



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

## **NDPHS Progress Report for 2012**

Approved during the 9<sup>th</sup> Partnership Annual Conference  
30 October 2012, Berlin, Germany

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## **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).
- CSR – NDPHS Committee of Senior Representatives.
- EUSBSR – EU Strategy for the Baltic Sea Region.
- 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.
- NDI – Northern Dimension Institute.
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being.
- OT – an operational target within the NDPHS Strategy.
- OSH TG – NDPHS Task Group on Occupational Safety and Health.
- PAC (in relation to the NDPHS) – Partnership Annual Conference.
- PAC (in relation to the EUSBSR) – Priority Area Coordinator.
- PPHS EG – NDPHS Expert Group on Primary Health Care and Prison Health Systems.

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

## 1. Political background

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a cooperative effort of ten 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 Participant 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),<sup>1</sup> 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**<sup>2</sup> and the **Northern Dimension Policy Framework Document**<sup>3</sup> – both endorsed at the Northern Dimension Summit on 24 November 2006 in Helsinki, Finland.

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 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 the **NDPHS Strategy**, which was developed by the Partnership during 2009 and subsequently adopted during the 6<sup>th</sup> Partnership Annual Conference (PAC).<sup>4</sup> The NDPHS Strategy is closely correlated with the **EU Strategy for the Baltic Sea Region** (and more precisely its health component). The 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.

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

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

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

<sup>4</sup> [www.ndphs.org/?about\\_ndphs#new\\_NDPHS\\_Strategy](http://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 2012. Information contained herein is provided with reference to and against the objectives and action lines included in the NDPHS Work Plan for 2012<sup>5</sup> adopted during the 8<sup>th</sup> Partnership Annual Conference held on 25 November 2011 in St. Petersburg, Russia. 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 and OSH).

As regards the action lines, seven of them were included in the NDPHS Work Plan for 2012:

- **Action Line 1: Working toward the NDPHS goals and taking actions to implement mid-term operational targets**
- **Action Line 2: Leading and coordinating the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan**
- **Action Line 3: Taking efforts to increase the profile of health and social well-being among the priorities of the funding programmes operating in the Northern Dimension region**
- **Action Line 4: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects**
- **Action Line 5: Increasing the Partnership's visibility**
- **Action Line 6: Establishing the NDPHS Secretariat with its own legal capacity**
- **Action Line 7: Monitoring the Partnership's progress and reporting on it**

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

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<sup>5</sup> [www.ndphs.org/internalfiles/File/About\\_NDPHS/Work%20Plans/NDPHS\\_Work\\_Plan\\_for\\_2012.pdf](http://www.ndphs.org/internalfiles/File/About_NDPHS/Work%20Plans/NDPHS_Work_Plan_for_2012.pdf)

### 3. Achievements of the Partnership during 2012

#### 3.1 Executive Summary

The Partnership's activities were run in accordance with its Work Plan for 2012 and, on the whole, the NDPHS was able to successfully implement most of the foreseen activities. The focus of the NDPHS Work Plan for 2012 was on the implementation of the NDPHS Strategy, which was developed by the NDPHS in 2009 and subsequently adopted during the 6<sup>th</sup> Partnership Annual Conference, and is closely correlated with the EU Strategy for the Baltic Sea Region. By implementing the Work Plan for 2012 the Partnership continued its efforts towards realizing its mid-term vision, which it plans to achieve until the end of 2013.

Chaired by Finland and co-chaired by Germany, the Partnership made progress and delivered a number of 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 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 2012,<sup>6</sup> as well as a Partnership Annual Conference (PAC).<sup>7</sup> The latter was preceded by a side-event, a workshop "Communication and Health Governance."

Progress was made towards the establishment of the NDPHS Secretariat enjoying its own legal capacity. The *Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being* has entered into force on 31 December 2012. Following the latter, it is expected that the Host Country Agreement will be signed between the NDPHS Secretariat and the Government of Sweden in 2013. The internal regulatory framework for the NDPHS Secretariat has also been adopted.

2012 was the third year of the implementation of the NDPHS Strategy and most of the NDPHS Expert Groups and Task Groups continued efforts to implement the adopted NDPHS Goals and Operational Targets (OTs). As the NDPHS Strategy places great emphasis on project development, facilitation and implementation, several groups were involved in developing and/or facilitating flagship projects.

As Lead Partner for the health component in the EU Strategy for the Baltic Sea Region (EUSBSR), the NDPHS successfully continued the coordination of health activities and undertook a number of efforts to implement the health-related actions included in the EUSBSR Action Plan. In 2012, during the review of the EUSBSR Action Plan, health had been included as a separate Priority Area in the revised draft EUSBSR Action Plan, which was a result of variety of actions taken by the NDPHS in 2011 and 2012.

The Partnership website, database and project pipeline, which constitute parts of its Coordinating and Financing Mechanism, continued providing up-to-date information.

Effort also continued to improve the Partnership's outreach activities and information collection and dissemination. The visibility of the Partnership in the region benefitted from a number of activities, including the attendance of NDPHS representatives in non-NDPHS events, the cooperation with other regional stakeholders, and the regular issuing of the NDPHS e-news and e-newsletter.

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<sup>6</sup> Meeting documents are available at [http://www.ndphs.org/?mtgs.csr\\_20\\_helsinki](http://www.ndphs.org/?mtgs.csr_20_helsinki)

<sup>7</sup> Meeting documents are available at [http://www.ndphs.org/?mtgs.pac\\_9\\_berlin](http://www.ndphs.org/?mtgs.pac_9_berlin)

### 3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2012

The following actions have been taken by the Partnership to implement the NDPHS Work Plan for 2012:

#### Action Line 1: Working toward the NDPHS goals and taking actions to implement mid-term operational targets

The NDPHS goals and, linked to them, operational targets and indicators constitute the core of the NDPHS Strategy and are intended to serve as an effective tool for the Partnership to ensure progress toward its mid-term vision. They 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:

- **Progress for each Goal and Operational target<sup>8</sup>**

#### 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).*

The Partnership took a range of actions to further increase its visibility and wide recognition in the region, which are a prerequisite for the achievement of this OT.

These included, but were no limited, to:

- Interacting with relevant actors in the Northern Dimension area and keeping them informed about developments within the NDPHS;
- 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-newsletters, roll-ups and articles in different publications);
- Participation in the Steering Group of the Northern Dimension Institute (the Head of the Secretariat has been elected as a Vice-Chair of the Steering Group);
- Participation in the Baltic Sea Health Region “Health Port” Project Advisory Board meetings.<sup>9</sup>

Further details regarding the above are included in the list of activities within Action Line 2 and Action Line 5.

**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 and Task Groups.*

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<sup>8</sup> This section contains a summary of the progress towards the achievement of Goals 1-12, including also information based on the progress reports of the NDPHS Expert Groups and Task Groups (attached as Annexes 1-8 to this Progress Report).

<sup>9</sup> <http://www.scanbalt.org/projects/scanbalt+health+region/bshr+healthport>.

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. Consistent with their ToRs some NDPHS Expert Groups and Task Groups continued efforts to more broadly include social dimension in their work, but these were not many. Example of such efforts is a review of experience and best practices in the Baltic Sea Region entitled “Integrating social and health care services for HIV-infected individuals” developed under auspices and with contribution from the HIV/AIDS&AI EG.

Furthermore, the Partnership continued a dialogue with the European Social Fund Baltic Sea Network (ESF-BSN). This cooperation has a potential, *inter alia*, to reinforce the social dimension within the NDPHS.

***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.*

***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.*

The NDPHS engaged with several regional actors to foster selected activities, such as project facilitation, development of policy recommendations and advocacy. Examples include, but are not limited to: the Baltic Sea Parliamentary Conference (BSPC), the ScanBalt BioRegion, the ESF Baltic Sea Network, the Union of the Baltic Cities, the Baltic Region Healthy Cities Association, the Northern Dimension Institute, the eHealth for Regions network (the latter was granted a status of a NDPHS Associated Expert Group in 2012), and many other actors as listed further down in the report.

See also examples of external expertise engaged in relation to specific goals and operational targets, below, as well as Action Line 2, section “Involvement of other regional stakeholders in the implementation of the EUSBSR”.

***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.*

During 2012 the NDPHS was engaged in the development and implementation of several regional projects. These have been presented further down in this Action Line, within the description of the actions to implement OTs belonging to the Thematic Areas 1 to 4, as well as under Action Line 2, section “Development, facilitation and coordination of regional flagship projects.”

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

See Action Line 3 and Action Line 4.

**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 2012 the number of records rose to 669. However, further efforts are warranted in this regard and the NDPHS Expert Groups and Task Groups should play an increased role in this process.

### **Thematic area 1: Containing the spread of HIV/AIDS and tuberculosis**

#### **Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved**

*As part of its efforts to contribute to the above-mentioned goal, the NDPHS will initiate and promote projects by 2012 that involve relevant stakeholders in the region and pay proper attention to the penitentiary system. The projects will aim to achieve the following:*

**Operational target 2.1:** *Reinforcing policy recommendations covering the above-mentioned goal.*

**Operational target 2.2:** *Geographical and priority thematic areas, as well as key populations at higher risk in urgent need of further local or regional projects are identified, partners to be involved in these projects are recommended, and project planning supported.*

**Operational target 2.3:** *A review of best practices documents 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.*

With support from the EUSBSR Technical Assistance Grant "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan" coordinated by the NDPHS Secretariat, a long-term action plan for the HIV/AIDS&AI EG was prepared and project proposals have been developed on the most urgent themes. A comprehensive analysis of relevant needs and problems in the form of a "Problem Tree" serves as the basis for: (i) development of the Strategy and long-term action plan for the HIV/AIDS&AI Expert Group and (ii) development of policy recommendations and two project proposals. The produced analysis and action plan will support the development of project ideas and information for further advocacy activities and development of policies.

A project "Taking Up the Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast," facilitated by the HIV/AIDS&AI EG, was approved for financing from the Non-State Actors and Local Authorities Programme for the Baltic Sea Region in late 2011 and was under implementation during 2012. The project has already demonstrated a long-term impact: funding for the activities promoted by the low-threshold service point (LTSP) will be included in the Action Plan to be adopted by regional government in Kaliningrad by 2014. The Plan will include funding component, therefore, it is expected that regional government will assume responsibility for the LTSP from 2014 on.

### **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.*

A review on evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals, including policy recommendations was prepared and disseminated in 2012.<sup>10</sup> This activity was also co-financed by the above-named EUSBSR Technical Assistance Grant.

### **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).*

**Operational target 4.2:** *Series of trainings for professionals are organized, aimed to strengthen their capacity to help mitigate antibiotic resistance.*

The NDPHS Secretariat developed, together with the AMR TG Lead Partner, and submitted for funding a project "Screening and controlling multidrug-resistant bacteria through a regional partnership." The project's overall objective is to contribute to cooperative efforts aimed at screening and controlling multidrug-resistant bacteria in the Baltic Sea Region.

## **Thematic area 2: Accessibility and quality of primary health care**

### **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 which demonstrate essential characteristics, like first contact, accessibility, continuity, comprehensiveness, coordination, and family and community orientation.*

**Operational target 5.1:** *Differences in the accessibility of qualified primary healthcare in countries of the ND region are assessed.*

**Operational target 5.2:** *Mechanisms for promoting an equitably distributed and good quality primary care, which corresponds to changing society health needs in the region, are defined.*

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<sup>10</sup> Available at: <http://www.ndphs.org/?database.view.paper.73>

Initial project idea “*The role of tomorrow PHC team members, with particular emphasis on the role of the nurse in NCD prevention and management, in Finland, Lithuania and Russia (Kaliningrad region) have been identified*” has been developed. Funding sources have not been identified yet.

