminars organized by the WHO EURO with the participation of other interested NDPHS Partners. Among the issues to be addressed are (i) the strengthening of the national tobacco control surveillance*

¹⁸ From 2005 until mid-2010, activities in this area were fostered by the then SIHLWA EG and its sub-groups, and afterwards – by the ASA EG, NCD EG, ADPY TG, IMHAP TG and OSH TG.

systems in view of making them internationally comparable; and (ii) the strengthening of the use of data for the policy making. Actions to be taken will be consistent with and contribute to the implementation of the Framework Convention on Tobacco Control (FCTC) and will be run in close cooperation with the FCTC Secretariat.

No progress reported for 2010.

Goal 10: The NDPHS Strategy on Health at Work is implemented in the ND area

Operational target 10.1: *By 2013, the Partner countries have implemented the agreed actions in the NDPHS Strategy on Health at Work.*

According to the informal surveys performed during the BSN Annual Meeting in September – October 2010 in Tartu, Estonia, substantial progress towards Goal 10 has been achieved. Estonia, Finland, Germany Latvia, Lithuania, Norway, Poland, Russia and Sweden reported that work is in progress or partly ready for all or almost all items of the NDPHS Strategy on Health at Work (cf. Annex 8, Attachment 2 for further details).

Goal 11: Public health and social well-being among indigenous peoples in the ND area is improved

Operational target 11.1: *By 2010, the Partnership will have developed a work plan which will clearly specify steps to be taken towards: (i) improving mental health, (ii) preventing addictions, and (iii) promoting child development and family/community health among indigenous peoples. The work plan will be implemented by 2013.*

The work plan was developed by the IMHAP TG. The following key activities were included in it:

- Best Practices for Indigenous people parenting and associated counseling skills;
- Development of common indicators for Indigenous mental health services;
- Telemedicine: how this can benefit and enhance Indigenous people's mental health services;
- Kick-off seminar: A two day kick off seminar that will invite relevant experts on indigenous people and health to further develop proposals for concrete joint action and pilot projects based on the three prioritized areas mentioned above;
- Producing fact sheets / diagnostic of mental health status (Sámi, Inuit, First Nations, others) with a focus on these priority areas.

Action Line 4: Setting up new and restructuring the Existing Expert Groups and their subsequent launching

Main actions taken:

- **Setting up new/restructured NDPHS Expert Groups and Task Groups**

After the CSR adopted the new Terms of Reference for the Expert Groups and Task Groups in June 2010, new/restructured Expert Groups and Task Groups were set up in accordance with the agreed *Criteria for establishing Expert Groups* (see also Action Line 3, section "Development of Terms of Reference (ToR) for new/restructured Expert Groups").

- **Launching new/restructured NDPHS Expert Groups and Task Groups and ensuring**

smooth transfer from the previously existing Expert Groups to new/restructured Expert Groups and Task Groups

The following actions were taken to this effect:

- **Appointment of the Lead Partners, Chairs and vice-Chairs for all Experts Groups and Task Groups**

The Lead and Co-Lead Partners for all Expert Groups and Task Groups were appointed. All groups, [except for the AMR TG], elected their Chairs and vice-Chairs and appointed International Technical Advisors/Coordinators (cf. Annex 9 “Leadership and coordination in the Partnership”).

- **Appointment of the members to the Expert Groups and the Task Groups**

Following the CSR 17 decision to establish new NDPHS Expert Groups and Task Groups, the Secretariat approached the NDPHS Partners and Participants with a request to nominate representatives to the newly established/restructured groups. All NDPHS Partners and Participants, except for Canada, Estonia and Iceland, nominated their representatives to all or almost all Expert Groups and Task Groups (cf. Annexes 2-9, Section 2 “Participation in the Group’s activities”).

- **First meetings of the Expert Groups and Task Groups held in September/ October 2010**

All Expert Group and Task Groups, [except for the AMR TG], held their first meetings during September/October 2010. They adopted actions plans for 2011, which describe actions planned to be taken to implement the respective NDPHS Goals and Operational targets (cf. NDPHS Work plan for 2011).

Action Line 5: Ensuring coordination of regional efforts to fight trafficking in human beings

The Nordic Council of Ministers (NCM) places a high priority on combating human trafficking and is carrying out a number of initiatives to fight the issue. In September 2010 NCM invited NDPHS partners and relevant taskforces, International organizations to take part in the conference “*Nordic-Baltic Conferences on Health Consequences of Sexual Trafficking and Obstacles to Health Care Access.*” The aim of the conference was to discuss health consequences and access to health care of victims of trafficking of human beings for sexual exploitation in the Nordic and Baltic countries. The conference concluded that health policy is an important part of the overall measures to combat trafficking and that it is important to engage all sectors in this issue. The NCM postponed an originally planned informal meeting to discuss coordination and exchange of information until March 2011.

Action Line 6: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects

In accordance with the Oslo Declaration, the Partners maintained recognition that in order to meet the objectives of the organization, it is necessary to ensure adequate funding for activities and relevant projects carried out within its framework. In doing so, the Partners will adhere to “the principle of co-financing from Northern Dimension partners, as well as from international and private financial institutions where appropriate,” consistent with the renewed Northern Dimension Policy Framework Document.

Main actions taken:

- **Seeking and ensuring that funding was made available for the NDPHS Expert Group's and Task Group's activities and the functions of the NDPHS Secretariat**

The following actions were taken to this effect:

- **Providing financial support for the NDPHS Expert Groups and Task Groups**

All Expert Groups and Task Groups enjoyed the financial and organizational support of their Lead and co-Lead Partners, which provided the necessary funding for the Expert Groups' and Task Groups' Chairs', vice-Chairs' and ITAs'/Coordinators' activities, meetings, travels as well as remunerations.

At the same time, some of the Groups stressed the need for the Partners to ensure the continuity of the above financial support as well as the need to allocate funds for their operational budgets, which would help them better involve in the development and implementation of projects. Also, some Groups expressed worries about the lack of long-term funding for ITAs, as well as the fact that, due to the financial crisis, some countries cannot finance participation of their experts in the meetings.

- **Contributions to the NDPHS Secretariat budget**

All Partners paid their contributions to the NDPHS Secretariat budget for FY 2010.

It should also be mentioned that, while the NDPHS Secretariat continued to be hosted by the CBSS Secretariat and uses the latter's legal capacity for its operations, the Partners continued efforts aimed to authorize to the NDPHS Secretariat its own legal capacity. To that effect (i) meetings of legal experts were held in February, September and October, which discussed possible further steps in concluding an agreement, and (ii) the Partners intending to establish the NDPHS Secretariat continued during 2010 their efforts to finalize the text of the Agreement on the Establishment of the NDPHS Secretariat. These efforts were supported by the Partnership Annual Conference held on 28 October, which expressed its support for the expedite concluding of the Agreement.

- **Organization of a Seminar on project development and funding (a PAC side-event)**

(See Action Line 1, section "Seminar on project development and funding (a PAC side-event)").

- **Funding from the ENPI Regional East Programme 2010-2013**

The European Commission made available EUR 100,000 (gross) for the NDPHS for activities such as seminars, meetings, studies, reports, etc. In order to be able to benefit from this funding, the Partnership submitted Terms of Reference to the EU Delegation to Russia outlining the priorities for spending the above amount.

- **Mobilizing resources for the NDPHS Project Pipeline**

Despite the Partnership's ambition to encourage a wider involvement of financial institutions in the NDPHS Project Pipeline¹⁹ so as to make the pipeline a true "market place" for project proponents and project donors working for public health and social well-being in the ND area, only one donor (the Norwegian Ministry of Health and Care Services) used the pipeline for the purpose of calling for project proposals and collecting project applications through it. The Norwegian Ministry of Health and Care Services made two calls for projects through the

¹⁹ Available at www.ndphs.org/?pipeline.

NDPHS Project Pipeline in 2010 and offered in total approximately EUR 190,000 (spring call) and EUR 1,200,000 (autumn call) for health-related projects to be conducted in North-West Russia.

In addition to facilitating project funding activities, the pipeline also continued to provide an up-to-date overview of funding possibilities for projects in the Northern Dimension area, which were offered by financing agencies that, although not participating in the pipeline, offered financing for health and social well-being projects in the Northern Dimension area (cf. http://www.ndphs.org/?pipeline,page,non-pipeline_agencies).

In 2010, the pipeline continued to be frequently visited by visitors from within and from outside the region (altogether approx. 15,500 visits during 2010), and, when requested, the NDPHS Secretariat supported project proponents who were using it.

4. Conclusions

The NDPHS, which is one of the four operating Northern Dimension partnerships, **is a tool to work in one of the sectors defined by the Northern Dimension 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 successfully implemented all but a few specific actions foreseen in its Work Plan for 2010.

A number of tangible results have been delivered by the Partnership through a wide array of concrete and pragmatic activities which included, but were not limited to: policy and expertise exchange, information sharing and dialogue, project development and implementation, information production and dissemination, advocacy, and administrative and organizational issues. In addition to these a major effort was taken to reform the expert-level structures of the Partnership and launching new groups. Many of them, but not all, are described in this progress report, while more detailed information can be found on the NDPHS website.

Of particular importance for the Partnership’s continued work was a **successful launch of a coordinated effort to implement the agreed goals and operational targets included in the NDPHS Strategy**.²⁰ It is clear that future success in the implementation of the NDPHS Strategy relies foremost on the **Expert and Task Group’s ability to deliver tangible results** in accordance with the priorities set out in the NDPHS Strategy. One conclusion from the first year of the implementation of the NDPHS Strategy is that, in their activities the **Expert Groups need to attach more attention to and focus on the implementation of the adopted operational targets** for which they are responsible. Proper planning of actions in groups’ work plans is indispensable for future successful implementation, too. It is also evident that in order to be in harmony with the NDPHS Strategy, the Expert Groups that have not done so yet need to **more vividly embark on the development/facilitation of flagship projects** fully controlled and implemented by the national experts in the group.

The **assumption of the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region (EUSBSR) was of great value** as it helped the NDPHS increase its importance and visibility in the region as well as it put the NDPHS in a better position to attract financing for its project-based activities. The Partnership successfully coordinated the Health priority sub-area of the EUSBSR Action Plan and took a number of efforts to implement the health-related actions included in it.

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 Russia, co-Chair Country Finland, as well as those Partners who have committed themselves to leading/co-leading NDPHS Expert Groups and Task Groups, are commendable for their efforts. On the other hand, however, **some Partners did not allocate 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.

To be able to continue and further increase the pace of their work, it is vital that the **NDPHS Expert Groups and Task Groups be provided with ample resources as well as proper support** of the Partners in terms of (i) their active participation in the work of the groups and (ii) facilitating projects by these groups. It is recommended that several of **Partners, who have not yet nominated their representatives to the Expert Groups and Task Groups, do so promptly**.

Last, but not least, while during the period under review the NDPHS Secretariat was able to

²⁰ Available at www.ndphs.org/?about_ndphs#New_NDPHS_Strategy

enjoy the legal capacity of the CBSS Secretariat, which hosts it, it is instrumental that the **Partner Countries swiftly complete the process of authorizing a legal capacity to the NDPHS Secretariat.**

ASA Expert Group Annual progress report²¹

Submitted by: ASA EG.

Year covered: 2010 (status as of 28 September 2010).

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Norway is the Lead Partner of the ASA EG. The Russian Federation is Co-Lead partner of the EG.

1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)

The Lead Partner of the ASA EG has employed Mr. Zaza Tseretelli as the ITA of the ASA EG from 1 September 2010.

1.3 Financial resources for leadership

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

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

During the reporting period one meeting of the Expert Group was held in Riga, Latvia. Participation at this meeting of the Group has been as follows: Latvia, Finland, Norway, Poland, Russia, Sweden.

<i>Country</i>	<i>First name</i>	<i>Last name</i>	<i>Representative status</i>	<i>Phone</i>	<i>E-mail</i>
Norway	Bernt	Bull	Chair	47 22 24 76 82	Bernt.Bull@hod.dep.no
Russia	Eugeniya	Koshkina	Co-Chair	7499 241-06-03	
Russia	Sergey	Soshnikov	Alternate 1	7495 6188030	ssosh@mednet.ru
Finland	Katariina	Warpenius	Main	3582061070 19	katariina.warpenius@thl.fi
Latvia	Inga	Liepiņa	Main	371 67876077	inga.liepina@vm.gov.lv

²¹ The Progress report for the Expert Group on Alcohol and Substance Abuse (ASA EG) covers the period from 1 July to 31 December, 2010. The report from NCD EG includes activities carried out by SIHLWA EG, which was, inter alia, covering the issues dealt with by the ASA EG, during the first half of the year.

<i>Latvia</i>	Māris	Taube	<i>Alternate 1</i>	371 67501586		maris.taube@vec.gov.lv
<i>Lithuania</i>	Gelena	Krivelienė	<i>Main</i>	3705 1465	266	gelena.kriveliene@sam.lt
<i>Lithuania</i>	Aurelija	Čepulytė	<i>Alternate 1</i>	3705 9976	249	aura@vpssc.lt
<i>Poland</i>	Magdalena	Pietruszka	<i>Main</i>	48 2506331	22	magdalena.pietruszka@parpa.pl
<i>Poland</i>	Janusz	Sierosławski	<i>Alternate 1</i>	48 22 642 75 01		sierosla@ipin.edu.pl
<i>Sweden</i>	Maria	Renström	<i>Main</i>	46 6871619	70	maria.renstrom@social.ministry.se
<i>NCM</i>	Matilda	Hellmann	<i>Main</i>	358 96949572		matilda.hellman@nordicwelfare.org
<i>WHO</i>	Lars	Møller	<i>Main</i>	45 1214	39 17	mollerl@who.int
<i>Iceland</i>	Jón	Sigfússon	<i>Main</i>	+354599620		jon@rannsoknir.is

Several partner countries (Estonia, Germany, and Canada), have not yet nominated their representatives.

2.2. Participation of Partners in EG project-based activities

Due to the fact that the ASA EG was created only at the end of August and the first meeting took place only in the beginning of October, no project-based activities were carried out during the report period.

3. Progress towards goals and the implementation of operational targets

PAC-6 in 2009 approved the NDPHS Goals, Operational Targets and Indicators for 2010 – 2013. The thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments notes that the NDPHS will have contributed to the development of comprehensive policies and actions in the entire region to prevent and minimize harm from tobacco smoking, alcohol and drug-use to individuals, families and society (especially young people) through the achievement of the strategy Goals 7-9.

During the first half of 2010, the Alcohol and Substance Abuse related work was carried out by SIHLWA EG, and will be reported separately by NCD EG.

As from the 1 July, 2010 the following activities have taken place towards achievement of the operational targets and indicators

One General comment: The ASA EG was established only in the beginning of July, and the members to the EG were nominated (not by all partners yet) only in the beginning of September. Due to this fact, there is not much to be reported on the progress related to the implementation of NDPHS Strategy, which was carried out by ASA EG.

Strategic Goal 1. **The role and working methods of the NDPHS are strengthened.**

The ASA EG just started to identify relevant actors, which may be approached with an invitation to take part in the Partnership activities. Several meetings were held in order to establish the cooperation framework. The work will continue to identify organizations and/or authorities, not currently participating in the NDPHS, but which may be involved in NDPHS policy development. For this purposes, the chair gave short information of the establishment of

ASA at the regular meeting of the EU Committee on National Alcohol Policy and Action in Luxembourg. (He represents Norway in the committee) The representative of the commission expressed interest for the work of NDPHS in general, and asked Norway to report back to the committee on the progress of the expert group. Intensive work has also been undertaken in order to establish, broaden, and engage more extensively a network of partners. Meetings with the representatives from the WHO, EU Commission and other organizations working in the field of alcohol and substance abuse were held. Because of this networking, it is foreseen that the representative of all the above organizations will participate in the working meetings of the ASA EG.

The ITA met with the representatives of Poland and Sweden to discuss possibilities of linking an alcohol conference planned by the incoming Polish EU Presidency and the NDPHS ASA EG. ITA participated in the conference "Urban Drug Policies in the Globalised World", which took place in Prague. The conference dealt with burning questions and recent developments in the field of urban drug policy and related interventions. During the conference, the ITA made a poster presentation on the establishment of the ASA EG.

Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced

Operational target 7.1: By 2012, the Partnership will have developed a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan.

Indicator 7.1A: Project application submitted to donors for funding.

The first meeting of the project developing team (ADYP TG) was held in Riga. Participants have discussed the possible objectives the working packages of possible project. The Leading Country for each of the working package was identified and Countries are requested to nominate institutions, which will be involved in the project development. The project concept was presented during the PAC side event in Copenhagen. Absence of Lithuanian and Estonia participants and lack of preoperational funds creates some problems in the development of proposal.

Goal 8: Pricing, access to and advertising of alcoholic beverages is changed to direction, which supports the reduction of hazardous and harmful use of alcohol

Operational target 8.1: By 2011, the Partnership will have organized a side event back-to-back with the Baltic Sea Parliamentary Conference (BSPC) to promote parliamentarians' attention to and awareness of the impact of alcohol on society and to propose actions to be taken by national parliaments to reduce this impact and to support evidence based and cost effective preventive methods.

Indicator 8.1A: Number of BSPC parliamentarians who participated in the side event.

Indicator 8.1B: Number of countries represented by the parliamentarians.