**Operational target 5.3:** *By 2013, the advantages of e-health technology are better known and appreciated by policy makers and healthcare professionals.*

**Operational target 5.4:** *By 2013 a review of policies and practices for primary health care services for migrants<sup>11</sup> will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.*

A questionnaire has been developed and information collected from Denmark, Finland, Germany, Latvia, Lithuania, Norway and Poland. Round table discussions to discuss basic information and to define further possible steps of the project have been organized during the 5<sup>th</sup> PPHS EG meeting held on 13-14 September 2012. Funding sources for further activities have not been identified yet.

Additional activities towards the implementation of Goal 5 included, but were not limited, to the development of transnational policy conclusions on best model solutions for local hospitals to support high quality primary care in the Baltic Sea Region. After fact finding visits, needs in visited countries (Belarus, Russia, (Kaliningrad region), Lithuania, Latvia) have been discussed and a final draft project proposal has been developed.

### **Thematic area 3: Prison health care policy and services**

**Goal 6: Health and other related needs of people kept in places of detention are readily met, access to the health services is improved, and gender specific needs are addressed**

*As a follow-up on implementation of the approaches indicated in the NDPHS Declaration on Prison Health of NDPHS, the 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 2012, through the series of actions organized by international organizations including the WHO Regional Office for Europe’s Health in Prisons Programme, policy guidance on the 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 and best practices and challenges are identified. International experiences on prison health and examples of evidence-based practice have been disseminated.*

**Operational target 6.2:** *By 2013, a documentation of lessons learned and good practices regarding gender- and group-specific health needs in prisons are shared at*

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<sup>11</sup> The generic term “migrant” refers to a diversity of persons including long-term and short-term migrant workers and their families, international students, asylum-seekers, refugees, irregular migrants, trafficked persons, internal migrants, internally displaced people, and returnees.

*national and international seminars. Actions will be undertaken following up to the WHO/UNODC Declaration on Women's Health and will be implemented in close collaboration with WHO Regional Office for Europe's Health in Prisons Programme.*

**Operational target 6.3:** *By 2013 a review of policies and practices for health services for migrants kept in places of detention will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.*

Activities towards the implementation of Operational target 6.3 have been described above (see under Operational target 5.4).

#### **Thematic area 4: Lifestyle-related non-communicable diseases and good social and work environments**

### **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.*

**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.*

The ADPY project is an umbrella name for several projects that the NDPHS plans to implement in the ND area/BSR, which deal with alcohol and drug prevention among youth. One of them is a project "Alcohol and Drug Prevention among Youth (ADPY); situation analysis for evidence based policies." The project proposal was developed by the NDPHS Secretariat together with a ADPY TG team and a PPHS EG team. The implementation of the project started on 1 October 2012 and will continue for 14 months. The project involves ten project partners, of which the NDPHS Secretariat is the project leader (main beneficiary). It has been granted EUR 300,000 from the ENPI Regional East Indicative Programme 2010-2013.

Further, a project "Setting the Scene – Indicators for Alcohol and Drug Prevention Policy" was developed by the ADPY TG and submitted, through the NDPHS Project Pipeline, to the Norwegian Ministry of Health and Care Services for funding. The project involves five project partners of which the Federal Research Institute for Health Care Organization and Information of the Ministry of Health and Social Development is the project leader. This project has been granted EUR 100,182 by the Norwegian Ministry of Health and Care Services and the implementation activities have started in October 2012.

Additional activities towards the implementation of Goal 7 included, but were not limited, to the following:

- Preparation of a comprehensive report on perspective on regional and country consumption of alcohol and policy responses in NDPHS Partner Countries. The implementation of the activity was led by the National Research Centre on Addiction, Ministry of Public Health of the Russian Federation in close cooperation with the ASA EG and was financed by the EUSBSR Technical Assistance Grant "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan"

coordinated by the NDPHS Secretariat. The report was finalized and disseminated in November 2012.

- Development of a project proposal on alcohol and tobacco related harm and the policy response in the Northern Dimension region (the activity also contributes to implementing NDPHS Goals 7, 8 and 9). A project concept has been developed by the ASA EG and submitted through the NDPHS Secretariat for funding to the European Commission (support for the implementation of the EUSBSR Action Plan).
- Development of a draft project proposal on SMART survey (the activity also contributes to implementing NDPHS Goals 7 and 8). A project proposal has been developed by the ASA EG. Funding sources have not been identified yet.

### **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.*

**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.*

Contacts are being maintained with the BSPC, thus possibilities for joint BSPC – NDPHS activities remain open. To that end, the BSPC Work Programme for 2012-2013 (cf. para 51) includes the following stipulation: “to further develop contacts and interaction with the Northern Dimension Partnership in Public Health and Social Well-being on relevant health-related topics.”

Additional activities towards the implementation of Goal 8 included development of a project proposal on alcohol and tobacco related harm and the policy response in the Northern Dimension region and development of a draft project proposal on SMART Survey (see under Goal 7).

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

*Through its partners (including the Convention Secretariat, the WHO Regional Office for Europe and national authorities) the Partnership will contribute to strengthening, as appropriate according to national contexts, the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). The Partnership will support actions to bring down prevalence of tobacco use and achieve the public health objectives of the Convention.*

**Operational target 9.1:** *By 2013 the Partnership will have developed a case study, to examine country experiences and practices in regard to the implementation of the WHO FCTC and to develop regional good practices.*

Activities towards the implementation of Goal 9 included the development of a project proposal on alcohol and tobacco related harm and the policy response in the Northern Dimension region (see under Goal 7).

## **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.*

Monitoring of the implementation of the NDPHS Strategy on Health at Work continued in 2012. Annual informal update by OSH specialists took place in November 2012.

## **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.*

No progress has been made in 2012.

After the withdrawal of Canada from the Partnership and the NCM's decision to withdraw from co-leading the IMHAP TG, no other Partner has assumed the leadership of the group. The CSR agreed, during its meeting in April 2012, to postpone the final decision on the future of the NDPHS Goal 11 and the IMHAP TG, with a view to finding a sustainable solution until the PAC 9. Among the explored solutions were, *inter alia*: (i) streamlining the indigenous peoples issues into Partnership's and its groups' activities; (ii) merging the IMHAP TG with another NDPHS group; (iii) finding a new leadership of the group and (iv) merging the IMHAP TG with other regional structure. The PAC 9 discussed the future of the NDPHS Goal 11 and the IMHAP TG and decided to address the issue during the forthcoming Partnership's evaluation.

## **Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt-intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems**

**Operational target 12.1:** *By 2012 the Partnership will have developed multi-country flagship projects involving at least 3 partnership countries on NCD prevention in cooperation with relevant actors:*

- *NCD Flagship-A project: Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area;*
- *NCD Flagship-B project: Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.*

**Operational target 12.2:** *By 2014 the above mentioned projects will have been launched and are well on their way being implemented in coordination with other international actors active in this thematic area, such as EU, WHO/EURO and ILO.*

Two project planning meetings have been held in 2012 and drafting of both projects continued. Regarding the Flagship-B project, a project concept was developed by the Northern Dimension Institute, the NDPHS Secretariat and the Baltic Region Healthy Cities Association based on the Flagship-B Updated Project Concept under development by the NCD EG and was submitted through the NDPHS Secretariat for funding to the European Commission (support for the implementation of the EUSBSR Action Plan).

Additional activities towards the implementation of Goal 12 included, but were not limited, to the following:

- Finalisation and dissemination of the NCD EG Thematic Report "Healthy Lifestyles – Corner Stone of Public Health. Why We Need Noncommunicable Disease Prevention and Control?" (the activity also contributes to implementing NDPHS Goals 7, 8 and 9);
- Implementation of the project "Healthier People: Management of Change through Monitoring and Action." It is a common project of the NDI and the NDPHS NCD EG and is considered as a good example of the NDI cooperation with a ND partnership by dividing responsibilities, sharing the burden and joining forces.

- **Work plans for 2013**

As a further step towards the achievement of the operational targets, NDPHS Expert Groups (ASA, HIV/AIDS&AI, NCD, PPHS) and Task Group (ADPY) have elaborated annual work plans for 2013, specifying the methods, milestones and resources with which the respective Operational Targets will be pursued during 2013. These constituted the basis for the NDPHS Work Plan for 2013 which was adopted by the PAC 9.

## **Action Line 2. Leading and coordinating the health component in the EU Strategy for the Baltic Sea Region Action Plan**

The NDPHS is the Lead Partner for the coordination of the health component of the [EU Strategy for the Baltic Sea Region \(EUSBSR\) Action Plan](#). The health-related actions included in the EUSBSR Action Plan are properly covered in the goals and operational targets included in the NDPHS Strategy, and the two strategies are correlated and complement each other in the health area. Also, the CSR tasked both, the NDPHS Expert Groups and (relevant) Task Groups to take appropriate actions to contribute to proper discharging of the Partnership's responsibilities as the Lead Partner for the health component in the EUSBSR Action Plan.

When adopting the NDPHS Work Plan for 2012 the Partners agreed to take the necessary actions to ensure successful discharging of the Partnership's role as the Lead Partner for the health component in the EUSBSR Action Plan. These include, but are not limited to coordination, engaging other actors and stimulating them to take up responsibilities, as well as monitoring and reporting on the progress in the sub-area.

### **Main actions taken:**

- **Efforts to include health as a separate Priority Area in the EUSBSR Action Plan**

The review of the EUSBSR Action Plan started in 2012. In the original version of the Action Plan health was listed as a priority sub-area, which was recognized as undermining the value, visibility and importance of health vis-à-vis other sectors. Therefore, since last year the NDPHS has taken a variety of actions to address this issue and have health included as a separate Priority Area. The actions included, but were not limited to a close dialogue with the DG REGIO, the EUSBSR coordination structures and with country representatives in the countries concerned, and, finally, the engagement of external organizations in a joint effort to convince the European Commission. In all these efforts, the NDPHS position paper<sup>12</sup> was used as a supporting document. The revised draft of the Action Plan follows the NDPHS proposal, including the request to include health as a separate Priority Area.

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<sup>12</sup> Available at: <http://ndphs.org/?database.view.paper.67>.

- **Coordination/implementation of priority actions included in the EUSBSR Action Plan**

Because the NDPHS Strategy and the EUSBSR are correlated (and more specifically the priority actions coincide), the NDPHS activities listed in Action Line 1 above also contributed to the implementation of the priority actions included in the EUSBSR Action Plan.

In addition to those, the following actions have been taken by the NDPHS:

- Continued efforts to involve other regional stakeholders (or strengthen their involvement) in the implementation of the EUSBSR health-related actions. These included, but were not limited to the following:
  - Efforts to advance EU-Russia cooperation in the Baltic Sea Region (including co-organisation and co-moderation of a parallel session “Making Success Stories with Russian Partners” during the 3<sup>rd</sup> EUSBSR Forum, see under “Participation in EUSBSR-related meetings” further down);
  - The cooperation continued between the NDPHS and the e-Health for Regions network, the latter having been engaged by the NDPHS to take the lead role for the e-health component of the EUSBSR Action Plan (the network was granted a status of a NDPHS Associated Expert Group in 2012);
  - The cooperation continued with the BSN-ESF, the Union of the Baltic Cities (UBC), the ScanBalt BioRegion and others.
- Participation in EUSBSR-related meetings
  - The NDPHS Secretariat participated in the 3<sup>rd</sup> EUSBSR Annual Forum on 17-19 June 2012 in Copenhagen, Denmark, where it, together with the Turku process, organized and moderated a parallel session “Making Success Stories with Russian Partners.” The session aimed to provide inspiration for those engaged in the EUSBSR who would like to make their own success stories with Russian partners, and, in this way, to help advance cooperation between EU and Russian partners that would contribute to fostering the objectives of the EUSBSR. It provided many inspiring examples regarding cooperation between EU and Russian partners as well as presented useful tools and cooperation frameworks, which can be used by interested stakeholders in their own work. The session co-organized by the NDPHS was highly appreciated by participants and had one of the highest attendance rates among the Forum’s parallel sessions. An invitation for the NDPHS to co-organize and co-ordinate a session during the event is a clear sign of the constantly increasing role and visibility of the NDPHS in the region.
  - Further, the NDPHS Secretariat took part in several meetings of the EUSBSR National Contact Points, Priority Area Coordinators and Horizontal Action Leaders where it presented progress being made in the implementation of the health component of the EUSBSR Action Plan and discussed the implementation process at large. These events were successfully used by the NDPHS Secretariat to further increase the Partnership’s visibility and recognition as well as to lobby for an inclusion of health as a separate Priority Area in the EUSBSR Action Plan.
  - The NDPHS Secretariat also contributed to the work of the Task Force for Communication within EUSBSR.

- **Coordination/implementation of flagship projects included in the EUSBSR Action Plan**

Because the NDPHS Strategy and the EUSBSR are correlated, the NDPHS project-based activities listed in Action Line 1 above also contributed to the implementation of the priority actions included in the EUSBSR Action Plan.

During 2012 the NDPHS was busy developing and/or implementing several regional projects contributing to the EUSBSR:

- Alcohol and Drug Prevention among Youth (ADPY):
  - Setting the Scene – Indicators for Alcohol and Drug Prevention Policy (funding secured; project development coordinated by the ADPY TG and the implementation coordinated by the Federal Research Institute for Health Care Organization and Information of the Ministry of Health of Russia);
  - Alcohol and Drug Prevention among Youth (ADPY); situation analysis for evidence based policies (funding secured; project development and implementation process coordinated by the NDPHS Secretariat);
- Taking Up the Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast (funding secured; project development coordinated by the HIV/AIDS&AI EG and the implementation coordinated by the Kaliningrad Regional Youth Non-governmental Organization “Young Leader Army” (“Yla”));
- Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area (funding not secured; project development process coordinated by the NCD EG);
- Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area (funding not secured; project development process coordinated by the NCD EG leadership):
  - Healthier People: Management of Change through Monitoring and Action (funding secured; project development and implementation process run by the Northern Dimension Institute and supported by the NCD EG);
  - Towards healthier and more prosperous region through addressing the non-communicable diseases (NCD) epidemics (funding not secured; project application process coordinated by the Northern Dimension Institute and the NDPHS Secretariat);
- Development of Occupational Health Services (Part 1: Comparative analysis and thematic report. Part 2: Professional training and information dissemination) (funding partly secured; process coordinated by the OSH TG);
- Developing new roles and tasks to local hospitals in support of primary health care in the Baltic Sea Region (funding secured; project development process coordinated by the PPHS EG);
- Screening and controlling multidrug-resistant bacteria through a regional partnership (funding not secured; project development process coordinated by the AMR TG leadership and the NDPHS Secretariat);
- Alcohol and tobacco related harm and the policy response in the Northern Dimension region (funding not secured; project development process coordinated by the ASA EG);
- SMART Survey (funding not secured; project development process coordinated by the ASA EG).

Activities pertaining to these projects/project development efforts are described under Action Line 1 and/or the Progress Reports of the respective Expert and Task Groups (see annexes to this report).

In addition, the Partnership was in regular dialogue with and was promoting the following three flagship projects included in the EUSBSR Action Plan:

- ImPrim – Improvement of public health by promotion of equitably distributed high quality primary health care systems;
- ICT for Health – Strengthening social capacities for the utilisation of eHealth technologies in the framework of the ageing population;
- PrimCareIT - Counteracting brain drain and professional isolation of health professionals in remote primary health care through tele-consultation and telementoring to strengthen social conditions in remote parts of the Baltic Sea Region.

- **Development of the EUSBSR targets and indicators**

Clearly set indicators and targets will support alignment of funding to the actions and Flagship Projects within the EUSBSR, especially in the context of planning the EU Cohesion Policy 2014-2020. The NDPHS proposal regarding the EUSBSR targets and indicators was prepared on the basis of the contributions received from the NDPHS Expert Groups and respective Task Groups and, after approval by the CSR, submitted to the European Commission in July 2012. In late 2012, after comments had been received from the European Commission, a revised NDPHS proposal was submitted.

### **Action Line 3: Taking efforts to increase the profile of health and social well-being among the priorities of the funding programmes operating in the Northern Dimension region**

The ministerial-level PAC 8 in 2011 discussed the status of health and social well-being on the regional agenda. While appreciating the importance attached to the social welfare and health within the Northern Dimension Policy context, the PAC felt these two need to be more widely recognized on other relevant regional cooperation agendas as being of crucial importance for the future of our societies, not least in the wake of the challenges posed by the current economic hurdles as well as the demographic change. The PAC agreed that transnational cooperation is important for an effective response to health and social well-being challenges. As the European programmes are a useful tool in this regard, it is crucial that health and social well-being be visibly exposed among the funding priorities in the programmes that will be implemented in the Northern Dimension area during the coming period.

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

- **Actions to publicize and promote the ideas and messages contained in the NDPHS position paper on raising the profile of health and social well-being**

The Partnership took part in many international meetings where it presented information on its goals and activities. Speeches and presentations were made by the NDPHS CSR Chair Country, the NDPHS Secretariat and representatives of EGs and TGs (see Action Line 5). On many occasions, the ideas and messages contained in the NDPHS position paper on raising the profile of health and social well-being were highlighted in the NDPHS speeches (including at the 21<sup>st</sup> Baltic Sea Parliamentary Conference held on 26-28 August 2012 in St. Petersburg, Russia). The position paper has also been widely disseminated both in hard copy at the above named events and electronically, including to the members of the BSR Programme 2014-2020 Joint Programming Committee and the BSPC.

In addition, the NDPHS Secretariat's articles on raising the profile of health and social well-being have been included in eight publications in 2012 (ScanBalt newsletter, BSSSC newsletter, Bulletin of the Union of the Baltic Cities, Baltic Rim Economies, NDPHS e-

newsletter, eHealth for Regions network newsletter, BSSSC bi-annual presidency report and EUSBSR Newsletter), as well as on the EUSBSR website.

Finally, the resolution of the 21<sup>st</sup> Baltic Sea Parliamentary Conference contains a call “to raise the profile of health and social well-being on the regional cooperation agenda.”

- **Cooperation with the BSN-ESF**

In 2012, cooperation continued with the Baltic Sea Network of the European Social Fund (BSN-ESF), with emphasis on identifying the ESF priority areas and projects which would be eligible to apply for funding from the ESF. To that end, the NDPHS Secretariat took part and made a presentation during the Transnational Cooperation Coordinators and Ambassadors meeting on 4 April 2012 in Warsaw, Poland. Furthermore, the NDPHS contributed to the above-mentioned regional event “Working Life – Baltic Sea Arena 2012,” organized by *Inclusive Europe*, an ESF-funded project with the aim to strengthen transnational cooperation, with a specific focus on the Baltic Sea Region. The event had a special emphasis on benefits of transnational cooperation and a stronger social dimension in the EUSBSR. The Head of the NDPHS Secretariat and the Chair of the OSH TG delivered presentations during the event.

- **Contribution to the development of the Baltic Sea Region Programme 2014-2020**

The NDPHS has been invited to participate in the Reference Group of the Baltic Sea Region Programme for the funding period 2014-2020 and contributed to the development of the Programme. As a first step, the NDPHS participated in a survey, which aimed at gathering expectations related to the scope and content, as well as other important aspects of the future programme.

- **Cooperation with the ENPI CBC Karelia Programme**

In late 2011 the NDPHS was asked to assist the ENPI CBC Karelia Programme in developing objectives and indicators for the Programme’s 2012 Call for proposals on Balanced Social and Economic Wellbeing. In addition, the NDHPS-related projects have also been encouraged to apply for funding from the Programme. The NDPHS presented its comments and proposals, as agreed.

#### **Action Line 4: Providing adequate funding for the NDPHS and Partnership-relevant activities and projects**

When adopting the NDPHS Work Plan for 2012 the Partners agreed that, in order to meet the objectives of the organization, it is necessary to continue ensuring adequate funding for activities and relevant projects carried out within the framework of the Partnership. To that end, they pledged to 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:**

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

All Expert Groups and three Task Groups (except the IMHAP TG) enjoyed the financial and organizational support of their Lead, which provided the necessary funding for the effective functioning of the Expert Groups’ and Task Groups’ Chairs, vice-Chairs and ITAs/Coordinators. The need for the Partners to ensure the continuity of this support as well as the need to allocate funds for their operational budgets, which would ensure that they are able to work actively with the development and implementation of projects, was stressed by

some of the Groups. Also, some Groups expressed worries about the lack of long-term funding for ITAs, as well as the fact that some countries cannot finance participation of their experts in the meetings.

In addition, Expert Groups and Task Groups benefitted from the following funding:

- Funding from the ENPI Regional East Indicative Programme 2010-2013
  - First installment  
In 2011, the European Commission made available EUR 100,000 (gross) for NDPHS for meetings aimed to develop project concepts/proposals in 2011 and 2012.
  - Second installment  
In 2012, the European Commission granted EUR 300,000 to the CBSS/NDPHS Secretariat for the project “Alcohol and Drug Prevention among Youth (ADPY); situation analysis for evidence based policies.”
- Technical Assistance Grant from the European Commission

In September 2011, the NDPHS Secretariat received a technical assistance grant amounting to EUR 120,000 to support the EUSBSR related activities of the NDPHS and its partner stakeholders. The implementation of the activities funded by the grant continued throughout 2012.

- **Contributions to the NDPHS Secretariat budget**

One Partner has been exempted from paying its contribution in 2012-2013. Other Partners paid their contributions to the NDPHS Secretariat budget for FY 2012. Despite having been pledged earlier, one contribution has not been paid.

- **Channeling funding for projects through the NDPHS Project Pipeline**

The Norwegian Ministry of Health and Care Services made two calls for project proposals through the NDPHS Project Pipeline<sup>13</sup> and collected project applications through the pipeline. The two calls totaled approx. EUR 672,000 (spring call) and EUR 1,142,000 (autumn call) for health-related projects to be implemented in North-West Russia.

In addition to facilitating project funding activities, the pipeline also continued to provide an 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/or social well-being projects in the Northern Dimension area.<sup>14</sup>

In 2012, the pipeline continued to be frequently visited by visitors from within and from outside the region (altogether 14,143 visits during 2012). The NDPHS Secretariat maintained the Project Pipeline and, when requested, supported project proponents who were using it. Following the request and with financial support of Norwegian Ministry of Health and Care Services, the NDPHS Project Pipeline mechanism was substantially modified to better meet the needs of this financing agency.

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<sup>13</sup> [www.ndphs.org/?pipeline](http://www.ndphs.org/?pipeline).

<sup>14</sup> [www.ndphs.org/?pipeline,page,non-pipeline\\_agencies](http://www.ndphs.org/?pipeline,page,non-pipeline_agencies).