Operational target 8.2: BSPC parliamentarians, as a result of the side event, will have included a plea to national parliaments in the ND area to adopt legislation aimed to limit the impact of alcohol on society in the BSPC Resolution 2011.

The Expert Group has established contact with the head of BSPC secretariat. There representatives was invited to participate in the first meeting of the ASA EG, but was unable to come. It was agreed that the issue of cooperation between NDPHS and BSPC will be raised during the BSPC Standing Committee meeting, including the possible appointment of a BSPC point of Contact to NDPHS and EG ASA.

Operational target 9.1: By 2012, experiences, legislation and best practices in tobacco control are exchanged through a series of seminars organized by the WHO EURO with the participation of other interested NDPHS Partners. Among the issues to be addressed are (i) the strengthening of the national tobacco control surveillance systems in view of making them

internationally comparable; and (ii) the strengthening of the use of data for the policy making. Actions to be taken will be consistent with and contribute to the implementation of the Framework Convention on Tobacco Control (FCTC) and will be run in close cooperation with the FCTC Secretariat.

In addition to above mentioned, the Chair of the ASA EG and an ITA, together with the CSR member from Norway hold a special meeting in Oslo. The main topic of the meeting was to discuss the possible fields of activities for the newly established ASA EG and the modalities of the future work. It was decided that for the finalization of all those issues, special meeting would be organized with the participation of the Russian Co-Chair.

In August, the Chair of the EG and the ITA had developed a special questionnaire for the potential members of the ASA EG. The aim of this questionnaire was to collect information on the vision of the EG members, on the future role of the ASA EG, its possible areas of activities and other related matters. The answers from the members were discussed during the first EG meeting and were used as a basis for the action plan for 2011.

In September, the Chair together with the ITA had meeting in Moscow, with the Co-Chair of the ASA EG. During the two day meeting, several very important issues related to the alcohol and substance abuses were discussed and more than 15 possible fields of activities were identified. At the end of the meeting, 3 possible areas of future activities were prioritized. This information was later shared with the EG members from other partner countries, with request to comment and make their own suggestions.

The Chair of the EG, participated in the NDPHS PAC 7 side-event, on October 27th, on project funding. The Chair and the ITAs of the EG participated also in the NDPHS PAC 7 meeting, on October 28th, hosted by WHO Euro in Copenhagen.

In November, the Chair and the ITA visited Poland and had a meeting with the Director of the The State Agency for the Prevention of Alcohol-Related Problems (PARPA), Mr. Krzysztof Brzózka. The Polish member of the ASA EG, Ms. Magdalena Pietruszka, had also participated in this meeting. The aim of the meeting was to discuss the involvement of the ASA EG in the preparations of EU Alcohol Conference, which will be organized on Poland next year. It was decided that ASA EG will organize a special workshop, related to the peculiarities of the Harmful use of Alcohol in the ND area.

The Chair and the ITA of the EG met also with the Ms. Jadwiga Jaszczyk, Director, Office for Foreign Aid Programs in Health Care, who is a Polish representative at CSR.

In December, the Chair and the ITA of the EG had a meeting with the Head of the Secretariat of the Baltic Sea Parliamentarian Conference (BSPC), Mr. Jan Widberg. The aim of the meeting was to consider possible modes of exchange and cooperation between BSPC and NDPHS/EG ASA. It was agreed that subsequent interaction between BSPC and NDPHS/EG ASA should proceed in a stepwise manner. A tentative timeline and target could be the following, aiming at conducting some kind of "joint activity" at the 20th BSPC in Helsinki in August, 2011. The several activities in that direction were agreed.

The chair met with the board of The Nordic Alcohol and Drug Policy Network to inform them of the work of the expert group under NDPHS. The network is now led by the former president of the Nordic Council Mrs. Outi Ojala.

Following the decision of the first ASA EG meeting in Riga, the Chair and the ITA of the EG, had developed special questionnaire, aiming to collect information on Alcohol Prevention Policy in the NDPHS member countries. The questionnaire was distributed among the group members, and it is foreseen that information will be collected prior to the Second meeting of the ASA EG.

At the end of the year, Iceland and Lithuania confirmed their participation in the ASA EG, and had nominated representatives to the EG

4. Strengths and opportunities

The nomination of Co-Chair from one of the leading institutes in Russia, gives a good opportunity to enlarge the scope and range of activities in the NDPHS Region.

ASA EG was actively involved in the networking with the different institutions and International organizations. They were all invited to participate in the future work of the EG, bringing their knowledge and experience and sharing it with the Partner countries.

Each member brings a government-level commitment to exchange experiences and to produce best-practice advice, and does it in a very open, friendly, and professional style. The ASA EG is in close contacts with other EGs of the NDPHS.

The ASA EG has the advantage of enjoying close co-operation with both the Lead and Co-Lead Partner. This close collaboration was utmost important, during the first months of establishment of the EG.

5. Obstacles and weaknesses

At this moment it is difficult to discuss any obstacles or weaknesses in the work of the ASA EG, as the groups was created only some months ago, and no real activities have started. However one possible obstacle can be still mentioned here and that is related to the financial situation within the Baltic countries. Due to the current difficult situation, representatives of those countries may face problems to participate in the working meetings of the ASA EG. The contacts with those countries will be kept through the E-mail and phone conversation, however their absence during the meetings, may be an important obstacle while discussing several issues in more depth.

6. Conclusions and recommendations

It is more efficient to prevent alcohol related harm, than to wait until it has occurred. Therefore, the most important task of alcohol policy is prevention. Alcohol research is important for the continued development of alcohol policy. The ASA EG will take active role in initiating policy discussions and possible researches in NDPHS partner countries.

The European Region of the WHO has adopted alcohol action plans that form a good base for preventive work. The ASA EG will seek to create a close working collaboration with WHO for promoting of implementation of action plans by NDPHS partner countries.

The ASA EG supports the UN conventions on drugs and in particular the recent Political Declaration and Plan of Action on "International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem", approved by the UN Member State governments on the 12th March 2009 in Vienna.

The ASA EG will initiate discussions in order to establish a set of common views on drug policy in order to stop the spread of drugs and reduce harm done by drugs to individuals and society.

The ASA EG would like to express special thanks to the Latvian Ministry of Health, for invaluable assistance in organizing the first meeting of the ASA EG, on a very short note.

7. Other relevant information

None.

HIV/AIDS&AI Expert Group Annual progress report

Submitted by: HIV/AIDS&AI EG.

Year covered: 2010.

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead partner: Finland

Chairperson

Mr Pauli Leinikki
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Phone: +358 40 5524314
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Co-Lead partner: Poland

Vice-Chairperson

Ms Anna Marzec-Boguslawska
Director, National AIDS Centre
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02-829 Warszawa
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1.2 International Technical Advisor

Ms Outi Karvonen
National Institute for Health and Welfare (THL)
International Affairs
P.O. Box 30 (Street address: Lintulahdenkuja 4)
FI-00271 Helsinki
FINLAND
Phone +358 20 610 7046
Fax +358 9 773 2922
E-mail: outi.karvonen@thl.fi

1.3 Financial resources for leadership

Finland ensures financing of the chairman on basis of an annual contract between the Ministry of Social Affairs and Health and the EG chair. Funding for ITA activities was covered through a project financed by the Ministry for Foreign Affairs and implemented by National Institute for Health and Welfare (THL). (The current project will be completed in December 2010, and a new application has been submitted for 2011-2013.)

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

Partner Representatives:

<p>Dr. Hans Blystad (<i>Main representative</i>) Deputy Director Dep. of Infectious Disease Epidemiology Norwegian Institute of Public Health Postbox 4404 Nydalen 0403 Oslo NORWAY Phone: +47 21076404 Fax: +47 21076513 E-mail: hans.blystad@fhi.no</p>	<p>Mr. Torsten Berglund (<i>Main representative</i>) Senior Research Officer Communicable Disease Prevention & Control The National Board of Health and Welfare SE-106 30 Stockholm SWEDEN Tel. int: +46 75-247 37 15 E-mail: torsten.berglund@socialstyrelsen.se</p>
<p>Ms Inga Upmace (<i>Main representative</i>) Acting Head of HIV/AIDS Program unit Infectology Centre of Latvia 7 Klijanu St. LV-1012 Riga LATVIA Phone: +371 6708 1621 Fax +371 67339954 E-mail: inga.upmace@lic.gov.lv</p>	<p>Mr Saulius Chaplinskas (<i>Alternate 1</i>) Director Centre for Communicable Diseases and AIDS Nugaletoju St. 14 D LT-10105 Vilnius LITHUANIA Phone: +370 5 2300 125 Fax. +370 5 2300 123 E-mail: saulius@ulac.lt</p>
<p>Ms Anna Marzec-Bogusławska (<i>Main representative</i>) Director, National AIDS Centre ul. Samsonowska 1 02-829 Warsaw POLAND Phone: +48 22 3317755 Fax: +48 22 3317776 E-mail: a.marzec@centrum.aids.gov.pl</p>	<p>Ms Kristiina Salovaara (<i>TB Expert</i>) Senior Medical Officer Finnish Lung Health Association (Filha) Sibeliuksenkatu 11 A 1 FI-00250 Helsinki FINLAND Phone: +358 9 45421283 Fax: +358 9 45421210 Mobile: +358 40 5738924 E-mail: kristiina.salovaara@filha.fi</p>

Experts taking part in the meetings in 2010, not officially nominated to the HIV/AIDS&AI EG:	
<p>Ms Kristi Rütel Expert National Institute for Health Development Hiiu 42</p>	<p>Ms Tatiana Smolskaya Head of the North West District AIDS Centre St. Petersburg Pasteur Institute 14 Mira Street</p>

<p>11619 Tallinn ESTONIA Phone: +372 659 3980 Mobile: +372 5648 4622 Fax: +372 659 3901 E-mail: kristi.ruutel@tai.ee</p>	<p>197101 St. Petersburg RUSSIA Phone: +7 812 233 7336 Fax: +7 812 233 0847 E-mail: smolskaya@ts2981.spb.edu</p>
<p>Mr Ulrich Marcus Deputy Head of HIV/STI surveillance Unit Robert Koch-Institut Seestrasse 10 13353 Berlin GERMANY Phone: +49 (0)30 18754 3467 Fax: +49 (0)30 18754 3522 E-mail: marcusu@rki.de</p>	<p>ECDC Mr. Mika Salminen Senior Expert HIV/STI/BBV Scientific Advice Unit European Centre for Disease Prevention and Control (ECDC) Tomtebodavägen 11 A SE-171 83 Stockholm Sweden Phone: +46 8 5860 1286 Fax: +46 8 5860 1001 E-mail: mika.salminen@ecdc.europa.eu</p>
<p>Ms Aljona Kurbatova Head of the Infectious Diseases and Drug Abuse Prevention Department National Institute for Health Development Hiiu 42 11619 Tallinn ESTONIA Phone: +3726593975 Fax: +3726593900 E-mail: aljona.kurbatova@tai.ee</p>	<p>Ms Tamara Doroshko Adviser Department of medical, preventive and medicinal help Ministry of Health of the Kaliningrad region Dmitry Donsky's street, 1 236007 Kaliningrad RUSSIAN FEDERATION Phone: 8(4012)599-428 Fax: 8(4012)599-428 E-mail: doroshko@gov39.ru</p>
<p>NCM Kaliningrad Mr. Arne Grove Director NCM Information Office in Kaliningrad Chernyakovskogo 6, Office 116 236040 Kaliningrad RUSSIAN FEDERATION Phone: +74012728172 Fax: +74012728173 E-mail: agr@norden.org</p>	<p>Ms Olga Kovaleva Project coordinator Nordic Council of Ministers Information Office in Kaliningrad Chernyakhovskogo Str. 6, office 116 236040 Kaliningrad RUSSIAN FEDERATION Phone: +7 4012 72 81 72 Fax: + 7 4012 72 81 73 E-mail: ok@norden39.ru</p>
<p>Ms Victoria Osipenko Program director of NGO "YLA" Bagration str., 39-10 236039 Kaliningrad RUSSIAN FEDERATION Phone: +7 4012 758806 Fax: +7 4012 644649 E-mail: ula@resist.koenig.ru</p>	<p>Ms Anna V. Korotkova Deputy Director in International Affairs Federal Research Institute for Health Care Organization and Information of the MoH&SD of the Russian Federation Dobrolubov Str. 11 127254, Moscow RUSSIAN FEDERATION Tel/Fax: +7 495 2181109 E-mail: korotkova_anna@mednet.ru</p>

<p>Mr Nikolay Cherkes The head physician Kaliningrad regional AIDS centre Zheliabova street, 6/8 236000 Kaliningrad RUSSIAN FEDERATION Phone: 8(4012) 215876 Fax: 8(4012) 218883 E-mail: cherkes-nik-nik@rambler.ru</p>	<p>ILO Moscow Elena Kudriavtseva Focal Point for HIV/AIDS and the World of Work ILO DWST/CO Moscow Petrovka 15 107031 Moscow RUSSIAN FEDERATION tel (7-495) 933-0821 fax (7-495) 933-0820 kudriavtseva@ilo.org</p>
<p>IOM Moscow Mr Dmitry Valentey Project Development and Liaison Coordinator International Organisation for Migration 12, 2nd Zvenigorodskaya str. 123100 Moscow RUSSIAN FEDERATION Phone: +7(495)797-87-22 (ext.250) Fax: +7(495)253-35-22 E-mail: dvalentey@iom.int</p>	<p>Prison Health Expert Group of NDPHS Dr. Zaza Tsereteli International Technical Advisor for Prison Health ITA ND Partnership Taru mnt. 16-18 10117 Tallinn ESTONIA Phone: 372 5 26 93 15 Fax: 372 6 446 604 E-mail: zazats64@yahoo.com</p>

During 2010 several experts had difficulties to take part in the meetings of the Expert Group either for financial, time schedule or other reasons (experts from Belarus, Canada, France and Portugal).

Other experts were invited representing CEC, UNAIDS, WHO, IOM and some other international organizations and NGOs.

3. Progress towards goals and the implementation of operational targets

Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved

Activities have been focused on prevention of HIV and TB among the most vulnerable groups where the spread has been rapid. **Low-threshold service centres for injecting drug users and other vulnerable groups** have been established in NW Russia (earlier in Estonia and Latvia) in several regions and, after positive experiences, the working concept is now established in new locations such as Leningrad Oblast. A notable activity moderated by the EG has been the cross-border collaboration between Estonia and Russia concerning the Narva-Ivangorod area with particularly high incidence of new infections. Financing has been mainly through Finnish and Norwegian sources.

Planning was started to create a new project on strengthening intersectoral collaboration in HIV and related diseases prevention and care for vulnerable groups. The project would cover Northwest Russia, especially **Kaliningrad**, as well as Poland and Lithuania. The first planning meeting was organized in Vilnius in 13 September. The draft project proposal was presented and discussed at the 1st meeting of the HIV/AIDS&AI Expert Group in Kaliningrad, 4-5 October. After this a project application was submitted to NCM to cover part of the planned activities. A Logical Framework workshop will be organized to plan another application in the beginning of 2011. Specific Terms of Reference has been prepared to apply financing for the planning phase of the project.

Activities concerning **other vulnerable groups** include an ongoing project on HIV surveillance and prevention among men who have sex with men (MSM). Here the Russian participation in the EU-funded project was covered by Norwegian contribution.

Future collaboration to implement the new goals of the NDPHS was discussed in the **Expert Group meeting** in March in Finland. Several ideas and initiatives were proposed, among them:

- Proposal "Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups ("TUBIDU") - *submitted to EU, preliminary information about financing received after the EG meeting.*
- Proposal to organise the European AIDS Congress in Estonia in 2011 - *submitted to EU, preliminary information about financing received after the EG meeting.*

The second Expert Group meeting, and first after the change of name of the EG, took place in 4-5 October in Kaliningrad. One of the most important issues of the meeting was discussion on the idea of a common project with Kaliningrad (mentioned above).

In order to update the current situation and identify the most urgent needs and potential new stakeholders a **European conference on HIV/AIDS** will be organized in Estonia in 2011. The initiative for this was approved as a flagship project for the EG in the spring meeting in 2010. Funding has been granted from EU.

Other initiatives and activities cover i.e. a **seminar on Logical Framework Approach** that was organized in Leningrad Region, Russia (June 9-11), to plan a long-term programme to control tuberculosis in the Barents Region. Into it, projects linking HIV and TB are in progress.

The Barents HIV Programme Steering Committee discussed TB/HIV co-infection in March in Finland (the Programme is coordinated by the EG ITA). A preparatory planning meeting for TB collaboration was organized in Archangelsk in April. The second meeting of the Steering Committee was organized in Murmansk in 10 November. During this meeting, an evaluation process of the Programme activities in 2005-2010 was started.

Most of these activities are focused on regions in urgent need for enhanced preventive activities and thus respond to the **Operational target 2.2. Geographical areas in urgent need of further local or regional projects are identified, and partners to be involved in these projects are recommended**

For operational target 2.3.: A best practises document developed, a Norwegian-Russian research project "The Governance of HIV/AIDS Prevention in North-West Russia" has been funded which aims to increase knowledge that improves HIV/AIDS prevention strategies in Russia.