- **Other actions aimed to help provide adequate funding for the NDPHS and Partnership-relevant activities and projects**

- **Swedish institute**

The NDPHS Secretariat developed, together with the AMR TG leadership, and submitted for funding to the Swedish Institute a project “Screening and controlling multidrug-resistant bacteria through a regional partnership” (see Action Line 1, Goal 4, for further details).

- **Technical Assistance Grant from the European Commission**

In December 2012 the NDPHS was granted approx. EUR 75,000 to support the NDPHS in its coordinating role and leadership in the EUSBSR Health Priority Area.

- **Funding from Germany**

Through a voluntary contribution, Germany provided EUR 43,047 which was used to support the evaluation process of the Partnership. This funding was channeled through the NDPHS Secretariat.

### **Action Line 5: Increasing the Partnership’s visibility**

When adopting the NDPHS Work Plan for 2012 the Partners agreed that, whereas the implementation of several NDPHS operational targets would contribute to increasing the Partnership’s visibility within and beyond the Northern Dimension area, further efforts were warranted and complementary actions should be taken to that end.

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

- **Interaction with relevant actors active in the Northern Dimension area and keeping them informed about developments within the NDPHS; making presentations at national and international conferences and other events**

The Partnership took part in many international meetings where it presented information on its goals and activities. Speeches and presentations were made by the NDPHS Chairmanship, the NDPHS Secretariat, and representatives of EGs and TGs. The following are examples of the events and forums where the Partnership spoke, and which were attended by various politicians and/or decision makers from the Partner Countries:

- Several Northern Dimension Steering Group meetings;
- Several meetings of the EUSBSR National Contact Points, Priority Area Coordinators and Horizontal Action Leaders;
- 1<sup>st</sup> sub-regional technical consultation on the European Action Plan for Strengthening Public Health Capacities and Services, 31 January - 1 February 2012, Helsinki, Finland;
- Conference of the EU Baltic Sea Non State Actors and Local Authorities Programme, 8 February 2012, St. Petersburg, Russia;
- EU-Russia meeting to discuss joint EU-Russia projects in the Baltic Sea Region, 22 February 2012, Moscow, Russia;
- Transnational Cooperation Coordinators and Ambassadors meeting, 4 April 2012, Warsaw, Poland;
- Joint informal meeting of the CBSS Committee of Senior Officials, ND Steering Group and the EUSBSR High-Level Group, 24 April 2012, Berlin, Germany;

- 3<sup>rd</sup> Annual Forum of the EU Strategy for the Baltic Sea Region, 18-19 June 2012, Copenhagen, Denmark;
- 5<sup>th</sup> NDI Steering Group Meeting, 19 June 2012, Copenhagen, Denmark;
- 21st Baltic Sea Parliamentary Conference, 26-28 August 2012, St. Petersburg, Russia;
- Working Life – Baltic Sea Arena 2012, 16-17 October 2012, Stockholm, Sweden;
- Roundtable discussion on the Northern Dimension, 5 December 2012, Warsaw, Poland.

See also Action Lines 1 and 2, as well as details of various meetings attended by EG and TG representatives, provided in the progress reports attached as annexes to this report.

- **Including provisions regarding the NDPHS in relevant high-level and other documents**

The resolution of the 21<sup>st</sup> Baltic Sea Parliamentary Conference stipulates the following: “to raise the profile of health and social well-being on the regional cooperation agenda; to support the Northern Dimension Partnership in Public Health and Social Well-being, in order to pursue persistent efforts for improving health and social well-being taking into account ageing society, high burden of non-communicable diseases and antimicrobial resistance.”

- **Dissemination of information through the NDPHS website and the NDPHS Database; production and dissemination of information and PR materials**

The NDPHS website continued to serve as an important channel of information on the activities of the Partnership. In 2012, the website had 89,966 visitors. E-news pieces were published during the year, as were two e-newsletter issues.

In an effort to increase the visibility of the Partnership, all Partners were encouraged to include a link to the NDPHS website on their respective websites. Those who have done this so far are: Finland, Latvia, Norway, European Commission, BSSSC, NCM, WHO.

The NDPHS Database continued to serve as a source of information about projects (669 records included), organizations (414 records included), experts (366 records included) and publications (64 records included) (all figures as of the end of 2012).

- **Input to relevant publications**

The NDPHS Secretariat contributed eight articles to different publications (see Action Line 3).

### **Action Line 6: Establishing the NDPHS Secretariat with its own legal capacity**

The Partners agreed that, for the NDPHS Secretariat to be able to fully exercise its functions and fulfill its objectives, it is indispensable that it would enjoy its own legal capacity. To that end, when adopting the NDPHS Work Plan for 2012, the ministerial-level PAC 8 expressed hope for a swift completion of the national legal procedures necessary for the Agreement to enter into force, and for the Host Country Agreement to be subsequently put in place so that the NDPHS Secretariat could become fully operational in the near future.

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

Six countries have ratified the Agreement on the Establishment of the NDPHS Secretariat. The Agreement entered into force on 31 December 2012.

The Host Country Agreement has been finalized and will be signed in 2013.

The NDPHS Secretariat developed a regulatory framework for the NDPHS Secretariat with its own legal capacity (NDPHS Secretariat Personnel Handbook, NDPHS Secretariat Financial Rules and NDPHS Secretariat Internship Handbook). The documents were subsequently approved by the PAC 9.

### **Action Line 7: Monitoring the Partnership's progress and reporting on it**

The NDPHS Work Plan for 2012 lists monitoring and reporting on the progress as one of the action lines. This concerns both the implementation of the NDPHS Strategy as well the health component in the EUSBSR Action Plan. However, taking into account that the EUSBSR Action Plan was under review in 2012, the reporting on the implementation of the EUSBSR was postponed until 2013.

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

- **Monitoring and discussing progress in the implementation of the NDPHS Strategy**

Monitoring and discussing the progress in the implementation of actions was an important item on the agenda of the meetings of: the PAC, the CSR, the EG Chairs and ITAs, the NDPHS Chair and Co-Chair Countries and the Secretariat, the Expert Groups and the Task Groups.

- **Developing annual progress reports**

As decided by the CSR 20, the Expert Groups (ASA, HIV/AIDS&AI, NCD, PPHS) and Task Groups (ADPY, AMR and OSH) have prepared their annual progress reports for 2012 on the basis of a new template for reporting, as a testing case. Having considered the proposed new template and new timeline, the PAC approved the proposed template for monitoring and reporting on the NDPHS progress and decided that the reporting system as a whole would be assessed during the forthcoming Partnership's evaluation.

Based on the Expert Groups' and Task Groups' annual progress reports, the Secretariat drafted the NDPHS Progress report for 2012, which was adopted by the PAC. It takes stock of the achievements made, describes enabling factors, strengths, obstacles and constraints regarding group's work and the Partnership at large, and also presents various recommendations to the PAC for consideration and decision.

## **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 actions foreseen in its Work Plan for 2012.

**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. Many actions, but not all, are described in this progress report, while more detailed information can be found on the NDPHS website. In addition to these several efforts were taken to **raise funds to aid the activities of Expert Groups and Task Groups**.

It is clear that future success in the implementation of the NDPHS Strategy relies foremost on the **Expert and Task Groups' ability to deliver tangible results** in accordance with the priorities set out in the NDPHS Strategy. All Partners have a role to play in ensuring progress by the groups. To that effect, it is recommended that those several **Partners, who have not yet nominated their representatives to the Expert Groups and Task Groups, do so without delay.**

Another conclusion from the third year of the implementation of the NDPHS Strategy is that, in their activities **some expert-level groups need to take a more determined effort to ensure the successful implementation of the adopted operational targets** for which they are responsible. Due consideration should be given to reinforcing, reshaping or terminating initiatives that have not produced results.

The revision of the EUSBSR Action Plan and **inclusion of health as a separate Priority Area** in the revised draft **is creating a new momentum for the Partnership** and has a potential of providing additional tools which would enable the Partnership to pursue its goals. At the same time, it will also require the NDPHS to act more strategically in order to fulfill the leadership role expected of a Priority Area Coordinator, in particular, as regards involving other stakeholders in regional cooperation. During previous years the Partnership took many actions to discharge its role as **the Lead Partner for the health component in the EUSBSR**. These efforts strengthened the NDPHS importance and visibility in the region. However, further efforts are needed to create synergies and develop cooperation with regional actors active in health field and willing to engage in the implementation of the EUSBSR.

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 Finland, co-Chair Country Germany, as well as those Partners who have committed themselves to leading/co-leading NDPHS Expert Groups and Task Groups, are commendable for their efforts. Of particular importance for the Partnership's continued work was progress in the **development of regional projects** consistent with the NDPHS Strategy and the EUSBSR Strategy Action Plan. **Funding received from the European Union played an important role in making this progress.**

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. Especially acute was the **problem of missing contributions to the NDPHS Secretariat budget** which calls for remedy, especially in the view of the NDPHS Secretariat gaining legal capacity.

[ASA Expert Group](#)  
[Progress report for 2012](#)

**Policy document/project name:** Report on perspective on regional and country consumption of alcohol and policy responses in NDPHS Partner Countries)

**1. Summary of activity**

<b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)	Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced
<b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)	Overview of individual country profiles and comparative analyses of the alcohol situation and alcohol policy implementation on a regional basis, including policy conclusions, prepared and disseminated
<b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)	Policy makers of the member countries
<b>Area covered</b> (list countries/regions/municipalities, etc.)	Russia, Estonia, Latvia, Lithuania, Poland, Finland, Sweden, Norway
<b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)	National Research Centre on Addiction, Ministry of Public Health of the Russian Federation

<b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)	ASA EG members and relevant organisations in the Partner Countries
<b>Budget</b> (specify the budget of the activity in EUR)	17 000
<b>Financing agency</b> (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )	EUSBSR Technical Assistance Grant "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan," Activity 6

## 2. Progress in the implementation of activity in 2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
<b>1. Preparation of a comprehensive report on perspective on regional and country consumption of alcohol and policy responses in NDPHS Partner Countries</b>	1.1 ToR Developed	1.1 done		
	1.2 Research Institute identified	1.2 done		
	1.3 Desk review of relevant documentation, official reports, statistical data, etc	1.3 done		
	1.4 Distribution of questionnaire.	done		

	1.5 Carrying out data collection and analysis of responses from NDPHS Partner Countries and Russia	done		
	1.6 Interviews of the experts in the NDPHS ASA EG and other relevant experts	done		
	1.7 Writing and distribution of the draft report to the ASA EG members and incorporation of feedback from those members into the final version	September-October		
	1.8 Finalization of the report and its dissemination	October-first half of November		
	1.9 Development of draft Project Proposal	done		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>The report will contribute to the implementation of the following cooperative action included in the health sub-area of Priority area 12 of the EU Strategy for the Baltic Sea Region Action Plan:</p> <p>Action: Prevent lifestyle-related non-communicable diseases and ensure good social and work environments  By developing comprehensive policies and interventions in the entire region aimed at preventing and reducing the negative consequences of alcohol and drug use to the society, and particularly among children, youth, women of child-bearing age and pregnant women</p>			

**Policy document/project name: Alcohol and tobacco related harm and the policy response in the Northern Dimension region**

**1. Summary of activity**

<b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)	Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced. 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. Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.
<b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)	Review selected Alcohol policies and to provide recommendations to the NDPHS PAC meeting on priorities for future policy and research development directed towards the reduction of the harmful consumption of alcohol. (e.g. by identifying successful instruments and good practice ). To analyze the development of WHO Framework Convention on Tobacco (FCTC) and steps taken while developing the first public health treaty and to organize Conference to share FCTC experience with policymakers in Alcohol Field
<b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)	Policy makers and NDPHS partner country population (in the long term)
<b>Area covered</b> (list countries/regions/municipalities, etc.)	Estonia, Finland, Poland, Lithuania, Latvia, Russia, Sweden, Norway
<b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)	ASA EG
<b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)	National Institute for Health Development ( Estonia), National Research Centre on Addiction ( Russian Federation) and The Centre for Disease Prevention and Control (Latvia)
<b>Budget</b> (specify the budget of the activity in EUR)	80 000
<b>Financing agency</b> (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )	DG REGIO?

## 2. Progress in the implementation of activity in 2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
<b>1. Development of Project Proposal on Alcohol and tobacco related harm and the policy response in the Northern Dimension region</b>	1.1 ToR Developed	1.1 November		Cooperation addressing the harms caused by alcohol a closer regional cooperation could important added value to the cooperation already established on EU and WHO EURO region level. This is due to the fact that the challenges related to drinking pattern are a Common denominator of the region. A closer cooperation regionally would give added value to the both national and broader European and global cooperation.
	1.2 Research Institute identified	1.2 done		
	1.3 Meeting of Sub-group on Policy advise	1.3 done		
	1.4 Preparation of Project Proposal.	1.4 done		
	1.5 Proposal submitted to DG REGIO for financial support	1.5. done		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>The projects will contribute to the implementation of the following cooperative action included in the health sub-area of Priority area 12 of the EU Strategy for the Baltic Sea Region Action Plan:</p> <p>Action: Prevent lifestyle-related non-communicable diseases and ensure good social and work environments By developing comprehensive policies and interventions in the entire region aimed at preventing and reducing the negative consequences of alcohol and drug use to the society, and particularly among children, youth, women of child-bearing age and pregnant women</p>			

Policy document/project name: **SMART Survey**

1. Summary of activity

<p><b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</p>	<p>Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced. 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.</p>
<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<p>To standardize approaches in the ND area for more informed and evidence based policy making in the field of reduction of Harmful use of Alcohol. Implementation of SMART Survey and development a Survey report</p>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)</p>	<p>Policy makers of the member countries</p>
<p><b>Area covered</b> (list countries/regions/municipalities, etc.)</p>	<p>Russia, Estonia, Latvia, Lithuania, Poland, Finland, Norway</p>
<p><b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)</p>	<p>The Institute of Psychiatry and Neurology (Poland) and The Centre for Disease Prevention and Control (Latvia)</p>
<p><b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)</p>	<p>ASA EG members and relevant organisations in the Partner Countries</p>
<p><b>Budget</b> (specify the budget of the activity in EUR)</p>	

**Financing agency** (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )

## 2. Progress in the implementation of activity in 2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
<b>1. Development of draft Project Proposal on SMART Survey</b>	1.1 ToR Developed	1.1 November		<p>Project will assist to assess standardized approaches in the context of ND area and to establish common understanding and common picture, on alcohol use and patterns of drinking, within the ND area.</p> <p>It will also contribute to further development of standardized comparative surveys methodology on alcohol consumption, including heavy drinking, binge drinking (episodic heavy drinking), drunkenness, context of drinking, alcohol dependence, harm to others, unrecorded alcohol supply, as well as public support for alcohol policy measures</p>
	1.2 Research Institute identified	1.2 done		
	1.4 Preparation of draft Project Proposal.	1.4 done		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>The projects will contribute to the implementation of the following cooperative action included in the health sub-area of Priority area 12 of the EU Strategy for the Baltic Sea Region Action Plan:</p> <p>Action: Prevent lifestyle-related non-communicable diseases and ensure good social and work environments By developing comprehensive policies and interventions in the entire region aimed at preventing and reducing the negative consequences of alcohol and drug use to the society, and particularly among children, youth, women of child-bearing age and pregnant women</p>			

## ASA EG activities

### 1. Summary of activity

<p><b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</p>	<p>Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced. 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. Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.</p>
<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<ul style="list-style-type: none"> <li>•Contributing to the development of national policies that respond to the needs and requirements of the Partner Countries;</li> <li>•Developing, facilitating and assisting in implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol, tobacco and illicit drugs;</li> <li>•Promoting the principles and objectives of the Partnership in the field of alcohol and substance abuse and developing partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;</li> <li>•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</li> </ul>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)</p>	<p>Policy makers and NDPHS partner country population (in the long term)</p>
<p><b>Area covered</b> (list countries/regions/municipalities, etc.)</p>	<p>Estonia, Finland, Poland, Lithuania, Latvia, Russia, Sweden, Norway</p>
<p><b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)</p>	<p>ASA EG</p>
<p><b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)</p>	<p>ASA EG members</p>
<p><b>Budget</b> (specify the budget of the activity in EUR)</p>	<p>–</p>

**Financing agency** (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )

## 2. Progress in the implementation of activity in 2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
<b>1. ASA EG meetings and cooperation with International organizations and partner Institutions/organizations</b>	1.1 ASA EG meetings	1.1 done		<p>Raising awareness of the magnitude and nature of the harmful use of alcohol, and disseminate the knowledge base on the size and determinants of alcohol related harm and on effective interventions to reduce and prevent that harm.</p> <p>According appropriate attention to the serious public health effects of preventing and reducing harmful use of alcohol.</p> <p>Increased international collaboration to support and complement regional and national actions</p>
	1.2 Expert advises on national Policy documents	1.2 done		
	1.3 Participation and presentations at International conferences related to the Alcohol Policy Issues	1.3 done		
	1.4 Collaboration with International organizations (including BEAC) and NGOs working in the field of Alcohol and Substance abuse	done		
	1.5 Collaboration with ADPY TG and other EGs of the NDPHS	done		

	1.6.Preparation of inputs to the several Public health Policy documents both on national and International level	done		
	1.7 Preparation of several reports, inputs to the documents and follow up on other requests from the NDPHS Secretariat	done		
	1.8 Participation in the revision and development of new action plan, Targets and indicators for the EUSBSR strategy	Done		
	1.9 Participation in the NDPHS related meetings by the ASA EG leadership (Chairs and ITAs, CSR, PAC side event)	Done		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>The work of ASA EG will contribute to the implementation of the following cooperative action included in the health sub-area of Priority area 12 of the EU Strategy for the Baltic Sea Region Action Plan:</p> <p>Action: Prevent lifestyle-related non-communicable diseases and ensure good social and work environments  By developing comprehensive policies and interventions in the entire region aimed at preventing and reducing the negative consequences of alcohol and drug use to the society, and particularly among children, youth, women of child-bearing age and pregnant women</p>			

HIV/AIDS&AI Expert GroupProgress report for 2012**SUMMARY**

<b>Name of the policy or project</b>	<b>Duration</b>	<b>Budget</b>	<b>Financing</b>	<b>Main partners</b>	<b>Current state</b>
Policy recommendations on integration of social and health care services for HIV-infected individuals	May - December 2012	12 210 EUR	EU (Activity 2 of the project below)	Consultant Boris Sergejev HIV/AIDS&AI EG Relevant organisations in the partner countries	Final report submitted
Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan  Activity 1: Organisation of Logical Framework Approach workshop and subsequent planning meetings	Dec 2011 - Dec 2012	16 408 EUR	EU	HIV/AIDS&AI EG Relevant organisations in the partner countries	LFA workshop and planning meetings organized.  Draft project proposals developed
Support to Development of Low-Threshold Services in the Leningrad Region <b>NDPHS label</b>	2010-2012	214 800 EUR	Ministry for Foreign Affairs, Finland	National Institute for Health and Welfare (THL), Finland - lead Leningrad Regional AIDS Centre, Russia	Closing seminar organised in October 2012. Final report under preparation.

HIV Prevention among Reproductive-Aged Women, Republic of Karelia <b>NDPHS label</b>	2010-2012	209 200 EUR	Ministry for Foreign Affairs, Finland	National Institute for Health and Welfare (THL), Finland - lead Karelian Republican AIDS Centre	Closing seminar in November 2012. Final report under preparation.
Strengthening of municipal anti-drug networking in the Murmansk Region <b>NDPHS label</b>	2010-2012	240 900 EUR	Ministry for Foreign Affairs, Finland	National Institute for Health and Welfare (THL), Finland - lead Youth Department of Monchegorsk	Closing seminar in November 2012
Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast <b>NDPHS label</b>	Feb 2012 - Feb 2014	416 518 EUR	EU NCM	NGO "YLA", Kaliningrad (Russia) - lead; The MONAR Association (Poland); Deutsche AIDS-Hilfe e.V. (Germany); Ministry of Health of the Kaliningrad Oblast; Nordic Council of Ministers, Information Office in Kaliningrad; Centre for Communicable Diseases and AIDS (ULAC) (Lithuania); The National AIDS Center (Poland)	Low-threshold service centre for drug users opened and functioning

**Policy document/project name: Policy recommendations on integration of social and health care services for HIV-infected individuals**

**1. Summary of activity**

<b>Overall objective</b>	Social and health care for HIV-infected individuals in the ND area is integrated (Goal 3 of the NDPHS Strategy)
<b>Immediate objectives</b>	Review on evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals, including policy recommendations, prepared and distributed
<b>Immediate &amp; ultimate beneficiaries</b>	Policy makers of the member countries & vulnerable populations (HIV-infected individuals, drug users, sex workers, MSM etc.)
<b>Area covered</b>	Countries in the Northern Dimension area
<b>Implementing organisation</b>	A consultant hired by the NDPHS HIV/AIDS&AI Expert Group
<b>Essential partners</b>	Relevant organisations in the Partner Countries
<b>Budget</b>	12 210 EUR
<b>Financing agency</b>	EUSBSR Technical Assistance Grant "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan," Activity 2 (12 210 EUR)

## 2. Progress in the implementation of activity in 2011-2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact
1. Review on evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals, including policy recommendations, prepared and distributed	1.1 Terms of Reference developed	1.1 done	In several countries of the Northern Dimension area the health and social services for people living with HIV/AIDS are organised separately. A big amount of HIV-infected people belong to vulnerable groups as drug users, sex workers, men having sex with men etc. These groups are very difficult to reach by traditional services. It is important to organise basic health and social services for them under one roof or through mobile activities - on basis of "one-stop-shopping".	This approach can contribute to prevention of HIV and associated infections, as well as to earlier case finding of tuberculosis.
	1.2 Identification and contracting the consultant	1.2 Consultant is hired		
	1.3 Desk-review, interviews and draft report	1.3 Completed by the end of September 2012		
	1.4 Finalizing of the report	1.4 October 2012		
	1.5 Publishing and distribution	1.5 October-December 2012 The review published at: <a href="http://www.ndphs.org/?database.view.paper.73">http://www.ndphs.org/?database.view.paper.73</a>		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	Goal 3: Social and health care for HIV infected individuals in the ND area is integrated EUSBSR priority area Health: Containing the spread of HIV/AIDS and tuberculosis			

**Project name:****Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan****Activity 1: Organisation of Logical Framework Approach workshop and subsequent planning meetings****1. Summary of activity**

<b>Overall objective</b>	Containing the spread of HIV/AIDS and tuberculosis
<b>Immediate objectives</b>	Long-term action plan for the HIV/AIDS&AI EG prepared and project proposals developed on the most urgent themes
<b>Immediate &amp; ultimate beneficiaries</b>	Vulnerable populations (HIV-infected individuals, drug users, sex workers, MSM, migrants etc.); Schoolchildren and youth; HIV and TB experts of the member countries; Primary health care personnel and social workers of the member countries; Policy makers of the member countries
<b>Area covered</b>	Countries in the Northern Dimension area
<b>Implementing organisation</b>	HIV/AIDS&AI Expert Group
<b>Essential partners</b>	Relevant organisations in the member countries
<b>Budget</b>	16,408 EUR
<b>Financing agency</b>	EUSBSR Technical Assistance Grant "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan," Activity 1 (16,408 EUR)