Goal 3: Social and health care for HIV infected individuals in the ND area is integrated

Integration of social care into the care and prevention of HIV has always been an essential element in the success. Lack of social support and atmosphere of social exclusion are fuelling the spread of the HIV epidemic. In all projects promoted by the EG this is taken into account in a proper and responsible manner. Good examples are provided by the projects where inter-sectoral collaboration is being enhanced and facilitated. Also, promoting of low-threshold services to the vulnerable groups has a strong social dimension by promoting easy access to services and outreach activities.

Activities responding to both goals 2 and 3

The project "Further development of low threshold services in Murmansk and Kantalahti" organized its concluding seminar in Murmansk on the 9th of November. The concluding seminar of the project "Governance of HIV/AIDS Prevention in North-West Russia" took place in Archangelsk in 2 December. A seminar for authorities and mass media campaign was organized by the TB/HIV collaboration project in Murmansk on 1 December.

Northern Dimension cross-border cooperation in combating HIV and HIV/TB was presented at the 41st Union World Conference on Lung Health to be held in Berlin, Germany, 11–15 November 2010.

In September 2010, there were 17 projects going on under the umbrella of the EG, 13 project proposals had been reviewed or were under consideration by the Group, and 29 projects had been completed. See the project list in the Attachment.

The Chair and the ITA took part in NDPHS meetings (CSR, Chairs and ITAs, EGTOR etc.)

4. Strengths and opportunities, obstacles and weaknesses

The main strength of the Expert Group lies in the high level experts involved as members. Many of them are national HIV coordinators. The group has been very active in preparing project proposals, identifying new and relevant stakeholders in different partner countries. Its work has been based on relevant research background and has had impact on national policies in several partner countries.

The critical weakness is lack of human resources. After the boom in the 1990.s, resources for HIV-prevention have been cut down and possibilities for national experts and advisors to implement activities that are known to have high impact have narrowed significantly. To some extent this could be compensated by providing more enabling environment for the expert level collaboration in the region covered by NDPHS.

The current funding mechanisms do not support Russia to actively be engaged in the projects. This concerns in particular the NGOs that could be a very significant reserve for intellectual resources.

5. Conclusions

Most of the Expert Group members have been working together already long before the establishment of the NDPHS. The Group has maintained productive and even enthusiastic attitude in their efforts. Added value has been created e.g. when the members have been able to implement on national level the ideas shared in the Group. On grass root level the ideas have been implemented in the projects of the Group.

Now the Expert Group meets new challenges - how to include associated infections, how to implement the new NDPHS strategy and EU BSR strategy. A big challenge will be identifying a new chair, as the present Chair will resign in the end of 2010.

6. Other relevant information

Several members of the EG took part in the World AIDS Conference in Vienna, July 2010. Other fora where the members have been able to promote the priorities of the Expert Group are for example EU HIV Think Tank and UNAIDS Programme Coordinating Board.

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

Projects under implementation in December 2010

FINNISH-RUSSIAN PROJECTS

1. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II." (2008-2010) Coordination: National Institute for Health and Welfare (THL), Finland and Ministry of Health and Social Development of the Murmansk Region. Approximate budget EUR 600,000 (3 years). Financier: Finland. NDPHS ID 1165 (*Financing for 2008 and 2010 directly by Finland, for 2009 through NDPHS pipeline*). *The work of ITA and meeting costs of the Expert Group (when not covered by the host country) are financed through this project.*
2. "Further development of low threshold services in Murmansk and Kantalahti" (2008-2010). Continuation of the Pilot project of the above mentioned programme. Coordination: THL (Finland) and Murmansk Regional AIDS Centre. Approximate budget EUR 300,000 (3 years). Financier: Finland. (*Component 2 of the NDPHS ID 1165*). *Coordinated by the ITA.*
3. Strengthening of municipal anti-drug networking in the Murmansk Region (2010–2012). Coordination THL (Finland) and Monchegorsk City Administration. Budget for 2010 - 90,000 EUR + local input. Financier: Finland. ITA participated in the planning phase of this project and follows up its implementation.
4. HIV prevention among reproductive-aged women in the Republic of Karelia (2010–2012). Coordination: National Institute for Health and Welfare (THL), Finland and the Republican AIDS Centre, the Republic of Karelia. Budget for 2010 - 85,000 EUR + local input. Financier: Finland. ITA participated in the planning phase of this project and follows up its implementation.
5. TB/HIV collaboration in Murmansk. Project planning phase 2009. Implementation 2010–2012. Coordination FILHA, Finland. Budget for 2010 - 106,000 EUR. Financier: Finland. The Chair provides expert services for this project, and the ITA is a member of the project steering committee.
6. Development of low threshold services in Leningrad Region (2010–2012). Coordination THL and Leningrad regional AIDS centre. Budget for 2010 - 84,000 EUR. Financier: Finland. ITA participated in the planning phase of this project and follows up its implementation.

NORWEGIAN-RUSSIAN PROJECTS (all applications have been reviewed and the implementation monitored by the Barents HIV/AIDS Programme Steering Committee which is coordinated by the EG ITA)

7. "Cross action between STI Clinic in Archangelsk and Olafia Clinic in Oslo". Coordination: Norway. Approximate budget for 2009: NOK 300,000. Financier: Norway (B504). NDPHS ID 1392. Proposal submitted for continuation in 2011
8. Face the problem. Peer education. Coordination: Pertinax Group, Norway, partners in Archangelsk Region. Financier: Norway (B1001; NOK 135,000 granted in 2010).
9. Research project "The Governance of HIV/AIDS Prevention in North-West Russia". Coordination: Norwegian Institute for Urban and Regional Research, Norway. Approximate budget: EUR 622,500. Financier: Research Council of Norway. Training and dissemination component of the project is financed by the Finnish Ministry for Foreign Affairs through NDPHS project pipeline. NDPHS ID 535 and 551.
10. Educational project "New View" in the sphere of the HIV/AIDS and drug addiction

prevention, organization of voluntary group for the specialists, working with teenagers and young people, students of higher and special educational institutions. Coordination: Norwegian Sami Mission, partner "New Beginning", Murmansk Region. (Project B816; granted NOK 200,000 in 2009). NDPHS ID 1171

11. "HIV and co-infections in Murmansk region, seminar". Coordination: University Hospital of Northern Norway. Project region: Murmansk Oblast, Russia.
12. Prevention and management of HIV/AIDS and opportunistic infections in Northwest Russia with particular focus on capacity and capability building of partner consortium and local government. Coordination: DanChurchAid office in St. Petersburg, partners Botkin Hospital, Humanitarian Action Foundation and PSP-fund Ravnovesie. Financier: Norway. NDPHS ID 1393
13. "Camp Murmansk 2010". Health promotion, education and information concerning HIV and AIDS. Coordination: NGO New Beginning and Murmansk Regional AIDS Centre, University of Bergen, Norway. Financing: Norway. NDPHS ID 1397

NCM PROJECTS

14. Promoting Testing for and Treatment of Communicable Diseases among Vulnerable Groups in the Kaliningrad Region (2009- Jan 2011). Coordination: NCM Kaliningrad office and Ministry of Health of the Kaliningrad Region. Approximate budget 250,000 EUR. Financing NCM and Ministry of Health of the Kaliningrad Region. NDPHS ID 1138. The project is monitored and followed up by the EG, the ITA organised a study tour to Finland.
15. Social partnership against drug addiction, HIV/AIDS in Northwest Russia (2009–2010). (Archangelsk and other north-western regions of Russia). Financing NCM and Archangelsk regional government. The ITA has been the advisor of the project and organised a study tour to Finland.

EU PROJECTS

16. "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI". Start in 2009, duration 30 months. Coordination Robert Koch Institut, Germany. Partners in 20 countries, including Poland, Estonia, Lithuania and Portugal. Approximate budget EUR 1.2 million. Financier EU and others. NDPHS ID 1389 (AFEW). Coordinated by the German representative, and several other EG members participate in this project.
17. H CUBE project. A network project to study and face HBV, HCV and HIV/AIDS in participating countries. Ten countries participate including Poland and Lithuania. (<http://www.hcube-project.eu/h3/index.php?pag=9>). At least two representatives of the EG participate in this project.

Projects under consideration (in December 2010)

1. Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups ("TUBIDU"). (Prevention of IDU- and HIV-related TB epidemic in the partner countries - Estonia, Latvia, Bulgaria, Romania, Leningrad Oblast). Applied from EU. *Preliminary information about financing received.*
2. European AIDS Congress 2011 in Estonia. Proposal submitted by National Institute for Health Development, Estonia. Applied from EU. *Preliminary information about financing received.*
3. Speak AIDS. Social marketing, Baltic countries and Poland involved in the proposal. The idea is that each country identifies 3-5 vulnerable populations, makes a survey among them and develops a social marketing prevention campaign among these groups.

4. Prevention and management of HIV/AIDS and opportunistic infections in NW Russia - with specific focus on combating drug abuse. Proposal submitted by DanChurchAid. Applied from NCM.
5. Enhancing of HIV prevention in Murmansk prisons and among ex-inmates and their families. Coordinators - the Murmansk Low Threshold Support Centre and THL. Applied from Finland.
6. Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Regions (Phase III): Technical Assistance and Coordination. Coordination of Barents HIV/AIDS Programme and the HIV/AIDS Expert Group of NDPHS (2011–2013). Applied by THL from Finland.
7. A project on HIV, TB and prisons to be developed together with the Primary Health and Prison Health Systems Expert Group (PPHS). This idea will be developed further under the new Barents Tuberculosis Programme.
8. Project on HIV among women under the HIV/AIDS&AI EG in collaboration with the PPHS EG. This initiative will be taken further by the ITA of PPHS Group, and it will probably include Poland and Baltic countries.
9. Strengthening intersectoral collaboration in prevention and care of HIV and related diseases among vulnerable populations in Northwest-Russia, Lithuania, Poland. Under preparation.
10. Strengthening response to the HIV and the TB epidemics in North-West regions of Russia. Kaliningrad, Northwest Russia, Nordic countries. Coordinated by NCM Kaliningrad office and NGO "YLA". Proposal submitted to NCM.
11. VERA 2: HIV and STIs prevention among Russian-speaking female sexworkers in Norway and North-West Russia. Proposal submitted to Norway.
12. Enhancing tolerance in society to people with HIV/AIDS through training of media professionals. Geographic area: Republic of Karelia, Russia. Proposal submitted to Norway.
13. THINK Murmansk – a pilot youth empowerment. Proposal submitted to Norway.

NCD Expert Group Annual progress report

Submitted by: NCD EG.

Year covered: 2010

1. Group leadership and coordination

1.1.A Time-period 1 January – 30 June 2010 the activities on NCDs were covered by the SIHLWA EG (“Social Inclusion, Healthy Lifestyles and Work Ability”) as follows:

<p>SIHLWA’s Lead Partner:</p> <p>Ministry of Social Affairs & Health P.O. Box 33 , FI-00023 Government, FINLAND <i>Focal point:</i> Liisa Ollila, Director E-mail: liisa.ollila@stm.fi Phone: +358 9 160 73889 Fax: +358 9 160 73296 and Mr Olli Kuukasjärvi Ministerial Adviser Phone: +358 9 16074193 Fax: +358 9 16073296 E-mail: olli.kuukasjarvi@stm.fi</p>	<p>SIHLWA’s Co-Lead Partner:</p> <p>Ministry of Health/ Lithuania <i>Focal point:</i> Mr. Viktoras Mežis Head of Foreign Affairs Division Lithuanian Ministry of Health Vilniaus 33 01506 Vilnius LITHUANIA Phone: +370 526 61420 Fax: +370 526 6 1402 E-mail: viktoras.meizis@sam.lt</p>
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1.2 A International Technical Advisor / Coordinator(s) / Task Manager(s)

SIHLWA Expert Group due to its structure of 4 sub-groups has decided to have a **Coordinating Chairman** for the whole group. The position of Coordinating Chairman for the period 1 January – 30 June 2010 was held by:

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

The position of **International Technical Advisor** for the whole group for the period 1 January – 30 June 2010 was held (40 % work time) by:

Ms Hanna Koppelomäki
Ministry of Social Affairs and Health/Finnish Institute of Occupational Health
Address: Topeliuksenkatu 41 a A, FIN-00250 Helsinki
Tel. office: +358 30 474 2929, GSM: +358 50 3808540, Fax: +358 30 474 2629
E-mail: hanna.koppelomaki@ttl.fi

The **EG SIHLWA** consisted of four sub-groups:

- 1) Sub-group on alcohol
- 2) Sub-group on adolescent health and socially-rewarding lifestyles
- 3) Sub-group on occupational safety & health
- 4) Sub-group on indigenous mental health, addictions and parenting

Each sub-group has their own functionaries

1) Sub-group on alcohol

Chairperson open	Vice -chairperson open
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2) Sub-group on adolescent health and socially-rewarding lifestyles

Chairperson²² Dr Mikko Vienonen Sysimiehenkuja 1, 00670 Helsinki, FINLAND GSM +358-50-442 1877 E-mail: m.vienonen@kolumbus.fi	Vice -chairperson Dr Aldona Jociute Head of Bureau for the Health Promoting Schools State Environment Health Centre Kalvariju 153, LT-08221 Vilnius, Lithuania Phone: + 370 5 236 0496, Fax: + 370 5 273 7397 E-mail: aldona.jociute@takas.lt
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3) Sub-group on occupational safety and health²³

Chairperson Mr. Wiking Husberg Senior OSH Specialist E-mail: husberg@ilo.org 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	Vice-chairperson Dr. Remigijus Jankauskas Director of Occupational Medicine Center E-mail: jank@dmc.lt 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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4) Sub-group on indigenous mental health, addictions and parenting²⁴

Chairperson Mr Eric Costen Director Mental Health and Addictions Division Community Programs Directorate First Nations and Inuit Health Branch, Health Canada Jeanne Mance Building, Tunney's Pasture, Ottawa, ON K1A 0K9 Tel: (613) 954-5762 Cell: (613) 859 1353 eric_costen@hc-sc.gc.ca	Vice-chairperson Ms. Maria-Pia de Palo Senior Adviser Nordic Council of Ministers Ved Stranden 18 DK-1061 København K Denmark Phone: +4533960277 E-mail: mpp@norden.org
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²² 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 elected as the chair of the ADO sub-group.

²³ For OSH sub-group the Chair is, in principle, identified from ILO cosponsoring the sub-group.

²⁴ For OSH sub-group the Chair is, in principle, identified from ILO cosponsoring the sub-group.

1.1.B Time-period 1 July – 31 December 2010 the activities on NCDs (except for Alcohol and Substance Abuse including tobacco were shifted under ASA EG and ADPY TG) were covered by the NCD²⁵ EG (“Non-communicable Diseases related to Lifestyles and Social and Work Environments”) as follows:

<p>NCD’s Lead Partner:</p> <p>Ministry of Social Affairs & Health P.O. Box 33 , FI-00023 Government, FINLAND <i>Focal point 2010:</i> Liisa Ollila, Director E-mail: liisa.ollila@stm.fi Phone: +358 9 160 73889 Fax: +358 9 160 73296 and Mr Olli Kuukasjärvi Ministerial Adviser Phone: +358 9 16074193 Fax: +358 9 16073296 E-mail: olli.kuukasjarvi@stm.fi</p>	<p>NCD’s Co-Lead Partner:</p> <p>Ministry of Health/ Lithuania <i>Focal point:</i> Mr. Viktoras Meižis Head of Foreign Affairs Division Lithuanian Ministry of Health Vilniaus 33 01506 Vilnius LITHUANIA Phone: +370 526 61420 Fax: +370 526 6 1402 E-mail: viktoras.meizis@sam.lt</p>
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1.2 B International Technical Advisor / Coordinator(s) / Task Manager(s)

The position of NCD EG Chair during time period 1 July – 31 December 2010 was held by:

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

The position of NCD EG International Technical Advisor during time period 1 July – 31 December 2010 (50 % work time) was held by:

Ms Hanna Koppelomäki
International Technical Advisor (ITA)
Ministry of Social Affairs and Health/Finnish Institute of Occupational Health
Address: Topeliuksenkatu 41 a A, FIN-00250 Helsinki
Tel. officel: +358 30 474 2929, GSM: +358 50 3808540, Fax: +358 30 474 2629
E-mail: hanna.koppelomaki@ttl.fi

The NCD-1 Expert Group meeting on 28 September 2010 approved the nominations of Chair and ITA as above.

As two **associated task groups** with the **NCD EG** since 1 July by the decision of NDPHS CSR-17 are **OSH- and IMHAP TGs**, carrying on the work that had started by the similarly named subgroups under SIHLWA. Each sub-group has their own functionaries and they will submit their Annual Reports 2010 through NCD EG.

²⁵ By the decision of the CSR-17, the SIHLWA EG’s work ended 30 June 2010.

1.3 Financial resources for leadership

Funding for SIHLWA EG (1.1.- 30.6.2010) and later NCD EG (1.7. – 31.12.2010) part time Chair (consultative basis) is provided by the Ministry of Social Affairs and Health (MoSA&H) of Finland. Additionally, travel of SIHLWA/NCD EG functionaries to necessary administrative meetings (e.g. CSR, Chairs and ITAs meetings, etc.) were covered by the Lead Partner.

Also participants to SIHLWA and respectively to NCD expert group meetings were to some extent covered by the MoSA&H Finland budget allocation to SIHLWA and respectively to NCD, such as Finnish national experts' participation, and expenses of certain key-note speakers.

SIHLWA and respectively NCD leadership (Chair and ITA) functions have been allocated directly from MoSA&H budget, and the Chair has not been a "fund holder" of this allocation. Therefore, exact allocations on SIHLWA and/or NCD could not be referenced here.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

2.1.A) SIHLWA EG

In 2010 the **9th SIHLWA Expert Group** met in Copenhagen, Denmark 23-25 March in the premises of WHO-EURO and Nordic Council of Ministers. Separate complete report is available on http://www.ndphs.org/?mtgs.sihlwa_9_copenhagen. At the SIHLWA-9 meeting there were in total 46 participants. The important outcomes of the meeting were the establishment of IMHAP sub-group and respectively the drafting of IMHAP TG TOR, and further elaboration of NCD EG TOR.

Efforts were initiated to develop a concept of an "Alcohol and drug prevention among youth" EUSBSR flagship project. The project was first discussed during the SIHLWA EG 9th meeting and project issues were forwarded to continue in the Task Group on Alcohol and Drug Prevention among Youth.

2.1.B) NCD EG

The representatives nominated to NCD EG by 31 December were the following:

NCD EG Nominated Representatives and alternates in 2010					
Country/ Organization	Family name	First name	Representative status	Phone(s)	E-mail
FINLAND	VIENONEN	Mikko	Chair of the EG	+ 358 50 4421877	m.vienonen@kolumbus.fi
FINLAND	KOPPELOMÄKI	Hanna	ITA of the EG	+ 358 50 3808540	hanna.koppelomaki@ttl.fi
LATVIA	LIEPIŅA	Inga	Main rep.	(+371) 67876077	inga.liepina@vm.gov.lv
LATVIA	PUDULE	Iveta	Alternate 1	+371 67501588	iveta.pudule@vec.gov.lv

LITHUANIA	SKETERSKIENĖ	Rita	Main rep.	+370 5 260 4716	rita.sketerskiene@sam.lt
LITHUANIA	GUREVIČIUS	Romualdas	Alternate 1	+370 5 277 3301	guro@hi.lt
LITHUANIA	LAUKAITIENĖ	Aida	Alternate 2	+370 5 247 7341	aida.laukaitiene@gmail.com
NORWAY	RIMESTAD	Arnild Haga	Main rep.	+47 24163440	ArnildHaga.Rimestad@helseidir.no
POLAND	WOJTYNIAK	Bogdan	Main rep.	+48 22 542 12 29	bogdan@pzh.gov.pl
POLAND	CAR	Justyna	Alternate 1	+48 22 542 13 77	jcar@pzh.gov.pl
RUSSIA	KOROTKOVA	Anna	Main rep.	+7 495 618-11-09	korotkova_anna@mednet.ru
WHO	TSOUROS	Agis	Main rep.	+45 39 171 509	tsourosa@who.int
WHO	MAUER-STENDER	Kristina	Alternate 1	+45 39 171 603	mauerstenderk@who.int

N.B.: participants to NCD-1 meeting are highlighted. Additional participants to the meeting were Mr **Olli Kuukasjärvi** representing the Lead Partner Finland, Director **Taru Koivisto** (part of time) representing MoSAH/FIN Department of Health Promotion, Mr **Marek Maciejowski** representing NDPHS Secretariat/ Stockholm, Professor **Anders Foldspang** representing Nordic School of Public Health, and Professor **Bengt Lindström** representing Folkhälsan, Finnish public health NGO, and Dr **Suvi Lehtinen** representing OSH TG.

3. Progress towards goals and the implementation of operational targets

PAC-6 in 2009 approved the NDPHS Goals, Operational Targets and Indicators for 2010 – 2013. The thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments notes the following on NCDs:

“Unequal socio-economic conditions and lack of empowerment among disadvantaged population groups play major roles in the development of non-communicable diseases (NCD). These circumstances contribute to increasing health inequities. However, policies and actions directed towards “vectors” of NCD will mitigate such health inequities. Hence, the NDPHS will have contributed to the development of comprehensive policies and actions in the entire region to prevent and minimize harm from tobacco smoking, alcohol and drug-use to individuals, families and society (especially young people)”. Beyond alcohol and substance abuse (Goals 7-9), health at work (Goal 10), and public health and social well-being among indigenous peoples (Goal 11), specific targets for other NCD related to lifestyles and social environments have not been explicitly identified.

The scope of responsibilities of the NCD EG is defined in the TOR of NCD EG, approved by CSR-17 on 30 June 2010 (the TOR are available for downloading at http://www.ndphs.org/internalfiles/File/NCD%20EG/ToR_for_NDPHS_NCD_EG.pdf.)

During the first half of 2010 the NCD-related work focused through SIHLWA EG on establishing a suitable framework and structure to meet the challenges put forward by the new NDPHS Strategy for 2010 – 2013. Initiative and considerable effort was made to elaborate the implementation of Goals 7-9, especially through SIHLWA-9 meeting. As these goals focus on alcohol and tobacco primarily, they are presently under the responsibility of ASA EG under Norwegian leadership and reported by them. In the same way, the establishment of Task Group on Alcohol Prevention among Youth (flagship project planning), was strongly supported by SIHLWA secretariat and Alcohol –subgroup and Adolescent Health-subgroup. After the establishment of the ADPY TG under Swedish leadership this activity will be reported by them.

The SIHLWA/ ADO-subgroup flagship project on “Healthy Choices” implemented in 2010 (started in 2008 as “alcohol and drug prevention among youth in Saint Petersburg) has been an important NGO sector activity for primary and secondary prevention of social inclusion and substance abuse among children and adolescents. They also will participate in the ADPY TG work in further project preparation. If they will continue to focus on alcohol and substance abuse, the NCD EG would not be their primary partner any longer.

The NCD EG 1st meeting on 28 September 2010 brought together 13 experts from 5 countries and 5 organizations. The meeting focused on health determinants in the region and addressed problems through a holistic health promotion concept and assessment of health impact in all policies.

(see NCD-1 full report http://www.ndphs.org/?mtgs.ncd_1_helsinki).

Based on the elaborations the NCD-secretariat (which was established at NCD-1) and members have continued elaborating practical action preparing for PAC-7 side-event and two project ideas along the guidelines provided by NDPHS Secretariat. Extensive practical preparatory work with main partners and possibly participating countries has taken place during period October – December 2010. During this work we have worked on “concept papers” on the core issues of NCD EG focus, which also would be used as “building blocks” for flagship project. For the Second Northern Dimension Parliamentary Forum (22-23 Feb. 2011) NCD EG prepared a draft thematic paper on “Lifestyles’ impact on health and wellbeing”, to be further elaborated by the NDPHS Secretariat and Chairs.

The following concept papers are still in preparation and work will continue in 2011:

1. Potential Years of Life Lost/ PYLL: process for identification of evidence based NCD priorities in our Northern Dimension member states and selected regions (e.g. capital cities and selected other typical smaller areas).
2. Nutrition, obesity and diabetes: problems and prospects for practical intervention in our region (background work for NCD Flagship Project A preparation).
3. Forum of “wise men and women” on NCDs and healthy lifestyles: Exploring the possible role as change agent and operational feasibility.
4. “Expert patient”, “citizen & patient involvement “health literacy”, and “salutogenesis” feasibility as concepts for NCD-project building blocks.
5. Life-at-Stake TV-programme format: feasibility in building up public awareness of individual responsibility in NCD prevention and promotion of own health.
6. Assessment of WHO and other international core agreements linking with NCD policy development where NCD Flagship Project-B could bring value added to the ongoing European Health Policy process.
7. Assessment of strengths and weaknesses of WHO Health Promoting Cities Network/ urban health programme in Northern dimension area: “Troyan horse” for strengthened NDPHS NCD action?

Considerable effort was also put to the project preparation process:

1. Project concept paper on potential NCD flagship project-A on healthy nutrition, prevention and correction of obesity, diabetes-type-2 primary prevention, and physical

activity promotion among school-children and youth was prepared by 12 October and presented at PAC-7 side-event in Copenhagen on 27 October. The preparatory work was made by the Nordic School of Public Health team (Dean Anders Foldspang)

2. Project concept paper on potential NCD flagship project-B on NCD policy and strategy assistance to the pan-European health policy development was prepared by 12 October and presented at PAC-7 side-event in Copenhagen on 27 October. The preparatory work was made by Kristina Mauer-Stender (WHO-EURO) and Mikko Vienonen (NCD secretariat) with the aim to bring Northern Dimension regional needs and specificities into the process and stimulate the WHO process in a positive way [NCD policy meeting in Russia planned for April 2011 → WHO-EURO Regional Committee 61/ September 2011 → PAC-8 side-event November 2011 → WHO-EURO Regional Committee 62/ September 2012 (“Health 2020”) → WHO Global Health Promotion Conference (7th Ottawa Charter follow-up meeting) 2013 in Helsinki]

Terms of Reference for the project preparation process was written and funding through NDPHS Secretariat and the Delegation of the European Union to Russia was applied. The meetings are to be held in Russia together with National Institute of Public Health/ Moscow (Dr Anna Korotkova). Focus will be on NCD Flagship-project A and B preparation, and among others above mentioned concept papers will be used as potential building blocks for project activity.

By the end of December the NCD secretariat has made preparatory work for the NCD-2 meeting planned to take place in March 2011. This meeting is expected to link with the flagship projects’ (A & B) preparatory process, and possibly also to take place “back-to-back” with OSH TG and IMHAP TG (to be confirmed).

4. Strengths and opportunities

- NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Abilities had a considerable strength in its 4 subgroup (ADO, ALC, IMHAP and OSH). The establishment of a new group focusing on the indigenous people’s health and based on PAC-5 Ottawa elaborations paved the way for remaining one focus on indigenous people.
- OSH-subgroup has actively implemented the N-W Russia OSH project already in its 3rd phase. ADO-subgroup has in 2010 continued its Alcohol & Drug Prevention among Youth in SPb through “Healthy Choices” project. Three Russian NGOs have implemented grass-root level action in schools, vocational schools and in the streets.
- The ALC subgroup has been active through the strengthened focus on alcohol related problems of Baltic Sea Regional strategy. The fact that alcohol got such an important role is to a great extent thanks to SIHLWA and ALC-subgroup. The establishment of ASA EG is a concrete sign of this.
- OSH subgroup has been able to further implement “Health at Work” strategy;
- SIHLWA members until June 2010 have successfully been able to advocate our mission through using *ad hoc* opportunities provided by other actors, who have wanted to use our experts and networks.

5. Obstacles and weaknesses

- As before, the biggest obstacle for more successful operative work for NCDs is the fact that the Expert Group does not have a clear operational budget, but rather secretarial and coordinative functions are covered directly by the “Lead Partner” (MoSA&H/ Finland), such as recruitment of Coordinating Chair and International Technical Adviser, and their operational expenses. In organizing meetings this is not a major

problem, but urgent needs for NDPHS Secretariat and meetings often exceed the time allocated (purchased) by the Lead Partner;

- There are some Partner countries and Organizations who have been very helpful and flexible in providing their representatives funds for attending meetings. Unfortunately, this is not a rule throughout the range. As has been emphasized by the NDPHS governing bodies (CSR and PAC) and the Senior Representatives, Expert Groups are the most important operational tool for the whole NDPHS. Yet, when it comes to identifying their representatives and supporting their travel to the meetings, we have several times embarked in overwhelming difficulties. It is clear without saying that a country cannot function effectively or get the benefit out of the work, if their representatives cannot attend the meetings. The senior representatives also play an important role in identifying and nominating the right persons from their countries, but unfortunately, this task is not always properly fulfilled. Another problem is frequent changes of representatives, which can be understood because of frequent turn-over of expert staff in countries. Obviously, this is beyond the power of senior representatives. However, when a new expert is nominated they very seldom receive proper briefing for the task and aims of the NDPHS. Unfortunately, the very slow identification and nomination of experts to EGs after CSR-17 in Moscow (30.06.2010) gives no indication that the situation had changed towards better.
- Linking with the above mentioned draw-backs in briefing of Expert Group's representatives in their own countries, we have also noticed that there may be false expectations as to what EGs are all about. Here we in NCD Secretariat also need to improve our briefing to newcomers that the process aims at giving and taking. Most of "NCD-related work" should actually take place on their home front, not just during NCD meetings *per se*;

6. Conclusions and recommendations

- SIHLWA expert group and its 4 subgroups (ADO, ALC & OSH & IMHAP) during the 4 years of SIHLWA existence found a solid basis for their operation. Meetings have been professionally conducted, host-countries have provided excellent support, and project activities are well under way. June 2010 brought an end to SIHLWA, but life continues in two EGs (NCD and ASA) and three TGs (OSH, IMHAP and ADPY).
- The NDPHS strategic goals and plans bring new issues on NCD agenda. Officially spelled out goals of EU Baltic Sea strategy and NDPHS strategy explicitly only recognize alcohol and tobacco. Therefore, the role of NCD EG and what it decides by its initial meetings and prepared action plans is of utmost importance.
- SIHLWA-IMHAP (Indigenous Mental Health, Addiction and Parenting) 4th sub-group initiative has got a good start under SIHLWA support and it is encouraging that they continue as a TG affiliated with NCD EG.
- Former SIHLWA OSH subgroup will continue promoting of OSH issues through goal 9 and in NW Russia implementing the "Health at Work" strategy through their flagship project.

7. Other relevant information

None

PPHS Expert Group Annual progress report

Submitted by: PPHS EG

Year covered: 2010

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead Partner – Sweden
Vice-lead Partner – Russia

PPHS EG Chair, Sweden:

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PPHS EG Vice-Chair, Russia

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1.2 International Technical Advisors

PPHC EG International Technical Adviser (focus on PHC issues)

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PPHS EG International Technical Adviser (focus on PH issues)

Dr Zaza Tsereteli
International Technical Advisor, PPHS EG, ASA EG
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1.3 Financial resources for leadership

Funding for PHC EG (1.1-30.6.2010) and later PPHS EG (1.7-31.12.2010) Chair is provided by the Ministry of Health and Social affairs of Sweden. Additionally, one of the ITAs is financed by the Lead Partner.

Funding for PHC EG (1.1-30.06.2010) and later the PPHS EG (1.7-31.12.2010) Vice-Chair is provided by the Ministry of Health and Social Development of the Russian Federation.

The ITA for the PH EG (1.1-30.6.2010) and later PPHS EG (1.7-31.12.2010) financially is supported by the Ministry of Health and Care Services of Norway.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

In 2010 the 9th meeting of the PHC EG took place in Helsinki, on March 25-26. The meeting minutes are available at http://www.ndphs.org/?mtgs_phc_9_helsinki. Representatives from eight countries and from WHO participated in this meeting.

The 10th meeting of the PH EG took place in Arkhangelsk, Russian Federation, on April 7-8. The meeting minutes are available at http://www.ndphs.org/?mtgs_ph_10_arkhangelsk. Representatives from seven countries and several international organizations participated in this meeting.

The representatives nominated to PPHS EG by 28 September were the following:

Country/ Organization	Family name	First name	Representative status	Phone(s)	E-mail
Sweden	Carlsson	Goran	Chair	46 8 405 4923 +46 72 232 41 49 +46 730 508995	goran.carlsson@social.ministry.se
Russia	Mikhailova	Yulia	Vice-Chair	+7 495 618-32-68	mikhaylova@mednet.ru
Russia	Kochkarev	Denis	Alternate - 1	+7 495 639-41-28	dekon72@rambler.ru
Denmark	Christensen	Knud	Main	+45 72554620	knud.christensen@kriminalforsorgen.dk
Finland	Vainiomaki	Paula	Main	+ 358 40 7010014	paula.vainiomaki@utu.fi
Finland	Kokko	Simo	Main	+ 358 503 620 446	simo.kokko@thl.fi

Finland	Ruohonen	Rauni	Alternate	+ 358 9 4542 1230	rauni.ruohonen@filha.fi
Germany	Lehmann	Marc	Main	+49 30 90144 1300	Marc.Lehmann@jvkb.berlin.de
Latvia	Miezītis	Aigars	Main	+371 67387650	aigars.miezitis@vec.gov.lv
Latvia	Zeile	Olga	Alternate 1	+371 67046147	olga.zeile@tm.gov.lv
Latvia	Pabalka	Silvija	Alternate 2	+371 67876087	silvija.pablaka@vm.gov.lv
Lithuania	Savuliene	Egle	Main	+370 5 260 4895	egle.savulienė@sam.lt
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Lithuania	Semenaite	Birute	Alternate 2	+370 5 271 9085	b.semenaite@kaldep.lt
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Poland	Putz	Jacek	Main	+48 22 560 11 60	putzj@cmkp.edu.pl
Poland	Szewc	Adam	Alternate 1	+48 22 640 84 27	aszewc@sw.gov.pl
IOM	Petrova Benedict	Roumyana	Main	+32 2 287 7210	rpetrovabenedict@iom.int
IOM	Piero	Maria- Jose	Alternate 1	+32 2 287 7212	mpeiro@iom.int
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WHO	Baltag	Valentina	Main	+45 39171205	baltagv@who.int
WHO	Van den Bergh	Brenda	Alternate 1	+45 39171401	vandenberghb@who.int
Belarus	Zhilevich	Luidmila	Associate member	+37517200441 8	ljilevich@belcmt.by

Representatives from Estonia, in particular, and at times Latvia and Lithuania, have had limited possibilities to participate in the meetings due to the financial crisis. All major players in the field of Prison Health were invited to participate in the EG meetings and close contacts with those organizations are established. The issue of country representation from the fields of Primary Health Care and Prison Health has not yet been finally solved among all members.