## Progress in the implementation of activity in 2011-2012

Results (description and indicators)	Planned results/targets/ achievements	Progress (partly achieved, completed)	Action required, obstacles , comments	Sustainability and expected long-term impact
<b>1.</b> Comprehensive analysis of relevant needs and problems in the form of a "Problem Tree". This serves as the basis for <ul style="list-style-type: none"> <li>▪ development of the Strategy and</li> <li>▪ long-term action plan for the HIV/AIDS&amp;AI Expert Group,</li> <li>▪ development of policy recommendations</li> <li>▪ two project proposals</li> </ul>	1.1 Logical Framework Approach workshop	1.1 Organised in Riga in December 2011	The wording in the EUSBSR project agreement is proposed to be changed into: <i>"Two draft project proposals developed and, if suitable funding opportunity arises, finalized and submitted for funding."</i> This is due to lack of suitable financing sources at the moment.	The produced analysis and action plan will support the development of project ideas and information for further advocacy activities and development of policies. The sustainability will eventually much depend on the level of commitment of partners and their representatives, as well as both public institutions and NGOs within the countries.  The EG members are expected to use their position as the representatives of the NDPHS to advocate for the use of the results of this analytical process and, hence, producing wider impacts and sustainable development of services.
	1.2 Project planning meeting	1.2 Organised in Luosto, Finland, in June 2012		
	1.3. Project planning meeting	1.3 Organised on 8-10 October in Sopot		
	1.4. Submission of project proposals	1.4. Completed by the end of 2012		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved Goal 3: Social and health care for HIV infected individuals in the ND area is integrated EUSBSR priority area Health: Containing the spread of HIV/AIDS and tuberculosis			

**Project name: Support to Development of Low-Threshold Services in the Leningrad Region NDPHS label**

**1. Summary of activity**

<b>Overall objective</b>	Reduction of HIV and earlier case-finding of tuberculosis in the Kingisepp and Vyborg Districts of the Leningrad Region, Russia
<b>Immediate objectives</b>	Services are better available and respond to needs of risk groups
<b>Immediate &amp; ultimate beneficiaries</b>	Immediate beneficiaries: professionals and volunteers working with the groups at risk of HIV and TB (AIDS Centre, infectious disease service, TB service, primary healthcare, gynaecological and obstetrician service, low-threshold service) Ultimate beneficiaries: groups at risk of HIV and TB in the Kingisepp and Vyborg Districts of the Leningrad Region (intravenous drug users, commercial sex workers, ex-prisoners, young people); their families
<b>Area covered</b>	Leningrad Region, Russia
<b>Implementing organisation</b>	National Institute for Health and Welfare (THL), Finland - lead Leningrad Regional AIDS Centre, Russia
<b>Essential partners</b>	Public Healthcare Committee of the Leningrad Region Healthcare Authority of the Kingisepp District/Leningrad Region Healthcare Authority of the Vyborg District/Leningrad Region
<b>Budget</b>	60 000 EUR in 2012
<b>Financing agency</b>	Ministry for Foreign Affairs, Finland

## Progress in the implementation of activity in 2010-2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles Partners, comments	Sustainability and expected long-term impact
<b>1.</b> Low-threshold support services are established and functioning well	1.1 Lobbying the low-threshold service idea at the regional and municipal level	1.1 The activity was implemented through a series of roundtables and individual consultations by project experts. The activity cannot be ever completed due to staff reshuffling	<p>The current Russia's policy discourages establishment of low-threshold services, which hampers the implementation of the project.</p> <p>City of Vyborg has a low-threshold centre functioning, and in Ivangorod HIV prevention is mainly included in general health promotion activity with no accent on vulnerable groups.</p> <p>The question of resources is painful for the both municipalities.</p>	<p>The activity of the established low-threshold services are funded from municipal or regional budgets, thus the results are sustained by local resources, which contributes to the commitment to and ownership of the project by the local counterparts. The local ownership also presumes regular reporting to regional or municipal healthcare authorities.</p> <p>Sustainability also depends on the political will at the federal, regional and municipal level.</p>
	1.2 Support to establishment of low-threshold services in the project's pilot territories	1.2. Basically completed at the initial stage of the project		
	1.3 Support to the activities of the LTSC	1.3. Partly achieved through consultations with specialists. The low-threshold centre in Ivangorod was shut down due to shortage of financial and personnel resources.		
<b>2.</b> Capacity of relevant professionals in HIV prevention, early detection and infection control of TB is improved	2.1 Trainings for infectious disease and TB doctors	2.1. Completed through organizing a series of training workshops		
	2.2 Trainings for general therapists, paediatricians, nurses	2.2 Completed through organizing a series of training workshops		

<b>3. Awareness of risk groups about HIV prevention, TB-related issues, and services available for at-risk groups has improved</b>	3.1 Design and printing materials	3.1 Completed	<p>Most effective channel of dissemination is working with informal leaders/opinion leaders. According to local HIV and TB services, traditional channels do not work with groups at risk.</p> <p>Working with general population needs further development to improve their knowledge, improve their life skills, and involve into HIV testing.</p>	<p>Representatives of groups at risk, having learnt about and used low-threshold services, become frequent clients and bring along other new clients.</p> <p>A low-threshold service with peer consultants hired may be an only reliable source of information on different aspects from groups at risk</p>
	3.2 Visibility-related campaigns in the pilot territories	3.2 Completed		
<b>4. Collaboration between stakeholders has improved</b>	4.1 Roundtables for regional decision-makers	4.1 Completed	<p>Contacts and understanding improved a lot. The activity needs to be continued at regular basis.</p>	<p>Experiences show that common language and understanding can be groped for through roundtables and one-to-one discussions.</p>
	4.2 Concluding seminar	4.2 On 25.10.2012		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved  Goal 3: Social and health care for HIV infected individuals in the ND area is integrated  EUSBSR priority area Health: Containing the spread of HIV/AIDS and tuberculosis</p>			

**Project name: HIV Prevention among Reproductive-Aged Women, Republic of Karelia** NDPHS label

**1. Summary of activity**

<b>Overall objective</b>	Reduction of spread of HIV among women of reproductive age in the Republic of Karelia
<b>Immediate objectives</b>	Capacity of healthcare workers from the midwifery and gynaecological service (women's clinics and maternity houses) of Petrozavodsk City in terms of HIV prevention, diagnostics and case management, improved
<b>Immediate &amp; ultimate beneficiaries</b>	Immediate beneficiaries: professionals from the AIDS service and adjacent sectors (STIs, gynaecology and maternity health), managers of healthcare facilities. Ultimate beneficiaries: women of fertile age
<b>Area covered</b>	Republic of Karelia, Russia. Pilot territories - Petrozavodsk City
<b>Implementing organisation</b>	National Institute for Health and Welfare (THL), Finland - lead Karelian Republican AIDS Centre
<b>Essential partners</b>	Ministry of Healthcare and Social Development in the Republic of Karelia
<b>Budget</b>	50,000 EUR in 2012
<b>Financing agency</b>	Ministry for Foreign Affairs, Finland

## Progress in the implementation of activity in 2010-2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles Partners, comments	Sustainability and expected long-term impact
<p><b>1.</b> The competence of healthcare workers from Petrozavodsk City women's clinics and maternity houses is increased in terms of HIV diagnostics, case management and, especially, prevention</p>	1.1 The competence of healthcare workers is increased through trainings, workshops, conferences, study tour	1.1. The planned training events completed.	The Karelian AIDS Centre has a good reputation of a training and methodological site in the HIV field. Due to staff turnover in medical institutions the training should be systematic and guided/supported by the Karelian Health Ministry.	<p>The project has trained a critical mass of professionals dealing with women of fertile age to ensure mid-term sustainability of the achieved results. To ensure the long-term perspective, local resources should be allocated both in continued training of healthcare professionals on HIV-related issues, and in primary preventive work.</p> <p>Knowledge should transform in behavioural changes and settings.</p>
	1.2. Healthcare workers use the obtained knowledge in their daily work	1.2. Healthcare workers interviewed in September and analysis of the questionnaire completed in October 2012	The competence has acquired special importance due to higher HIV prevalence among pregnant women.	
	1.3. The new level of competence responds to current requirements of working with HIV patients, including stigma-free attitudes	1.3 Healthcare workers interviewed in September and analysis of current knowledge vs baseline knowledge to be completed in October 2012	An obstacle is limited staff resources at the Karelian AIDS Centre	
<p><b>2.</b> HIV-related awareness of clients of women's clinics and maternity houses of Petrozavodsk City has risen.</p>	2.1 Healthcare workers at women's clinics are important source of HIV-related information	2.1 Healthcare workers apply obtained knowledge and communication skills when consulting clients. Assessed in the interviews in September-October	<p>The awareness-raising activity should never stop as new women become pregnant or become clients of gynaecological clinics.</p>	
	2.2 Information material prepared and printed	2.2 Completed		
	2.3 The WHO World Days (AIDS Day, AIDS Memorial Day) pose a possibility to disseminate information and collect data	2.3 Completed. On 1 December 2012 related activities conducted.		

<p><b>3.</b> Innovative preventive methods tested and put into use by women's clinics and maternity houses</p>	<p>3.1. Introduction of the "mother-child" multi-professional approach into practice</p>	<p>3.1. The "mother-child" consultation practice has been introduced by the Karelian Health Ministry. The multi-professional council gathers regularly to discuss case by case.</p>	<p>Traditional methods of preventive work are not always effective, especially with groups at risk. Others' experiences and practices should be gathered at national and international events and examined for application. Literature should be reviewed to explore new techniques.</p>	<p>The mother-child case approach allows scrupulously examining each and every case and minimising risks of mother-to-child transmission.</p>
<p><b>4.</b> Networking among women's clinics, maternity houses and Karelian AIDS Centre has improved</p>	<p>4.1 The Karelian AIDS Centre organises training and methodological events for relevant institutions</p>	<p>4.1 Completed. The Karelian AIDS Centre has good working and informal relations with maternity and gynaecological clinics</p>	<p>The Karelian AIDS Centre has become a centre of networking in terms of HIV response - the network includes both municipal services and NGOs.</p>	<p>The Karelian AIDS Centre has a solid reputation of a reliable and enthusiastic partner.</p>
<p><b>5.</b> Best practices, models and products of the project are disseminated to other areas of The Republic of Karelia with support from regional healthcare authorities</p>	<p>5.1. Information about best practices and results is disseminated at trainings and conferences</p>	<p>5.1 Completed, and will continue after closing of the project. Results were disseminated at the Final Seminar in November.</p>	<p>The Karelian Health Ministry is interested in reducing HIV incidence and prevalence in Karelia and therefore supports dissemination of best practices and models across Karelia.</p>	<p>Karelian Health Ministry emphasizes importance of HIV response.</p>
<p><b>Value added (contribution) to the NDPHS and EUSBSR strategies</b></p>	<p>Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved EUSBSR priority area Health: Containing the spread of HIV/AIDS and tuberculosis</p>			

Project name: **Strengthening of municipal anti-drug networking in the Murmansk Region** NDPHS label