3. Progress towards goals and the implementation of operational targets

3.1 PPHS EG ToR

PAC-6 in 2009 approved the NDPHS Goals, Operational Targets and Indicators for 2010 – 2013. It was foreseen that the newly established PPHS EG will work towards the achievement of two Goals from the NDPHS strategy - Goal 5: Inequality in access to qualified primary health care in the ND area is reduced and - Goal 6: Prison policy in the ND area provides for that the health and other needs of inmates are readily met and easily accessed, and that

gender specific needs of women and the needs of children accompanying their mothers are addressed.

The responsibilities of the PPHS EG defined in the ToR include, but are not limited to the following:

- Contributing to the development of national policies that respond to the needs and requirements of the Partner Countries;
- Promoting general awareness concerning the role and significance of comprehensive primary health care, including health issues related to penitentiary institutions, as one of the cornerstones of a well-functioning health care system;
- Working towards the development of positive attitudes towards professionals in health care, social and penitentiary services;
- Promoting the principles and objectives of the Partnership in the field of health systems development with a special emphasis on primary health care and community health promotion for all citizens including those confined to imprisonment and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- In collaboration with suitable implementing agencies, formulating and developing ideas for project proposals, facilitating the project application, and if funding is available, follow up on their implementation;
- Supporting efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up primary and prison health care systems for all citizens

3.2 Progress towards goals and implementation of operational targets

Goal 1: The role and working methods of the NDPHS are strengthened

Operational target 1.1: By 2013, international/regional, national, sub-national and local health authorities or other actors have recognized the NDPHS as a renowned source of knowledge and expertise in the region and contacted it for cooperation and/or advice in their own planned activities (at least two actors from each level).

Indicator 1.1A: Number of actors per each of the abovementioned levels who have contacted the NDPHS for cooperation and/or advice

During the reported period the former PH EG contacted five international, three national and three local Prison and Health Authorities as well as 4 Ministries of Justice for cooperation. Two organizations have asked for advice for their planned activities.

The Swedish representatives of the former PH EG have participated in the SMITT-NORR meeting, which took place in Ostersund Sweden – “The prison population – hot spot for Communicable Disease Control”. SMITT-NORR is an annual meeting between the depts of CDC in northern Sweden. The former PH EG has participated in the survey on drug-related health and social responses in prisons, which was prepared by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and kindly shared with the former PH EG through the ITA.

The ITA of the former PH EG discussed with the European Commission/DG Health and Consumers, on possible inclusion of issues related to HIV/AIDS prevention in prison settings in the agenda of the next EU HIV/AIDS Think Tank meeting. It was agreed that the special

session during the autumn Think Tank meeting will be devoted to Prison issues. The ITA of the former PH EG is invited to make a presentation on NDPHS activities in this field

The former PH EG became an associated partner of the "ACCESS" project - Access to treatment and harm reduction for drug users in custody. The project will address the general objectives of the Drug Prevention and Information Programme related to the prevention and reduction of drug use, dependence and drug related harms and contribution to the information on drug use.

The Swedish representatives of the former PH EG has participated in the annual meeting of the the Swedish Association for Infectious Disease Physicians, which took place in Umea, Sweden. The main topic of the meeting was – "Efforts to combat spread of infectious diseases in prison settings in NW Russia".

The ITA as participated in the conference "Urban Drug Policies in the Globalised World", which took place in Prague. The former PH EG has initiated inclusion of the Prison Health issues in the meeting of the EU Think Tank on HIV/AIDS, which will take place in Luxemburg. The ITA will make a presentation during this meeting

Operational target 1.2: Social well-being aspects are systematically and concretely included in the work of the NDPHS including, but not limited to its Expert Groups.

Indicator 1.2A: The percentage of NDPHS activities (projects, policy papers) including social well-being aspects out of the total number of respective NDPHS activities in a given period of time.

Unfortunately Zero

Operational target 1.3: By 2013, external expertise is involved in the NDPHS policy development. This will be achieved through, *inter alia*, identifying relevant actors and subsequently approaching them with an invitation to take part in the Partnership policy development as well as project development and implementation. Activities will be undertaken to promote the establishment of cooperation frameworks, such as partnerships involving national, local and sub-regional actors and expert networks (e.g. universities, hospitals and prisons). In this way the NDPHS will be able to promote practical cooperation contributing to its own goals through activities run beyond its institutional framework.

Indicator 1.3A: Number of organizations and/or authorities, not currently participating in the NDPHS, involved in NDPHS policy development.

N/A

Operational target 1.4: By 2013, external expertise (especially of relevant national, subnational and local actors in the area of public health and social well being, when available) is involved in the NDPHS project development and implementation.

Indicator 1.4A: Number of external organizations and/or authorities involved in NDPHS project development and implementation.

The former PH EG had involved five external organizations in development of project and programme proposal. **In April**, the 10th meeting of PH EG took place in Arkhangelsk. Representatives from the AIDS Foundation East-West (AFEW), International Labour Organization (ILO) and the Regional Office for Children, Youth, and Family Affairs (Bufetat), Northern Norway, were invited to this meeting and presented their activities. The PH EG decided, by request from BEAC, to lead the development of a TB prevention programme for the Barents Region. This programme would be then shared with the Prison authorities from Baltic countries, in order to develop the same type of activities in Baltic Region.

Operational target 1.5: By 2013, the regional dimension of the NDPHS is further developed among other things by facilitating projects involving partners from more than only two countries.

Indicator 1.5A: Number of projects facilitated by the NDPHS which involve regional cooperation (partners from more than two countries are involved).

The former PH EG is involved in the development of two Project and one Program proposal, where more than two countries are participating. The former PH EG has organized a Planning Meeting of the Barents Tuberculosis Programme, which took place in Arkhangelsk. Representatives from the TB and HIV Services from all the regions of the Barents zone, including prison authorities, participated in the meeting. The Finnish representative of the EG participated in the LFA planning workshop of the Barents Tuberculosis Programme in Repino, Leningrad Region, Russian Federation

Operational target 1.6: By 2013, new sources of funding, such as EU programmes and private funds, are mobilized.

Indicator 1.6A: Number of projects funded completely or partly by new sources of financing.

N/A

Indicator 1.6B: Percentage of funding raised from new sources of financing out of the total raised project funding.

N/A

Operational target 1.7: Relevant international projects are included in the NDPHS Database for improved coordination and facilitation.

Indicator 1.7A: Number of new projects added to the NDPHS Database

N/A.

Operational target 5.1: Differences in the accessibility and quality of primary healthcare in the ND region are assessed. Organization of primary health care in different countries and regions within the countries will be assessed as to how it fulfils core characteristics of a good PHC system: First contact, accessibility, continuity, comprehensiveness, coordination, and family and community orientation.

Indicator 5.1A: A report outlining the differences in the accessibility and quality of primary healthcare in partner countries and recommending further actions is developed.

Operational target 5.2: Mechanisms for promoting an equitably distributed and good quality primary care system, which corresponds to changing society health needs and increases the cost efficiency of the overall public health systems in the region, are defined.

Indicator 5.2A: A jointly developed paper presenting the population health care needs and deployment and mobility of primary health care professionals in the ND region is in place.

Indicator 5.2B: A position paper on tomorrow's role of primary health care professionals in the context of changing society needs is in place.

Indicators 5.2C: Jointly developed recommendations for education and professional development of primary health care teams with particular attention to PHC nurses, patient

empowerment and tools to increase the role of patients (in self-management) and community (in solving priority health problems) are in place.

Indicator 5.2D: Models of best practices in different countries are demonstrated and policy conclusions for dissemination are in place.

PHC EG flagship project ImPrim, implemented with support of EU BSR Programme, will contribute to operational targets 5.1 and 5.2. The ImPrim project aims at promoting equitably distributed high quality Primary Health Care services in the Baltic Sea Region in order to increase the cost efficiency of the public health system and more efficiently counteract communicable diseases as well as health problems related to the social factors. During the first quarter of 2010 PHC EG chair and ITA and members from Belarus, Estonia, Finland, Latvia, Lithuania and Sweden facilitated communication between project partners and their respective Ministries of Health in order to guarantee political support and financial contribution for the implementation of planned project activities. (See more detailed description of the flagship project under section 4.1)

The role of primary health care nurse in addressing growing health needs of communities in the BSR is becoming more and more important. The former PHC EG has identified existing gaps in performance and quality of work of nurses, when comparing Scandinavian countries on one hand and Belarus, Russia and Baltic countries on the other. The workshop “*PHC nurses in the primary health care team: experiences of immigrant doctors and nurses*” was organised by the Ministry of Health and Social Affairs of Finland and the former PHC EG as a thematic workshop linked to the Ninth Meeting of PHC EG, March 25-26 2010 in Helsinki (http://www.ndphs.org/?mtgs.phc_9_helsinki). During the workshop experiences of immigrant doctors and nurses on the role of the nurse in PHC teams in their own countries and Finland have been shared. The workshop provided input for planning activities through the flagship project ImPrim for strengthening the role of PHC nurses in the Baltic Sea Region.

Introduction of internal quality assurance tools for strengthening evidence based decisions is another very actual strategy for improvement of PHC quality. Highly contributing to this strategy is the NDPHS Pipeline project no 14: “Establishing EBM and Developing Quality of care in PHC through extended networks with PHC doctors and nurses in northwest Russia”, implemented by Blekinge Centre of Competence (Sweden). Apo-Audit methods have been used as tools to measure clinical performance of PHC doctors and nurses. The following clinical audit reports in Russian-English have been printed and delivered at the follow-up meetings during the project time: (1) For family nurses: *Blood pressure measurement and advice on lifestyle* (four different reports for Murmansk, Archangelsk, Pskov and Kaliningrad regions); for family doctors: (2) *Respiratory Tract infections and prescription of antibiotics in PHC* (three different reports in Murmansk, Archangelsk and Pskov); (3) *Hypertension and Diabetes, diagnosis and treatment in PHC. (One overall report and regional presentations)* (4) *Early detection of cancer*. Despite long traditions of external, “top-down” quality control, internal audit tools met high interest among family doctors and nurses in North West Russia. In March 2010 audit for felchers focused on early detection of cancer have been started. For further application and dissemination in NWR of this new quality assurance tool ideas to establish independent audit centre in Archangelsk have been elaborated.

Operational target 5.3: Regarding the health of parents and their children, a symposium on babies with extremely low body weight is organized in 2010 and a conference on prenatal diagnostics in 2011.

Indicator 5.3A: Both the symposium and the conference are organized.

Due to the reorganization of NDPHS EGs and financial difficulties in the Baltic Countries, the above mentioned activities were postponed. Russia has, however, expressed an interest in organising the symposium.

Operational target 5.4: By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.

Indicator 5.4A: Result of survey implemented among those from the target groups.

Required expertise on the NDPHS side: Expertise currently available in the PHC EG is required. Also, for the implementation of the Operational target 5.3 the expertise currently available in the SIHLWA EG is required. Expertise regarding social matters is additionally required.

Operational target 6.1: By 2011, policy recommendations on provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary assessment of organizational structures of Prison Health services and their influence on access to health care institutions in different Partner countries has been carried out. International seminars on Prison Health care system to share knowledge, experiences and examples of evidence-based practice have been organized, if considered necessary.

Indicator 6.1A: A report outlining the organization of Health care services in the penitentiary system in the ND region, and recommending further actions is in place

Due to the reorganization of the NDPHS EGs and financial difficulties in the Baltic Countries, the above mentioned activities were postponed until later. The ITA of the former PH EG was contacted by WHO HIPPP, with the request to assist the UK NGO "HALE" to find partners in order to develop a project proposal for the ND area, which would be related to HIV/AIDS prevention in prison settings.

Indicator 6.1B: Number of seminars on Prison Health care system organized.

Due to the reorganization of the NDPHS EGs and financial difficulties in the Baltic Countries no seminars were organised in 2010. In November 2010 the ITA together with the member of PPHS EG from Finland will participate in the symposium "**Combatting HIV/TB among vulnerable populations in Eastern Europe**". The Finish representative will be the Coordinator of this event, and the ITA will make a presentation on TB/HIV in prison settings. This symposium will be organized during the 41st Union World Conference on Lung Health, to be held on 11-15 November 2010 at the ICC Berlin in Germany.

Operational target 6.2: By 2011, a set of recommendations for a gender-sensitive prison policy aimed at meeting the basic health and welfare needs of women and children accompanying their mothers in prison, are developed and shared with relevant professionals in the ND area.

Indicator 6.2A: Complete documentation is developed and distributed to relevant professionals in the ND area.

The project proposal of HIV prevention within the female population (including the prison settings) is under the development.

In March, the ITA of the former PH EG has participated in the meeting of HIV/AIDS EG, which took place in Saariselka, Finland. It was decided during this meeting that the two EGs would develop a joint proposal on prevention of HIV/AIDS among the female population. The National AIDS Centre from Poland would lead this process and together with the ITA of PH EG, they would develop a concept paper for the submission to the NDPSH CSR. The project

initially will include Poland, Lithuania, Latvia and Estonia, but the project will seek partners from other countries of ND area.

Operational target 6.3: By 2012, a documentation of lessons learned and best practices exists, and experiences and examples of effective practice regarding women in prison and children accompanying their mothers in prison are shared at national and international seminars. The documentation is distributed to relevant professionals in the ND area.

Indicator 6.3A: Successful compilation and completion of the NDPHS recommendations with external experts.

Due to the reorganization of the NDPHS EG, it has not been possible to start those activities.

In October 2010 several members of the PPHS EG and the ITA will participate in the annual meeting for national Counterparts working in the field of Prison Health. This year the meeting will be organized on the premises of the WHO Regional Office for Europe in Copenhagen, Denmark.

4. Strengths and opportunities

Currently representatives of nine countries and two International Organizations are represented in the PPHS EG. It is a good mix of representatives from Ministries of Health, Justice and health experts working in Primary Health and Prison Health settings. This could be used to strengthen policy discussions (concerning but not limited to the linkage of prison and public health).

Close working collaboration is established with WHO Euro, Correctional Service in Canada (CSC), EMCDDA, UNODC, IOM, BEAC, NCM and other important bodies working in the field of Primary and Prison Health.

Active participation of Russian Federation as vice-lead partner of the Expert group gives additional opportunities to enlarge the scope and the area of activities.

The implementation of the flagship project ImPrim, which is in line with priorities set in the EU BSR Strategy and in line with Russian priorities, supports the achievement of the operational targets, which are indicated in the NDPSH strategy.

Current financial shortcuts in East ND countries has made it evident that more attention should be paid to further increase the effectiveness of the health care systems - it is now the right time to put PHC development as a priority on health policy agenda.

The PPHS EG tries to draw attention to the experiences of member states where there is a close collaboration between the prison health and the public health systems (Norway, Sweden, Finland) and further disseminate this knowledge.

5. Obstacles and weaknesses

Due to the fact that Prison Health in most countries is under the Ministry of Justice, and this Ministry officially is not the part of NDPHS, it became problematic to assure constant participation of representatives from Baltic Countries during the period of financial crisis. Contacts between the Ministry of Health and the Ministry of Justice remain weak in many countries, and this somehow slows down the speed of implementation of proposed activities or ideas. In the beginning of the year the PH EG was busy with the development of new ToR for

the EG. However, at the end it was decided by CSR that the group will be merged with the Primary Health EG (unfortunately this issue was not discussed within the PH EG). It is unclear now, what will be the decision of participant countries on the continuation of participation in the new EG and how the issues related to Prison Health will be covered within the new group.

Ongoing financial problems in several countries limit sustainable participation of members in EG meetings.

As before one of the biggest problems relates to the lack/absence of seed money which could be used for further development of generated ideas and project proposals.

The commitment and success of the new PPHS is dependent on the level of political commitment for primary and prison health in all partner countries.

The representation of other categories of health workers – nurses, social workers and other health professionals – has been a long-standing issue for discussions. The lack of such representatives remains a major problem.

There is current a lack of clarity of the long term perspectives for ITAs and for funding of group activities.

6. Conclusions and recommendations

Despite some achievements still there are several gaps which prevent countries in the ND area to meet the ambitious goals of equivalence of healthcare inside and outside of prisons, formulated in the Oslo Declaration on Prison Health of the NDPHS. It will be good if the EG on Primary Health and Prison Health Systems will have an opportunity to continue work in this direction.

Current financial shortcuts made evident the cost-effectiveness of health systems with more emphasis on primary health care. This opportunity should be used by PPHS EG to promote essential principles of primary health care organization in close collaboration with WHO and other interested bodies.

There are discussions in the several partner countries to move health services in the prison settings, which are currently under the Ministry of Justice, to the Ministry of Health. In this regard, it will important that the new EG has an opportunity to be actively involved in discussions and developments.

7. Other relevant information

None

Attachment to the PPHS EG Progress report

Activities carried out by the former EG PH and EG PHC until 100630 and by EG PPHS from 100701 and onwards

During the first half of year 2010 the PH EG carried out the following activities:

In January the ITA of PH EG has participated in the second meeting of the *ad hoc* NDPHS Working Group on Expert Groups' Terms of Reference (EGTOR), which took place in Helsinki. The new ToR including criteria for Experts' nomination have been discussed during this meeting.