### 1. Summary of activity

<b>Overall objective</b>	Decrease of psychological and behavioural disorders caused by drug use in Murmansk Region; Decrease of psychoactive substance abuse of the population in general Decrease of HIV incidence by reduction of the infection through injecting drug use (IDU); Decrease of psychoactive substance availability in municipalities of Murmansk region
<b>Immediate objectives</b>	Improved administrative and political vertical frameworks in substance abuse prevention enabling implementation of new efficient practices of municipal anti-drug management
<b>Immediate &amp; ultimate beneficiaries</b>	<i>The ultimate beneficiaries</i> are the population of municipalities of Murmansk Region where new municipal anti-drug policy will be implemented (about 800 thousand people). <i>The immediate beneficiaries</i> are administrations of the participating municipalities, specialists of the municipal prevention institutions and organizations involved in coordination of anti-drug policy of Murmansk Region
<b>Area covered</b>	Murmansk Region, Russia
<b>Implementing organisation</b>	National Institute for Health and Welfare (THL), Finland - lead
<b>Essential partners</b>	Youth Department of Monchegorsk; Narcological Dispensary of Monchegorsk; Monchegorsk City Administration; Murmansk Regional AIDS Prevention Centre; City administrations of 8 pilot regions
<b>Budget</b>	60,000 EUR in 2012
<b>Financing agency</b>	Ministry for Foreign Affairs, Finland

## 2. Progress in the implementation of activity in 2010-2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact
1. Relevant stakeholders identified and working groups formed	1.1 Meetings and negotiations with the leaders of the pilot municipalities' administrations (8 pilots)	1.1 Meetings held in March 2010	The project was reinforced with political initiatives of Federal authorities by a new anti-drug strategy approved in Russia in June 2010. The important addendum, which was significant for the project, was the fact that municipalities shall act as sound objects of prevention and drug policy.	From the Russian side the project was secured by support from the administration of coordinating municipality (Monchegorsk) and from the leading regional facility dealing with the issues of treatment and rehabilitation of narcological patients (regional narcological dispensary). Also the project was supported by the regional Committee for Public Relations and Youth Affairs. The project has been in line with the guidelines stipulated in the strategy of Russian drug policy and prevention concept.
	1.2 Identification of the authorized representatives of the pilot municipalities; choosing the key experts for the project	1.2 done in March 2010		
	1.3 Setting up local Working Groups and Inter-municipal Working Group	1.3 Working groups established in April 2010; Kick off meetings organised on 13-15 April 2010		
2. All preconditions required to move focus of substance abuse prevention at the municipal level analyzed	2.1 Survey to identify the real state of drug use situation in the pilot area	2.1 Interviews with key stakeholders conducted and recommendations on further steps elaborated in April-May 2010	The results of the survey have demonstrated that law-enforcement agencies are the most secluded actors with the least accessible contacts in the field of prevention. The most vivid administrative barrier is variation of legislation in different sectors. Additional challenge is insufficient financing of preventive anti-drug activities.	
	2.2 Account on the real and potential resources of each pilot municipality	2.2 A questionnaire for studying resources developed and data collection implemented in March-September 2010		
	2.3 Preparing a template of the Drug Monitoring Passports for the pilot municipalities	2.3 Completed through organising a series of local workshops and seminar on strategic planning in September-November 2010		

	2.4 Seminar on preliminary results of survey	2.4 Organised in December 2010		
3. Capacity of municipal authorities and specialists in methods of efficient anti-drug management increased	3.1 Development of curriculum of training, selection of specialists for training	3.1 Completed through organising a series of on-line meetings using the project web resource		
	3.2 Studying the data of Drug Monitoring Passports, elaboration of the training curriculum on the basis of the analyzed information	3.2 Programme and schedule of training events prepared in March-May 2011		
	3.3 Training of the specialists, including a study tour to Finland	3.3 The planned training seminars completed and study tour to Finland organised		
4. Efficient tools for municipal anti-drug management created and assessed	4.1 Choosing of good practices for the pilot municipalities based on the data collected and assessments conducted in 2010; setting up the website and startup of inter-municipal forum	4.1 Completed through organising a series of on-line meetings using the project web resource launched in February 2011	The development of an Internet resource started in January 2011, the site <a href="http://narkopolitika.ru">narkopolitika.ru</a> is assumed to serve the basis when creating a wider virtual communication environment for the cities of Murmansk and Barents regions. The site can become a momentum for establishing a prototype of a social network for people with addictions	The tools developed during the project have been put in practice in municipal anti-drug programs and anti-drug commission's work plans.
	4.2 Testing of a pilot model of municipal anti-drug management in five municipalities	4.2 Completed in the frames of the project by the end of 2012.		
	4.3 Enlargement of the number of participant municipalities and carrying out intensive training for their representatives	4.3 Completed in March-April 2011 (Apatity and Kirovsk), in October-November 2011 (Murmansk)		
	4.4 Joint seminar with feedback for all the eight pilot municipalities	4.4 Organised on 13 December 2011		

5. The mechanisms applicable in municipal anti-drug management have been tested and taken into use	5.1 Dissemination of the good practices	5.1 Completed through organising a series of local workshops and one joint workshop organised in February 2012 in Murmansk		
	5.2 Organization of supervision by the pilot municipalities for the other municipalities	5.2 Work done by the end of 2012		
	5.3 Organization of local seminars by pilot municipalities' representatives in the supervised towns	5.3 Activity completed by the end of 2012		
	5.4 Introduction of the project results into the local prevention programmes	5.4 Activity completed through organising local working group meetings by the end of 2012		
6. The web resource for more independent anti-drug management and co-operation between towns of Murmansk Region launched and functioning	6.1 Provision of informational and methodological support in web resource development	6.1 One workshop held in June 2012. Activity will be continued after completion of the project.	During 2012 the web resource has been further developed to respond to the needs of the population in the municipalities as well as to the needs of professionals and officials	After completion of the project, the web resource will continue functioning and it will be regularly updated.
	6.2 Preparing of information materials and loading data onto the website	6.2 Work in process and will be continued after completion of the project		
	6.3 Final summing-up conference of the project	6.3 Conference organised on 6 November 2012 in Murmansk		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved EUSBSR priority area Health: Containing the spread of HIV/AIDS and tuberculosis			

**Project name: Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast** NDPHS label

**1. Summary of activity**

<b>Overall objective</b>	To contribute to the prevention of the spread of HIV and TB in Kaliningrad Oblast
<b>Immediate objectives</b>	To improve the provision of services to contain the spread of HIV and TB among IDUs; To strengthen the partnership between stakeholders from Kaliningrad and their counterparts from Germany, Lithuania and Poland in responding to the HIV and TB epidemics.
<b>Immediate &amp; ultimate beneficiaries</b>	(1) Injecting Drug Users (including those infected with HIV, TB and viral hepatitis); (2) NGO Staff; (3) Public Health Officials, Medical professionals and providers of welfare services; (4) Law-enforcements officers working with IDUs and PLHIV
<b>Area covered</b>	Kaliningrad region of Russia, Poland, Lithuania, Germany
<b>Implementing organisation</b>	NGO "YLA", Kaliningrad (Russia) - lead
<b>Essential partners</b>	The MONAR Association (Poland); Deutsche AIDS-Hilfe e.V. (Germany); Ministry of Health of the Kaliningrad Oblast; Nordic Council of Ministers, Information Office in Kaliningrad; Centre for Communicable Diseases and AIDS (ULAC) (Lithuania); The National AIDS Center (Poland)
<b>Budget</b>	208 748,27 EUR in 2012
<b>Financing agency</b>	European Union, contributions from Partners

## 2. Progress in the implementation of activity in 2012

Results (description and indicators)	Planned results/targets/ achievements	Progress (partly achieved, completed)	Action required, obstacles Comments	Sustainability and expected long-term impact
<b>1. Service chain to contain the spread of HIV and TB among IDUs developed</b>	1.1 Registry of medical and social services for IDUs for professionals developed;	1.1 Completed. August 2012		Funding for the activities promoted by the low-threshold service point (LTSP) will be included in the Action Plan to be adopted by regional government in Kaliningrad by 2014. The Plan will include funding component so that it is our expectation that regional government will assume responsibility for the LTSP from 2014 on.
	1.2 Agreements/MoUs (if necessary) concluded	1.2		
	1.3 Booklet "IDU services in Kaliningrad" published (for IDUs);	1.3 Completed. September 2012		
	1.4. Recommendations for the Expert Action Board developed;	1.4 Completed. September 2012		
	1.5 Training seminars for NGO in advocacy and leadership held.	1.5 Completed. December 2012.		
<b>2. Low-threshold service point established</b>	2.1 LTSP renovated and equipped;	2.1 Completed. August 2012		
	2.2 Documents Regulating the Status of LSTP adopted. Legal status of LSTP defined.	2.2		
	2.3 Medical and social assistance services for IDUs provided.	2.3 In process since August 2012		
	2.4 LTSP provides psychological counseling, case management, support groups for IDUs including services to motivate IDUs for drug treatment and relapse prevention; HIV prevention materials; medical and social referrals.	2.4 In process since August 2012		
<b>3. Drug treatment services improved</b>	3.1 Three Training Seminars in Local Hospitals on Promoting User-Friendly Services;	3.1		
	3.2 Holding Internship at the NGO MONAR (Poland);	3.2		
	3.3 Holding Internship at low-threshold units of NGO MONAR in Gdansk (Poland).	3.3		

<b>4. Action Plan to contain the spread of HIV and TB among IDUs developed</b>	4.1 Expert Action Board (EAB) under the Inter-Agency Commission on Communicable Diseases established;	4.1 Completed. June 2012		
	4.2 EAB's Sessions including sessions with representation of international experts held;	4.2 Three EAB sessions held		
	4.3 Action Plan to contain the spread of HIV and TB among IDUs developed;	4.3		
	4.4. Concluding Report on Lessons Learned and Best Practices prepared.	4.4		
<b>5. Partnership between specialists from Kaliningrad and their counterparts from Germany, Poland and Lithuania established</b>	5.1. Summarizing Best Practices in Providing services to IDUs in Germany, Lithuania and Poland	5.1		
	5.2 Study Tours to partner-countries;	5.2 Study tour to Poland completed. December 2012.		
	5.3. Final Conference.	5.3		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	Goal 2: Prevention of HIV/AIDS and associated infections in the ND-area has improved Goal 3: Social and health care for HIV infected individuals in the ND area is integrated EUSBSR priority area Health; Containing the spread of HIV/AIDS and tuberculosis			

**NCD Expert Group**  
**Progress report for 2012**

**Project name: NCD FLAGSHIP-A Project Proposal on healthy nutrition, prevention and correction of overweight and obesity, promotion of physical activity among school-aged children (7-15 y.o.)**

**1.A. Summary of activity**

<p><b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</p>	<p>Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p>
<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<p>Flagship-A draft project proposal ready and can be easily modified pursuant to donor's requirements. In the long-term perspective, Flagship-A contributes to the improved health among school-age children (7 – 15 years old) by reducing selected essential NCD risk factors (overweight, obesity, sedentary lifestyle). The immediate objectives of the project proposal is to ensure the weight remaining within the normal rate, and physical activity habits are above the minimum standard (half an hour a day or 3 one-hour sessions per week)</p>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)</p>	<p>Direct beneficiaries are decision makers, experts and school staff involved in specific areas of overweight prevention, healthy nutrition, and physical activity. The ultimate beneficiaries are schoolchildren aged 7 through 15 years and their families.</p>
<p><b>Area covered</b> (list countries/regions/municipalities, etc.)</p>	<p>Potentially all NDPHS Partner Countries. In practice the selection of countries will depend on the terms of the funding facility and availability of partners (with their own financial input usually at least 20% of total) in respective countries. For full-fledged flagship projects the minimum requirement of countries will be 3</p>