The Swedish representatives of the PH EG have participated in the SMITT-NORR meeting, which took place in Ostersund Sweden – “The prison population – hot spot for Communicable Disease Control”. SMITT-NORR is an annual meeting between the depts of CDC in northern Sweden.

In February the ITA of PH EG has participated in the third meeting of the EGTOR and the tenth meeting of NDPHS Expert Group chairs and ITAs, which took place in Moscow. The issues related to the Implementation of the new NDPHS Strategy and leadership for the health issues in the EU Strategy for the BSR, were discussed during this meeting.

In March, the ITA of PH EG has participated in the meeting of HIV/AIDS EG, which took place in Saariselka, Finland. It was decided during this meeting that those two EGs, would develop a joint proposal on prevention of HIV/AIDS among the female population. The National AIDS Centre from Poland would lead this process and together with the ITA of PH EG, they would develop a concept paper for the submission to the NDPHS CSR. The project initially will include Poland, Lithuania, Latvia and Estonia, but the project will seek partners from other countries of ND area.

The PH EG has participated in the survey on drug-related health and social responses in prisons, which was prepared by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and kindly shared with the PH EG through the ITA. The aim of this survey was to collect information on EU good practices related to prevention of drug use and HIV/AIDS and other infectious diseases in prisons, with a view to formulating recommendations to the European Commission on what works.

The ITA of PH EG discussed with the European Commission/DG Health and Consumers, on possible inclusion of issues related to HIV/AIDS prevention in prison settings in the agenda of the next EU HIV/AIDS Think Tank meeting. It was agreed that the special session during the autumn Think Tank meeting will be devoted to Prison issues. The ITA of PH EG is invited to make a presentation on NDPHS activities in this field.

In April, the 10th meeting of PH EG took place in Arkhangelsk. Representatives from the AIDS Foundation East-West (AFEW), International Labour Organization (ILO) and the Regional Office for Children, Youth, and Family Affairs (Bufetat), Northern Norway, were invited to this meeting and presented their activities. The PH EG has decided, by request from BEAC, to lead the development of a TB prevention programme for the Barents Region. This programme would be then shared with the Prison authorities from Baltic countries, in order to develop the same type of activities in Baltic Region.

The ITA of PH EG was contacted by WHO HIPP, with the request to assist the UK NGO “HALE” to find partners in order to develop a project proposal for the ND area, which would be related to HIV/AIDS prevention in prison settings. The ITA has discussed this issue with the

representatives of the MoJ of three Baltic countries, and also with some NGOs and they all agree to join this activity. It was decided that on the first stage the ITA of PH EG together with the Chair of NGO 'HALE', would develop a concept paper, which will be commented by all participant countries and then will be used as a basis to draft the project proposal.

The PH EG became an associated partner of the "ACCESS" project - Access to treatment and harm reduction for drug users in custody. The project will address the general objectives of the Drug Prevention and Information Programme related to the prevention and reduction of drug use, dependence and drug related harms and contribution to the information on drug use. The project will be a continuation of the currently running 'Connections' project, which was launched in autumn 2007, and managed by [The European Institute of Social Services \(EISS\)](#) of the University of Kent and co-funded by the [European Commission Public Health Programme](#). The role of PH EG, as an associated partner, will be in helping identifying potential participants for the training and study visits, together with collecting some information related to the research part of the project.

The PH EG has organized a Planning Meeting of the Barents Tuberculosis Programme, which took place in Arkhangelsk. Representatives from the TB and HIV Services from all the regions of the Barents zone, including prison authorities, participated in the meeting. The aim of the meeting was to discuss the preparation for development of the TB Programme for the Barents Region, which will include the penitentiary system, and HIV/TB co-infection. The key accent in the Programme will be placed on better collaboration between the two systems (public health system and healthcare services of the penitentiary system) on a partnership basis.

In May, the ITA of PH EG hold a meeting with the representatives of EMCDDA, in order to discuss the result of the survey on drug-related health and social responses in prisons, and also the ways and field of future collaboration. It was underlined that although the total numbers are low, the rate of drug law offenders among sentenced prisoners has increased over the past years in several central and east European Member States. Existing studies show that drug use continues to be more prevalent among prisoners than among the general population. This raises issues around the potential spread of infectious diseases among the prison population. It was decided that the PH EG and EMCDDA will collaborate while tackling those issues in the ND area.

The Swedish representatives of the PH EG has participated in the annual meeting of the the Swedish Association for Infectious Disease Physicians, which took place in Umea, Sweden. The main topic of the meeting was – "Efforts to combat spread of infectious diseases in prison settings in NW Russia".

In June, the ITA of PH EG has participated in the fourth meeting of EGTOR, which took place in Helsinki. The main topic of the meeting was to discuss the restructuring of the NDPHS Expert Groups and development of new ToR for those groups. It was decided that the Prison Health EG will be merged with Primary Health Care EG.

The Finnish representative of the PH EG participated in the LFA planning workshop of the Barents Tuberculosis Programme in Repino, Leningrad Region, Russian Federation

As for the PHC EG, the activities during the first half of the year, were mainly concentrated on the following:

In January the Chair of PHC EG has participated in the second meeting of the *ad hoc* NDPHS Working Group on Expert Groups' Terms of Reference (EGTOR) in Helsinki.

In February the Chair of PHC EG has participated in the third meeting of the EGTOR and the tenth meeting of NDPHS Expert Group chairs and ITAs, which took place in Moscow. The issues related to the Implementation of the new NDPHS Strategy and leadership for the health issues in the EU Strategy for the BSR, were discussed during this meeting.

Chair and ITA of PHC EG participated in the kick-off Meeting of the PHC EG flagship project ImPrim, which took place in Karlskrona, Sweden. The ImPrim project aims at promoting equitably distributed high quality Primary Health Care services in the Baltic Sea Region in order to increase the cost efficiency of the public health system and more efficiently counteract communicable diseases as well as health problems related to social factors. During the first quarter of 2010 PHC EG chair and ITA, as well as members from Belarus, Estonia, Finland, Latvia, Lithuania and Sweden, facilitated communication between project partners and their respective Ministries of Health in order to guarantee political support and financial contribution for the implementation of planned project activities.

In March 25-26th 9th Meeting of PHC EG took place in Helsinki. [EG members considered that role of nurse](#) in addressing growing health needs of communities in the BSR are becoming increasingly important. The PHC EG has identified existing gaps in performance and quality of the work of nurses when comparing Nordic countries and Belarus, Russia and the Baltic countries. The workshop “*PHC nurses in the primary health care team: experiences of immigrant doctors and nurses*” was organised by the Ministry of Health and Social Affairs of Finland and PHC EG of the NDPHS as a thematic workshop linked to the 9th Meeting. During the workshop experiences of immigrant doctors and nurses on the role of the nurse in PHC teams in their own countries and Finland were shared. The workshop provided input for planning the activities through PHC EG flagship project ImPrim for strengthening the role of PHC nurses in the Baltic Sea Region. For more info about the meeting and workshop: (http://www.ndphs.org/?mtgs.phc_9_helsinki)

Introduction of internal quality assurance tools for strengthening evidence-based decisions is another very actual strategy for improvement of PHC quality. This will contribute significantly to Goal 5 of the NDPHS Strategy by means of the NDPHS Pipeline project no 14: “Establishing EBM and Developing Quality of care in PHC through extended networks with PHC doctors and nurses in northwest Russia” implemented by Blekinge Centre of Competence (Sweden). The APO (Audit Project Odense) method has been used as a tool to measure clinical performance of PHC doctors and nurses. The following clinical audit reports in Russian-English have been printed and delivered at the follow-up meetings during the project time: (1) For family nurses: *Blood pressure measurement and advice on lifestyle* (four different reports for Murmansk, Archangelsk, Pskov and Kaliningrad regions); for family doctors: (2) *Respiratory Tract infections and prescription of antibiotics in PHC* (three different reports from Murmansk, Archangelsk and Pskov); (3) *Hypertension and Diabetes, diagnosis and treatment in PHC*. (One overall report and regional presentations) (4) *Early detection of cancer*. Despite long traditions of external, “top-down” quality control, internal audit tools met high interest among family doctors and nurses in North West Russia. In March 2010 audit for felchers focused on early detection of cancer have been started.

Since the establishment of the new PPHS EG, the activities of have included the following:

In August, the ITA of former PH EG, and one of the ITAs of current PPHS EG together with the representatives from Estonia, Lithuania, Latvia and Poland, in close collaboration with the NGOs from those countries and from Scotland, have developed a concept paper for two possible projects. A brief description of those concept papers were submitted and later published at E-newsletter of the NDPHS.

The co-chair and ITA of former PHC EG, and now one of the ITAs of the PPHS EG, initiated a meeting in Juodkrante, Lithuania, inviting Minister of MoH of Kaliningrad Region and representatives of Klaipeda city administration for further development of project ideas aimed to strengthen PHC in Kaliningrad region. During the meeting it was preliminary agreed on possible partners for the project application to Cross border Cooperation program Poland-Russia-Lithuania. Vice-Chair of EG and ITA have facilitated further communication with project

partners and development of project proposal with objectives in line with NDPHS operational targets 5.1 and 5.2.

ITA of PPHS EG (former ITA of PHC EG) has participated in the 11th Bi-Annual International Conference on the Future of Primary Care in Europe organised by the European Forum for Primary Care. Representing PHC of NDPHS a keynote presentation has been made on Primary Health Care Developments in Eastern Europe. Also it was discussed and expressed interest of cooperation between EFPC and PPHS of NDPHS in with objectives to get more synergy of the efforts to strengthen PHC in ND Countries.

In September, the ITA participated in the conference "Urban Drug Policies in the Globalised World", which took place in Prague. The conference dealt with burning questions and recent developments in the field of urban drug policy and related interventions. During the conference, the ITA made an oral presentation on the activities of the NDPHS in the field of Prison Health

In September, the Swedish representative has participated in the meeting "Infectious disease epidemiology – a Nordic-Global perspective with focus on possible interventions in prison settings", which took place in Gothenburg, Sweden, at the Nordic School of Public Health.

The PPHS Chair has during September held several meetings and had multiple informal contacts with the Lead Organisation, Swedish Institute for Infectious Disease Control (SMI), of the Antimicrobial Resistance Task Group (AMR TG). Close contacts with the newly appointed Lead Country representative from Sweden are continuing.

The PPHS Chair and the Finnish representative of the PPHS EG participated in the 11th Meeting of the Joint Working Group on Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council, which took place in Syktyvkar City, Komi Republic, Russia. One of the main topics of this meeting was to discuss the draft programme on TB prevention in the Barents Region. Finland proposed that the new TB Programme would be working under the Barents JWGHS. The Programme would have tight connections to the NDPHS activities through the expert groups, namely the newly established EG PPHS and the Expert Group on HIV/AIDS and Associated Infections.

The first meeting of the PPHS Expert Group was held in Moscow September 23-24th. One of the key issues during the meeting was to prepare priority-setting for the new EG and to discuss working modalities of the group. The successful preliminary negotiations are likely to lead to a work plan in October.

The EG meeting agreed to collect and prepare background material for a pilot project on the future role of local (district, rayon etc) hospitals as a structure covering the interface between primary health care and specialist care. The pilot project was suggested to commence with an internal workshop during 2011.

In October several members of the PPHS EG and the ITA will participate in the annual meeting for national Counterparts working in the field of Prison Health. This year the meeting will be organized on the premises of the WHO Regional Office for Europe in Copenhagen, Denmark.

The aims of the meeting are to review the progress made over the past 15 years during which the WHO Regional Office for Europe has focused on prison health specifically and to facilitate detailed information exchange between the Regional Office, Member States and international partners. It is foreseen that the ITA will make a presentation on the activities of NDPHS in the field of Prison Health.

The former PH EG has initiated inclusion of the Prison Health issues in the meeting of the EU Think Tank on HIV/AIDS, which will take place in Luxemburg. The ITA will make a presentation during this meeting.

The Chair, the Vice-Chair and one ITA will take part in the NDPHS PAC 7 side-event, on October 27th, on project funding.

The Chair and Vice-Chair as well as the ITAs of the EG will participate in the NDPHS PAC 7 meeting, on October 28th, hosted by WHO Euro in Copenhagen.

In November the ITA together with the member of PPHS EG from Finland will participate and in the symposium "**Combating HIV/TB among vulnerable populations in Eastern Europe**". The Finish representative will be the Coordinator of this event, and the ITA will make a presentation on TB/HIV in prison settings. This symposium will be organized during the 41st Union World Conference on Lung Health, to be held on 11-15 November 2010 at the ICC Berlin in Germany.

ADPY Task Group Annual progress report

Submitted by: ADPY TG

Year covered: 2010

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead Partner is Sweden, Co-Lead Partner is Russia. Mr Håkan Leifman was elected as a Chair of ADPY TG and Ms Elena Skachkova was elected as a Vice-Chair of ADPY TG on 30 September 2010.

1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)

Ms Anna Liedbergius. Coordinator, ADPY TG

1.3 Financial resources for leadership

The Lead Partner has received financial support from the Swedish International Development Agency for planning the Flagship Project during 2010. Another application will be forwarded to the Swedish International Development Agency for January-May 2011.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

The 1st ADPY TG meeting was held in Riga on 30 September-1 October 2010. Participating in the meeting were TG-members from Finland, Iceland, Latvia, Russia, Sweden and The Baltic Healthy Cities Association as well as a representative from the Stockholm Police, Sweden. There were no representatives from Estonia, Norway, Lithuania, and Poland. ADPY TG lead has been in contact with Norway, Lithuania and Poland after the meeting and they are being informed on the progress of the ADPY TG work and they are most welcome to join the Flagship Project. Neither the ASA EG nor the ADPY TG has representatives from Estonia and thus Estonia has not received any information on the progress of the work. The ADPY TG work in general and the Flagship Project in particular would clearly benefit from Estonian and Lithuanian participation.

3. Progress towards goals and the implementation of operational targets

The Task Group will according to ToR focus on Goal 7 as specified in the NDPHS Strategy through the implementation of:

- Operational Target 7.1: By 2012, the Partnership will have developed a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea

Region's Action Plan. (the outcome of action will be monitored through Indicator 7.1A: Project application submitted to donors for funding),

and

- Operational Target 7.2: By 2014, the above-mentioned project, if it has been approved for funding, will have been implemented in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.(the outcome of action will be monitored through Indicator 7.2A: Indicator(s) to be agreed by donors and implementing agencies)

By end of 2010, the ADPY Task Group will have developed a work plan which will clearly specify steps to be taken towards its operational target 7.1.and its indicators. The Baltic Sea Region Alcohol & Drug Prevention among Young People Flagship Project will be up and running by the end of 2011. After that the ADPY Task Group will provide logistic and expert support to the project, as appropriate. The ADPY TG's work plan will be implemented by 2013.

A first meeting in the ADPY TG was arranged on 30 September-1 October in Riga, Latvia, to discuss the preparation of the Flagship Project. The main objective of the meeting was to gather partners, identify working packages and to set the timeframe for the application period (probably October 2010 – March 2011).

After the ADPY TG 1 meeting in Riga Finland, Iceland, Latvia, Russia, Sweden, BSSSC and the Baltic Healthy Cities Association have taken an interest in partnership of the Flagship Project. A number of work packages were presented, discussed and agreed upon at the Riga-meeting. A final discussion on the work packages and the project preparations will be held in a planning meeting for work package leaders, co-leaders and partners in Moscow, Russia, on 10 November 2010.

4. Strengths and opportunities

The strength of the ADPY TG work is the mutual commitment of the participating members based on the agreement on that harmful use of alcohol and illicit drugs among young people in the Baltic Sea Region is a serious problem both on a society level and at an individual level. At the Riga meeting it was also clear that there was a consensus on actions that should be taken within the Flagship Project, how to address different aspects of the problem and also how the project should be organized at a national, regional and local level.

5. Obstacles and weaknesses

The financial situation in some of the member countries is a challenge as well as finding donors for the wide range of countries, organizations and networks that are taking part in the project. The lack of representation from some countries in the ADPY TG is a problem.

6. Conclusions and recommendations

The ADPY TG is working according to schedule towards Operational Target 7.1. We are aiming to present an application to donor/donors for funding in the fall 2010 or spring 2011.

7. Other relevant information

The next ADPY TG meeting will take place on 20-21 January 2011. Venue remains to be decided upon.

AMR Task Group Annual progress report for 2010

Submitted by: Sweden (Lead Partner for the AMR TG).

Year covered: 2010

1. Group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

We suggest Prof Wolfgang Witte (Germany) and Sven Hoffner (Sweden) as Lead and Co-Lead Partner.

1.2 International Technical Advisor / Coordinator(s) / Task Manager(s)

Not yet applicable

1.3 Financial resources for leadership

To be identified.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

We are in the planning phase of the first AMR-TG meeting.

3. Progress towards goals and the implementation of operational targets

Goals and operational targets still to be finally defined.

The following achievements have been done:

Up to today (Oct 15, 2010) representatives from seven countries has been nominated. These countries are: Finland, Germany, Latvia, Lithuania, Norway, Poland, and Sweden. Also WHO has nominated a partner from the Regional WHO-EURO Office in Copenhagen to the group. A first meeting by the representatives from the Lead and Vice Lead Partners was held in Stockholm, October 4. At this meeting, the organization of work within the group was discussed and plans for a first group meeting later this year was made.

The Swedish representative of the AMR-TG has had an extensive discussion with Dr Ingegerd Kallings (BALICCARE) representing The Baltic Antibiotic Resistance collaborative Network – BARN. It can be noted that there are several similarities in the agendas of BARN and AMR-TG and that some country representatives in AMR-TG are also member of the BARN project. It was agreed that it is of utmost importance to avoid duplications and achieve synergistic effects of the activities of BARN and AMR-TG in the important struggle against the increasing problem of drug resistant pathogens in the Baltic area.

4. Strengths and opportunities

Coordination with already established networks and activities in the AMR field in the region.

5. Obstacles and weaknesses

One major obstacle in realising our plans for a first AMR-TG meeting in St Petersburg in December 2010 is the fact that so far no representative to the group has been identified in Russian Federation. Unclear financial support management of the group and its meetings.

6. Conclusions and recommendations

The AMR-TG is in its initiation phase. So far no group meeting has been performed and much of the discussions on goals and priorities must wait until we can meet within the full group. Such a meeting should be arranged ASAP and in beginning of next year at the latest.

7. Other relevant information

None.

IMHAP Task Group Annual progress report

Submitted by: IMHAP TG.

Year covered: 2010

1. Group leadership and coordination

1.1. Time-period 1 January – 31 December 2010, IMHAP was operating as sub-group of the SIHLWA²⁶ EG (“Social Inclusion, Healthy Lifestyles and Work Ability”) as follows:

<p>SIHLWA’s Lead Partner:</p> <p>Ministry of Social Affairs & Health P.O. Box 33 , FI-00023 Government, FINLAND</p>	<p>SIHLWA’s Co-Lead Partner:</p> <p>Ministry of Health/ Lithuania</p>
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<p>IMHAP Chairperson Mr Eric Costen Director Mental Health and Addictions Division, Community Programs Directorate, First Nations and Inuit Health Branch, Health Canada Jeanne Mance Building, Tunney's Pasture, Ottawa, ON K1A 0K9 CANADA Tel: (613) 954-5762 Cell: (613) 859 1353 eric_costen@hc-sc.gc.ca</p>	<p>IMHAP Vice-Chairperson Ms Maria-Pia de Palo Senior Advisor Nordic Council of Ministers, Store Strandstræde 18, DK-1255 København K, DENMARK Tel: +45 33 96 02 77 Cell: +45 33 96 02 02 mpp@norden.org</p>
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In January 2009, First Nations and Inuit Health Branch of Health Canada was invited to co-chair the newly established IMHAP TG with the Nordic Council.

At the CSR-17 meeting in Moscow, 30 June 2010, the IMHAP TG was established through approval of its Terms of Reference. According to the new organization of NDPHS, IMHAP TG is affiliated and reporting through the NCD EG (Non-communicable Diseases related to Lifestyles and Social and Work Environment).

1.3 Financial resources for leadership

The Nordic Council has provided €50,000 (Euros) towards the work of the IMHAP TG. Membership and meeting travel costs are the responsibility of each individual member state.

2. Participation in the Group’s activities

²⁶ See also the NCD EG Annual Report 2010 which provides more background information on the 1st part of 2010 under SIHLWA EG.

2.1A Participation of Partners and Participants as well as external actors in meetings of the IMHAP sub-group

In 2010 the 9th **SIHLWA Expert Group** met in Copenhagen, Denmark, on 24-26 March, at the premises of WHO-EURO and Nordic Council of Ministers. The complete report is available on http://www.ndphs.org/?mtgs.sihlwa_9_copenhagen. At the SIHLWA-9 meeting there were in total 46 participants, and in the IMHAP sub-group 11 participants. The outcomes of this meeting were the establishment of the IMHAP sub-group and upcoming IMHAP Task Group's draft Terms of Reference, and further elaboration of NCD EG draft Terms of Reference.

IMHAP will collaborate with "the Alcohol and drug prevention among youth" EUSBSR flagship project in order to include the perspective of indigenous people.

2.1B Participation of Partners and Participants as well as external actors in meetings of the IMHAP TG

The participants to IMHAP subgroup meeting at SIHLWA-9 on 24-26 March were the following:

Country/ Organization	Family name	First name	Representing	E-mail
Canada	SHEARER	Bob	Health Canada	robert.shearer@hc-sc.gc.ca
Denmark	GANT	Erik	Arctic Council Indigenous Peoples Secretariat	erikgant@arcticpeoples.org
Nordik Council of Ministers	De PALO	Maria-Pia	Nordic Council of Ministers	mpp@norden.org
Denmark	GRAN	Anna	Nordic Council of Ministers	ang@norden.org
Finland	KOPPLOMÄKI	Hanna	NDPHS, SIHLWA ITA	Hanna.koppelomaki@ttl.fi
Finland	HEIKKILÄ	Lydia	SámiSoster	Lydia.heikkila@pp3.inet.fi
Finland	TUOMIKOSKI	Suvi	University of Lapland	Suvi.tuomikoski-koukkula@ulapland.fi
Greenland	NICLASEN	Birgit	Government of Greenland	bivn@nanoq.gl
Russia	ABRYUTINA	Larisa	RAIPON	labryut@yandex.ru
Russia	SLASTNYKH	Evgeniy	Ministry of Health and Social Development of the Russian Federation	slastnykhei@rosminzdrav.ru
Sweden	FOLDSPANG	Anders	NCM/Nordic School of Public Health, Gothenburg	Anders.foldspang@nhv.se

The IMHAP subgroup meeting was divided in to two parts: (i) discussions of special themes presented by experts in order to exchange information; identify common challenges and opportunities for collaborate action - including cooperation with Arctic Council; and (ii)

reviewing of the NCD TOR and further development of the IMHAP Work plan 2010, including identifying concrete action for a kick-off seminar.

The representatives nominated to IMHAP TG by 28 September (eventually by 31 December) were the following:

NCD EG Nominated Representatives and alternates as by 22 September 2010					
Country/ Organization	Family name	First name	Representing	Phone(s)	E-mail
CANADA	COSTEN	Eric	Mental Health and Addictions Division, Community Health Programs Directorate, First Nations and Inuit Health Branch, Health Canada	(613) 954-5762	Eric.costen@hc-sc.gc.ca
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FINLAND (Alternate)	TUOMIKOSKI-KOUKKULA	Suvi	University of Lapland Dep. of Social Sciences	+358 40 5726487	suvi.tuomikoski@ulapland.fi
FINLAND (Alternate)	GUTTORM	Sari	University of Lapland	+358 40 5725033	saguttor@ulapland.fi
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NORWAY	HETTA	Ole Mathis	Helsedirektoratet	+ 47 91103330	omh@fmro.no and omhetta@online.no
RUSSIA	KUCHERJAVAJA	Daria	Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia	+7 495 619 90 32	koe-koe@mednet.ru
SWEDEN	To Be Determined				
Nordic Council of Ministers	DE PALO	Maria-Pia	Nordic Council of Ministers	+45 33960277	mpp@norden.org
Nordic Council of Ministers (Alternate)	FOLDSPANG	Anders	Nordic Council of Ministers	+46 031693949	anders.foldspang@nhv.se
WHO	MUIJEN	Matt	WHO Regional Office for Europe	+45 39171391	muijenm@who.int

3. Progress towards goals and the implementation of operational targets

The TOR of IMHAP TG, approved by CSR-17 on 30 June 2010 lists the following tasks on the IMHAP TG agenda:

The IMHAP TG will provide opportunities for the exchange of information and promising practices related to Indigenous mental health between members. It shall strive to improve mental health (including increased resiliency, self-esteem and hope), prevent addictions (including harm reduction- and abstinence-based approaches), and promote child development and family / community health (supporting indigenous family values, structures, restoring parenting skills) among Indigenous people through:

- *Focusing on Goal 11 as specified in the NDPHS Strategy through the implementation of the Operational Target 11.1 of the Strategy. The outcome of action will be monitored through Indicator 11.1A as described by the Strategy;*
- *Fostering collaboration on social inequalities in population mental health;*
- *Identifying opportunities for collaboration with other Task and Working Groups within NDPHS;*
- *Initial planning for a work plan includes the following key activities:*
 - o *Best Practices for Indigenous people parenting and associated counselling skills;*
 - o *Development of common indicators for Indigenous mental health services;*
 - o *Telemedicine: how this can benefit and enhance Indigenous people's mental health services;*
 - o *Kick-off seminar: A two day kick off seminar that will invite relevant experts on indigenous people and health to further develop proposals for concrete joint action and pilot projects based on the three prioritised areas mentioned above;*
 - o *Producing fact sheets / diagnostic of mental health status (Sámi, Inuit, First Nations, others) with a focus on these priority areas.*

By end of 2010, the IMHAP Task Group will have developed a work plan which will clearly specify steps to be taken towards: (i) improving mental health, (ii) preventing addictions, and (iii) promoting child development and family/community health among indigenous peoples. The work plan will be implemented by 2013.

IMHAP has just initiated its work based on the TOR. IMHAP is in the process of planning a *two day kick off seminar that will invite relevant experts on indigenous people and health to further develop proposals for concrete joint action and pilot projects based on the three prioritised areas mentioned above; The seminar will be hosted by the NCM Nordic School of Public Health in Gothenburg, Sweden by the first quarter of 2011.*

4. Strengths and opportunities

- NDPHS SIHLWA Expert Group on Social Inclusion, Healthy Lifestyles and Work Ability had a considerable strength in its 4 subgroups (ADO, ALC, IMHAP and OSH). The establishment of a new Task Group focusing on the indigenous people's health and based on PAC-5 Ottawa elaborations paved the way for remaining one focus on indigenous people.
- SIHLWA members until June 2010 have successfully been able to advocate our mission through using *ad hoc* opportunities provided by other actors, who have wanted to use our experts and networks.

5. Obstacles and weaknesses

6. Conclusions and recommendations

- SIHLWA expert group and its 4 subgroups (ADO, ALC & OSH & IMHAP) during the 4 years of SIHLWA existence found a solid basis for their operation. Meetings have been professionally conducted, host-countries have provided excellent support, and project activities are well under way. June 2010 brought an end to SIHLWA, but life continues in two EGs (NCD and ASA) and three TGs (OSH, IMHAP and ADPY).
- The IMHAP TG has got a good start under SIHLWA support.

7. Other relevant information

IMHAP discussed the Arctic Council and expressed a strong interest in cooperating. It was concluded that AC should be invited to IMHAP meetings in order to coordinate activities and avoid duplication.

OSH Task Group Annual progress report

Submitted by: Wiking Husberg, ILO

Year covered: 2010 (status as of Oct 2010)

1. Group leadership and coordination

1.1.

<p>Chairperson Mr. Wiking Husberg Senior OSH Specialist E-mail: husberg@ilo.org 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</p>	<p>Vice-chairperson Dr. Remigijus Jankauskas Director of Occupational Medicine Center E-mail: jank@dmc.lt 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</p>
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1.2 ITA/Coordinator/Task Managers

The TG has no ITA or similar. However, the TG (former OSH Sub-Group) has been established and works closely with the NDPHS Associate Partner, the Baltic Sea Network on Occupational Safety and Health (BSN), including WHO/EURO and EU OSHA.

BSN is a network of OSH professionals (<http://www.balticseaosh.net/index.php>), based on voluntary cooperation and mutual assistance. The BSN is the backbone of the TG OSH group and provides the professional support for OSH surveys, research and exchange of experience and assistance, as well as other TG OSH activities.

1.3 Financial resources for leadership

The TG OSH has no external financial resources. The Lead and Co-lead Partners are operating on their own costs, as are all the participants.

2. Participation in the Group's activities

2.1 Participation of Partners and Participants as well as external actors in meetings of the Group

See Attachment 1.

3. Progress towards goals and the implementation of operational targets

The TG OSH has a clear goal and objectives, the "Health at Work" Strategy approved by the Partners States. The implementation of the objectives in the Strategy, which is a practical merger of the ILO, WHO and EU OSH strategies, applied to the Northern Dimension, has been included into the new strategy of the NDPHS and the EU Baltic Sea Strategy.

Substantial progress towards the objectives has been achieved, indicated by the informal surveys done in the BSN Annual Meeting in Sept-Oct 2010 in Tartu, Estonia (see Attachment 2).

TG OSH is continuing its operations as a TG and is actively implemented two projects

- the ILO executed N-W Russia OSH project already in its 3rd phase. A summary of the activities in 2010 is attached.
- The FIOH executed project in NW Russia is focusing on the occupational health services, using the Republic of Karelia as a piloting ground for the WHO/ICOH/ILO developed BOHS system. Summary of the activities is attached.

The TG OSH and BSN activities and plans were reported to the NCD EG 1st meeting on 28 September 2010 with the aim to continue the previous close cooperation.

4. Strengths and opportunities

- The member states of the TG OSH subgroup have been able to further implement elements of the “Health at Work” strategy in cooperation with the Baltic Sea Network (BSN) on Occupational Safety and Health (associated member of the NDPHS);
- The BSN Annual meeting in Tartu, Estonia 30 Sep–1 Oct 2010 has reported progress in the member states following the items in the “Health at Work” Strategy. The work plan of TG OSH and BSN for 2011 was developed in the joint meeting.
- The TG OSH projects have been concentrated to NW Russia, but two new broader projects will be formulated in 2010-11 to cover also the Baltic States.

5. Obstacles and weaknesses

The “Health at Work” Strategy is a powerful mechanism to promote and monitor the progress of the TG OSH. However, the economical crisis and changes in political management have hampered or reversed the progress in some countries.

TG OSH would need some financial support to enable all interested countries to fully participate.

Further the compilation and publishing of expert overview on the progress in OSH in selected economic sectors, as well as the mid-term review of the “Health at Work” strategy, is in need of support (funding) to be professionally prepared and published under the NDPHS.

6. Conclusions and recommendations

- Former SIHLWA OSH subgroup will continue working as TG OSH, promoting OSH issues through goal 9, implementing two projects (ILO NW Russia OSH project and FIOH “Health at Work” strategy elements (focusing on occupational health services and risk assessment in selected branches of economy).
- Close cooperation with the voluntary professional OSH network BSN, in form of joint meetings, shared identification of objectives and work planning enables the TG OSH to operate without ITAs and other support personnel.
- The implementation of the elements of the “Health at Work” strategy is promoted through the cooperation with BSN OSH in all member countries.
- WHO, ILO and EU participation in the TG OSH and BSN OSH activities is essential.

7. Other relevant information

Two projects, “Evaluation of Occupational Health Services” and “Return to Work after Sick Leave” will be proposed to the donors of NDPHS pipeline such as Norway and SIDA in 2011 in collaboration with BSN.

List of representatives appointed to the NDPHS Task Group on OSH

(Last updated 22 September 2010)

Country/ Organization	Representative status	First name	Family name	Institution name and address	Phone(s)	Fax	E-mail
Finland	Main rep.	Ms. Suvi	Lehtinen	Finnish Institute of Occupational Health	+358 30 4742344	+ 358 30 4742548	suvi.lehtinen@ttl.fi
	Alternate 1	Ms. Kari	Kurppa	Finnish Institute of Occupational Health	+ 358 40 5024122		kari.kurppa@ttl.fi
	Alternate 2 (if available)	Mr. Timo	Leino	Finnish Institute of Occupational Health	+ 358 30 4742396	+ 358 30 4742015	timo.leino@ttl.fi
Latvia	Main rep.	Mr. Ivars	Vanadzīņš	Institute of Occupational Safety and Enviromental Health of Riga Stradins University, Latvia 16 Dzirciema street, Riga,	(+371) 67409139 (+371) 29534641	+371 67409187	ivars.vanadzins@rsu.lv

				LV-1007, Latvia			
	Alternate 1	Ms. Jolanta	Geduša	Ministry of Welfare of Latvia 28 Skolas street, Riga, LV-1331, Latvia	(+371) 67021526	(+371) 67276445	jolanta.gedusa@lm.gov.lv
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Norway	Main rep.	Trygve	Eklund	The National Institute of Occupational Health, P.O.Box 8149	+47 23 19 51 00		

				Dep, N-0033 Oslo Norway			
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Attachment 2 to the OSH TG Progress report

BSN Meeting Sept-Oct 2010, Tartu
 Informal summary of progress, (to be updated)

Item of Strategy	Denmark	Estonia	Finland	Latvia	Lithuania	Poland	Germany	Norway	Russia	Sweden
1. National OSH profile		*** 2006	*** 2006-2010	*** 2006 ** 2010	*** 2007	*	?	*** 2006	**	**
OSH policy & programme		*** 2009-2013	**(*)	***New programme for 2011-13 in progress	* policy 2010 ** strategy 2009-12	*	** GDA	? paper not plan	**	**
Occ health services		*	**(*) OSH 2015	**	*	***	(*)	**	***	**
Acts on high risk sectors		** Health care workers, construction	**	**	**	**	**	**	**	**
OSH audits		** 2010	**	*			?	**	**	**
Targeted OSH actions		* OSH strategy 2009-13	**	**	**	**	**	**	**	**
OSH training		**	**	**	*	**	**	** some sectors	**(*)	**
Information systems		*	**(*)	*	*		** GDA	**(*)	**	**
Additional comments		OSH strategy ready, implementation continues	Programme ready; implementation continues			Draft strategy prepared, not implemented	OSH strategy 2008-12 operational, started 2009	Work on-going, low political commitment	Nat program Health at Work 2008-10 and 2011-15	

Implementation level:

* work started **work in progress, partly ready ***work finished

Objectives identified for the third phase of the ILO NW Russia OSH Project

The **overall development objectives** of the third phase of the Project are as follows:

1. Introduction of decent and safe work systems, through international harmonisation and good governance, in North –West Russia okrug as a pilot area.
2. Reducing the level of occupational accidents and diseases due to poor working conditions, by implementing OSH management and risk assessment systems in NW Russia.

Immediate objectives are the following:

1. Improved implementation of the Programme of action on OSH of RF in NW Russia, through access to international experience;
2. Development of a sustainable regional OSH policy based on the ILO Convention No 187 by consolidating and expanding the experience gained in North West Russia;
3. Preparation of new OSH training modules, ready for inclusion into the curricula of Russian training centres;
4. Consolidation and expansion of the introduction of modern OSH management systems and practices at enterprises;
5. Increased OSH awareness through continued provision of promotion, information and consultations on OSH related areas, such as occupational health services, occupational accident insurance, health promotion at work, migrant workers;
6. Dissemination of results achieved amongst regions of Russian Federation in cooperation with Federal ministries, institutions and social partners.

Actions taken during the period of January-July 2010 and aimed at achievement of immediate objectives (I.O.)

I.O. 1.:

These times Minzdravsocrazvitia is creating a new National Programme of activities in the OSH field for 2011-2015. The key actions of the Programme are as follows:

- Modernization of OSH legislation with Risk management procedures taken into account;
- Design of modern OSH standards;
- Improvement of workplace attestation procedure;
- Improvement of OSH vocational training.

Moreover, some activities have been already taken at the Federal level of the RF:

- The 3 national standards on OSH MS have been designed and approved (GOST R 12.0.007-2009, GOST R 12.0.009-2009, GOST R 12.0.008-2009);
- GOST 12.0.230-2007 (ILO-OSH-2001), which came in force as the National standard in the RF in July 2009, became a normative document under the Labour Code since 1 January 2010;
- A bill 'On amendments to the Labour Code of the RF' is prepared.
- In March 2010 the ILO and the RF have signed the 'Agreement on technical cooperation between ILO and Russia for 2010-2012'. OSH issues are included as a priority into this

Agreement and the 'Work-plan of joint actions to be taken by Minzdravsocrazvitia and the ILO/Moscow for 2010-2012'.

I.O. 2.:

In 2010, the RF has ratified several ILO Conventions (Conv. No. 154 (1981), Conv. No. 132 (revised in 1970), Conv. No. 135).

In June 2010 the State Duma (Legislative Assembly) of the RF has started studying a Federal Law on ratifying of the Convention No. 187 (2006). The project continues working to implement the main clauses of this Convention in the regions of NW Russia.

In early 2010, the Republic of Karelia has prepared and approved the regional OSH Profile (i.e. the fifth one in the NW of Russia). In April 2010 the Project in cooperation with FIOH and OSH authorities of the Republic has organized translating into English and publishing of the Profile. In July 2010, the same job has been completed for the OSH Profile of the Murmansk region.

The next version of the OSH Profile of the Arkhangelsk region has been issued in June 2010.

The process of design of regional OSH Programmes has been initiated. In late 2009, the Regional OSH Programme of the Arkhangelsk region was prepared and approved for 2009-2011. Actions of the Ministerial OSH Programme of the Murmansk region are also being taken successfully. Cooperation with the ILO is underlined in both Programmes.

The regional law on OSH in the Murmansk region has been sufficiently amended in April 2010 in order to strengthen the role of the Ministry in the regional system for OSH.

The Administrations of the Leningrad region, the Vologda region, the Republic of Karelia have started preparing the draft of OSH programmes for these regions. In particular, several activities on promotion on developing of OSH-targeted programmes had been included into the document titled 'Strategy of progress in spheres of labour and social development of the Vologda region', which was approved by the Government of the region (the Statement No. 150 of 15.02.2010).

Social dialogue is developing in all NW regions of concern. OSH issues are being included into regional and municipal tripartite agreements. In all regions of concern the bodies of executive power for OSH and social partners continue promoting safety culture using ILO approaches (WD campaigns, for example). OSH campaigns are being widely highlighted by regional mass media.

I.O. 3.:

The training module on OSH Economy was included into the curriculum of the OSH Centre 'BUTAM' (St.-Petersburg).

While in the Arkhangelsk region in April 2010, the Project conducted a seminar on OSH economy for small-size enterprises and regional OSH centres. Materials of very module will be used by the regional Agency for Labour and Employment to compile a practical handbook on OSH at small businesses.

In 2010 the Project participated in preparing a printed version of the OSH Economy course designed for tutors of OSH training centres. (In late 2009, the ILO manual on the training module on RA was also published)

In March 2010, representatives of the 3 Universities of Saint-Petersburg have taken ILO training on Risk assessment and management. The training material will be included into curricula of these Universities in the 4-th quarter of 2010.

The created training module on Social Partnership in OSH has been already tested:

- in St.-Petersburg (at the seminar held by the TU of housing and communal economy; March 2010);
- in the Vologda region (at the seminar for TUs of the region; May 2010. See Figure 16);
- in the Murmansk region (at the seminar for Tus of the region; May 2010);
- in the Republic of Georgia (in accordance to agreements on collaboration between the ILO/Moscow and the Republic; July 2010).

The OSH training centre of Tus of the Murmansk region utilises module materials when training workers' representatives in the region.

The next ILO trainings on Social Partnership are to be organised in the Republic of Karelia, and in the Leningrad and Arkhangelsk regions.

The module should be also used while training employers. Negotiations on this issue with American Chamber of Commerce in Russia are going on.

I.O. 4.:

As of June 2010, the 59 enterprises from NW Russia are involved in Project activities focused at introduction of modern OSH MS. Meetings and individual consultations with representatives of these 'pilot' enterprises are being organized regularly.

The next directions of expansion look as follows:

1. dissemination of best practices among wide spectra of regional enterprises by means of informational exchange and practical assistance from the ends of regional OSH authorities and 'pilot' enterprises.

In 2010, several meetings on OSH MS best practices have been held in 5 NW regions of concern (except the city of St.-Petersburg) without participation of the ILO Project. In the Arkhangelsk, Leningrad, Vologda regions local governments (municipalities) are also involved in this process. The Committee for Labour of the Leningrad region has initiated designing of electronic database containing information on OSH status (including OSH MS) at 'leader' enterprises of the region.

5. Developing of all-Russian system of certification on conformity to requirements of the standard GOST 12.0.230-2007.

In 2010, the OSH team of ILO/Moscow has rendered assistance in activating of the all-Russian voluntary OSH certification system that was created in 2008. In particular, the Project has assisted the OSH Agency 'Status-Certifica' (St.-Petersburg) to pass through the procedure of accreditation to be a centre for OSH certification and got a Certificate of Accreditation No. 0001.

By the moment the 4 NW enterprises have started working to obtain OSH Certificates.

3. 'Training of trainers' courses are to be organised for tutors of regional OSH training centres in order to build capacity in the NW regions of concern.

I.O. 5.:

Area of Occupational Health (OH)

In 2009, the Project closely collaborated with FIOH in the field of OH (BOHS in Karelia, project on OH of lorry drivers in St.-Petersburg). Despite of relatively low Project qualification in the field of occupational medicine, the Project is capable to develop its 'medical' branch in cooperation with FIOH.

In 2010, the Project continues cooperating with the Administration of the town of Cherepovets (the Vologda region) in order to intensify interaction with the WHO Project 'Healthy city'. The ILO Project has been recognized as a collaborator of the WHO project in Cherepovets.

In 2010, the Project has started collaborating with the Committee for Health and Center of Occupational Pathology of the Leningrad region.

Area of Social Insurance against occupational accidents and diseases

In 2010, the Project has rendered assistance in creating ILO's novel brochure on social insurance against occupational accidents and diseases. This brochure has been published both in Russian and in English in June 2010. Publication of the very brochure has been financially supported by the Ministry for Foreign Affairs of Finland.

I.O. 6.:

Results achieved by the Project are being disseminated amongst regions of the RF by the following ways:

1. Promotional actions taken by the OSH team of ILO/Moscow. In 2010, ILO/Moscow has participated in several conferences, meetings, seminars held by Minzdravsocrazvitia. Examples being All-Russian OSH Congress in Moscow (April), Conference in the city of Ulan-Ude (the Republic of Buryatia, July), OSH Conference in the town Saratov (the Saratov region, July). Tribunes of the conferences are used to promote OSH management systems and RA practices, and OSH economy issues, and effective social partnership.

2. Cooperation with the all-Russian Federal OSH Institutions:

- Federal State Institution 'All-Russian Centre for OSH and Economy' (VCOT);
- Federal State Institution 'Research Institute of Labour and Social Insurance';
- National Association of OSH Centres (NACOT).

In June 2010, the first joint ILO-NACOT seminar took place in St.-Petersburg. NACOT also agreed to place information on the Project at the WEB-site of NACOT.

3. Publications in mass-media – Project achievements are being regularly published in all-Russian OSH magazines ('Spravochnik specialista po okhrane truda' (OSH specialist's handbook'); 'Okhrana truda I social'noe strakhovanie' ('Labour protection and social insurance'); 'Bezopasnost' I okhrana truda' ('Safety and labour protection').

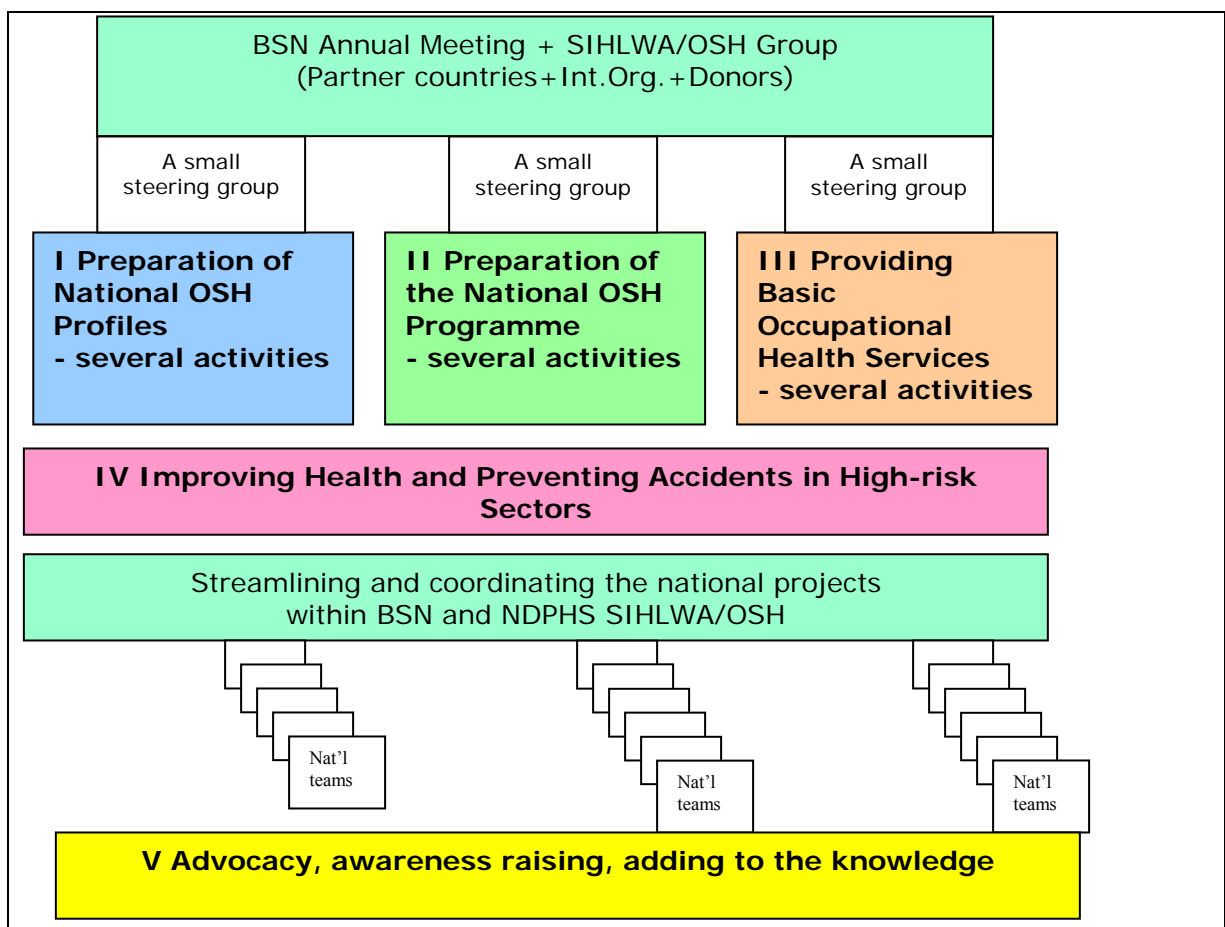
4. ILO Publications – All ILO printed materials on OSH issues are always welcomed by all Project partners. As these materials are oriented at practical matters, they are widely used by regional OSH authorities, social partners and enterprises. For example, in at least 7 regions of the RF the ILO ‘cost calculator’ is being used.

5. Regional initiatives – Several regions of the RF contacts the OSH team of ILO/Moscow and the Project in order to get information on key results (Khanty-Mansyisky Autonomous Okrug, the Republic of Chuvashia, the Republic of Tatarstan etc.). Some regions are attentively scrutinising publications in printed and electronic mass-media in order to get information. For example, in 2010, the Ministry of Economy of the Republic of Komi has issued the ‘Methodical recommendations on surveillance of the working environment’. This document refers to: 1). GOST 12.0.230-2007, 2). Elmeri system, 3). Experience of the Republic of Karelia.

NDPHS/Developing the National OSH System and Improving Health and Preventing Accidents in the High-risk Sectors in North-West Russia

Implementing Agency in Finland: The Finnish Institute of Occupational Health

The plan was made in 2008 to implement the Northern Dimension Partnership Strategy on 'Health at Work' utilizing a framework that involved all the 10 Baltic Sea Countries' occupational health and safety institutions. Elements I–III aim at system-wide impact, element IV has workplace-level activities as an ultimate target, and Information Element binds all activities together, offering also information support to all actors in the field. The elements are independent, but they support each other in the practical implementation.



The Elements are:

- Regional occupational health and safety profiles (Murmansk, Republic of Karelia, Leningrad Oblast)
- Drafting of an occupational health and safety programme (Republic of Karelia)
- Development of occupational health service infrastructure using the Basic Occupational Health Service approach (Federal → Republic of Karelia)
- Health promotion and prevention of accident in selected branches of industry, using training as a means (seminars, interventions (St. Petersburg))
- Raising awareness of occupational health and safety, adding to knowledge.



Key activities late 2009– Oct. 2010:

- The Leningrad Oblast, Republic of Karelia and Murmansk Oblast profiles are available in Russian and in English – produced by local actors in collaboration with ILO Moscow Office and FIOH
- Utilization of the profiles in planning of further collaborative activities
- Basic Occupational Health Services (BOHS) guideline in the Russian language – checking and harmonization of the Russian-language terminology
- Seminar (FIOH, Ministry of Health, Ministry of Labour and Rospotrebnadzor) on Occupational Safety and Health Profiles and BOHS in Petrozavodsk – late December 2009
- Preparation of a SWOT analysis of BOHS in Karelia
- Study visit of Karelian occupational health and safety experts to Finland in August 2010 to see in practice the implementation of the BOHS-approach
- Agreeing on the outline for a sectoral profile (MAPS, St. Petersburg and FIOH)
- Round-table Proceedings published in 2009 *Publication of a round-table discussion as a background document for an OSH profile in road transport in St. Petersburg and the Leningrad Region; Occupational Safety and Health of Truck Drivers and Passenger Transport Drivers in Saint Petersburg and the Leningrad Region. Saint Petersburg, SPb MAPS, 2009. 144 p.* (in English and in Russian)
- Compilation of information for the sectoral profile on road transport
- Preparation of some missing data in comparison to the situation in Finland
- Hands-on-training about compilation of information, methods of analysing the data, and ways of reporting
- Preparation of a sectoral profile on occupational health and safety of road transport in St. Petersburg – produced by MAPS, St. Petersburg in collaboration with FIOH
- Barents Newsletter on Occupational Safety and Health (www.ttl.fi/BarentsNewsletter), 3 issues : 1/2010 Women and Work, 2/2010 Improving health at the workplace, 3/2010 Economic impact of occupational health and safety
- Website of the Baltic Sea Network on Occupational Health and Safety – www.balticseaosh.net

Leadership and coordination in the Partnership

(Status as of the end of 2010)

NDPHS Partners / Participants	ASA EG	HIV/AIDS & AI EG	NCD EG	PPHS EG	ADPY TG	AMR TG	IMHAP TG	OSH TG
Canada							Chair	
Denmark								
Estonia								
Finland		Chair and ITA	Chair and ITA					
Germany						Vice-Chair		
Iceland								
Latvia								
Lithuania			Vice-Chair					Vice-Chair
Norway	Chair and ITA			ITA				
Poland		Vice-Chair						
Russia	Vice-Chair			Vice-Chair	Vice-Chair			
Sweden				Chair and ITA	Chair	Chair		
BEAC								
CBSS								
EC								
ILO								Chair
IOM								
NCM							Vice-Chair	
UNAIDS								
WHO								

 - denotes Lead Partner
 - denotes Co-lead Partner