<b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)	Northern Dimension Institute/Lappeenranta University of Technology; Russian State Medical University; The Latvian Centre of Health Economics; Finnish National Institute for Health and Welfare; Lithuanian Center for Health Education and Disease Prevention; WHO-EURO.
<b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)	See the list above NCD EG's members
<b>Budget</b> (specify the budget of the activity in EUR)	Depends on grant programme/donor's budget Present total budget estimate: 1,2 million euros (app. 0,4 million euros per participating country)
<b>Financing agency</b> (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency)	Tentatively EU and participating countries

## 2.A. Progress in the implementation of activity in 2012

<b>Results (description and indicators)</b>	<b>Planned results/targets/achievements</b>	<b>Progress (partly achieved, completed)</b>	<b>Action required, obstacles, comments</b>	<b>Sustainability and expected long-term impact</b> (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
1. NCD FLAGSHIP-A Draft Project Proposal on healthy nutrition, prevention and correction of overweight and obesity, promotion of physical activity among school-aged children (7-15 y.o.) developed	Flagship-A draft project proposal prepared by relevant parties. Latest update made at NCD-5 Meeting and afterwards in November-December 2012.	Following three project planning workshops held in 2011, further preparations continued with updates at NCD EG-4 and NCD EG-5 Meetings in May 2012 and October 2012, respectively.	Negotiations are continuing in order to consolidate the Lead Partners of different Work Packages in the draft project proposal.	The expected outcome of the NDPHS activity is to have the Flagship A draft project proposal developed, submitted for funding, accepted, funded, and put into run. The follow-up is arranged through common project monitoring procedures, e.g. interim reporting, etc.

		<p>At NCD-5 Meeting Flagship-A and -B projects were placed in a priority order. As a consequence, <b>Flagship-A project was agreed to be in the second order of priority.</b> Nevertheless, the project preparation team of Flagship-A has continued refining the draft project proposal in November-December.</p>	<p>General comments: Commitment of NCD EG member is a critical requirement, which implies delegation of wider authorities from their respective countries. Besides, people involved in project planning should possess certain expertise in the project proposal's field. It is important to have the composition of the NCD EG stable in order to guarantee continuity. Wider representation in the Flagship-A preparation team by those countries who at present do not participate in the NCD EG work would be crucial.</p>	<p>Flagship-A type of action will provide an efficient and sustainable way to combat nutrition- and physical inactivity-related NCD-epidemic risk factors in NDPHS geographical area. Only tested evidence-based interventions will be suggested.</p> <p>The links with the implementation of European Action Plan Health 2020 (WHO-EURO) will be an essential prerequisite for long-term positive impact.</p> <p>Measuring the progress of NCD-related outcomes requires careful consideration and indicators, which will be used. We can only manage what we can measure.</p>
	<p>Submission for funding</p>	<p>By the end of 2012 no facility for Flagship-A type project funding has opened. Therefore, submission for funding could not take place yet.</p> <p>New funding opportunities will be actively searched in 2013.</p>	<p>An obstacle is non-availability of appropriate calls for proposals, where the project proposal would fit.</p>	

		<p>In July 2012, EU FP7 Programme announced a call for proposals. The Institute of Sport Science and Sport at the University of Erlangen-Nürnberg (Germany) together with WHO EURO is preparing a project titled "Social innovation and physical activity promotion for underserved populations" (proposed acronym "SINOPUS"). The Lead Partners provided an opportunity for NCD Flagship-A consortium to join the project concept proposal (2 October 2012) and include three potential countries from the NDPHS geographical area (Germany, Lithuania, Finland). If the first round of application is successful, full project planning work between all partners is expected to start in November-December.</p>	<p>SINOPUS initiative is an important additional opportunity to start addressing the same objectives as in Flagship-A. Furthermore, the SINOPUS project concept aims to <b>focus at underserved populations</b>, which means that we can strengthen the social wellbeing components, where NDPHS has not been particularly strong, yet.</p> <p>NCD EG joined the SINOPUS project preparation under WHO EURO umbrella. In December 2012, the SINOPUS project consortium was informed of the rejection of the application submitted to EU.</p>	<p>If activated, SINOPUS project will be implemented by a strong and broad consortium, which provides good chances for visibility and sustainability. It also will help NCD EG to operate constructively with German partners.</p>
<p><b>Value added (contribution) to the NDPHS and EUSBSR strategies</b></p>	<p>Goal 12, among others, emphasizes the impact of overweight, low fruit and vegetable intake, trans fats intake, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems. Specifically in these components EUSBSR priority area "Health" NCD Flagship-A project can facilitate sustainable changes in the overweight and obesity epidemic among young generation in the NDPHS geographic area.</p>			

**Project name: NCD FLAGSHIP-B Draft Project Proposal on healthy policy and strategy facilitation for NDPHS countries ("Stop NCD-Epimedic Now! Healthy policy and strategy support to combat NCD and hazardous and harmful lifestyle epidemic in Northern Dimension geographical area").**

**1.B. Summary of activity**

<p><b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</p>	<p>Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p>
<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<p>Flagship-B draft project proposal ready and can be easily modified pursuant to donor's requirements. Flagship-B type objectives with a holistic approach vis-à-vis all preventable prematurely occurring NCDs focusing on the biggest risks and problems where evidence-based effective and efficient approaches for prevention (either focusing on individual behaviour or societal structural issues) will be identified. Analysis based on vital statistics and systematic follow up of intervention results is an important part of the objectives</p>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)</p>	<p>Direct beneficiaries are policy makers and experts dealing with NCD prevention. The ultimate beneficiaries are wider population groups. National economies will benefit when human resources (human capital) will avoid premature loss of life and health.</p>
<p><b>Area covered</b> (list countries/regions/municipalities, etc.)</p>	<p>Potentially all NDPHS Partner Countries. In practice the selection of countries will depend on the terms of the funding facility and availability of partners (with their own financial input usually at least 20% of total) in respective countries. For full-fledged flagship projects the minimum requirement of countries will be 3</p>
<p><b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)</p>	<p>Northern Dimension Institute/Lappeenranta University of Technology; Tallinn University; National Institute of Public Health – National Institute of Hygiene/Poland; Federal Research Institute for Health Care Organization and Information of Russia's Ministry of Health; Baltic Region Healthy Cities Association.</p>

<b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)	See the list above NCD EG's members
<b>Budget</b> (specify the budget of the activity in EUR)	Present total budget estimate 1,3 million euros (app 0,3 million euros per country)
<b>Financing agency</b> (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )	Tentatively EU and participating countries

## 2.B. Progress in the implementation of activity in 2012

<b>Results (description and indicators)</b>	<b>Planned results/targets/achievements</b>	<b>Progress (partly achieved, completed)</b>	<b>Action required, obstacles, comments</b>	<b>Sustainability and expected long-term impact</b> (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
NCD FLAGSHIP-B Draft Project Proposal on healthy policy and strategy facilitation for NDPHS countries developed ("Stop NCD-Epidemic Now! Healthy policy and strategy support to combat NCD and hazardous and harmful	Flagship-B draft project proposal prepared by relevant parties	Following three project planning workshops held in 2011, further preparations continued with updates at NCD EG-4 and NCD EG-5 Meetings in May 2012 and October 2012, respectively.	Negotiations are continuing in order to consolidate the Lead Partners of different Work Packages in the draft project proposal.  General comments: Commitment of NCD EG	The expected outcome of the NDPHS activity is to have the Flagship B draft project proposal developed, submitted for funding, accepted, funded, and put into run. The follow-up is arranged through common project monitoring procedures, e.g. interim reporting, etc.  Flagship-B type of action will provide an efficient and sustainable way to combat all NCD-related risk

<p>lifestyle epidemic in Northern Dimension geographical area").</p>		<p>At NCD-5 Meeting Flagship-A and -B projects were placed in a priority order. As a consequence, <b>Flagship-B project was agreed to be in the first order of priority.</b> Therefore, the project preparation team of Flagship-B has intensively continued refining the draft project proposal in November-December.</p>	<p>member is a critical requirement, which implies delegation of wider authorities from their respective countries. Besides, people involved in project planning should possess certain expertise in the project proposal's field. It is important to have the composition of the NCD EG stable in order to guarantee continuity. Wider representation in the Flagship-B preparation by those countries who are present do not participate in the NCD EG work would be crucial.</p>	<p>factors in NDPHS geographical area. Only tested evidence-based interventions will be piloted.</p> <p>The links with the implementation of European Action Plan Health 2020 (WHO-EURO) will be an essential prerequisite for long-term positive impact.</p>
	<p>Submission for funding</p>	<p>By the end of 2012 no facility for Flagship-B type project funding has opened. Therefore, submission for funding could not take place yet.</p> <p>Northern Dimension Institute (NDI/ Lappeenranta) remodeled in October 2012 the project proposal into a suitable format for technical assistance seed money facility. However, no seed money was granted in 2012.</p>	<p>An obstacle is non-availability of appropriate calls for proposals, where the project proposal would fit.</p> <p>A new opportunity has opened through EU Support to the NDPHS in 2013 from the ENPI Regional East Indicative Programme 2010-2013 through the EU Delegation to Russia, and NCD EG continued elaboration of the plan accordingly (with the first deadline on 10.1.2013)</p>	

<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p> <p>Specifically in these components EUSBSR priority area "Health" NCD Flagship-B project can facilitate sustainable changes in the overall NCD-epidemic and premature avoidable mortality and morbidity among populations in the NDPHS geographic area.</p>
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**Project name: "Healthier People: Management of Change through Monitoring and Action"**

**1.C. Summary of activity**

<b>Overall objective</b> <i>(list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</i>	<p>Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems.</p> <p><b>The "Healthier People"/SPb is considered a pilot testing project for the bigger Flagship-B project (see above).</b></p>
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<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<p>The project facilitates the cooperation between EU and Russian non-state actors and local authorities in jointly tackling the prevention of life-style related non-communicable diseases (NCD), which today are one of the greatest challenges of public health and social well-being. The overall objective of the project is to reduce premature mortality of preventable causes in a target region. The specific objectives of the project are:</p> <ol style="list-style-type: none"> <li>1) To measure the number of potential years of life lost (PYLL) in the pilot area;</li> <li>2) To improve methods for the “management of change” locally and regionally;</li> <li>3) To strengthen the understanding of the importance of “healthy choices” locally and regionally.</li> </ol> <p>The actions of this project support the institutional capacity building and networking of key stakeholders by practical interventions supported by necessary policy decisions in order to better motivate and prepare the stakeholders for participating in decision making and policy formulation in the field of health and social protection. Moreover, the activities under this project promote local and regional governance, as well as improve links between citizens and local/regional authorities and other stakeholders (including media).</p> <p>As a result of the project, a system for measuring the internationally approved indicator Potential Years of Life Lost (PYLL) will be tested in the Kalininsky District in St. Petersburg. The PYLL results will be discussed and a strategic intervention plan will be formulated with sector leaders and other branches of administration, whose involvement will be paramount to tackle the problems and bring about a real change in the underlying problems causing premature avoidable deaths, diseases and injuries. After testing the feasibility of the regional and city-level PYLL analysis as a tool for management of change in order to prevent life-style related non-communicable diseases and to reduce premature mortality of preventable causes, a realistic plan for multiplication in other regions in the Russian Federation and in other Northern Dimension countries can be prepared.</p>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)</p>	<p>Kalininsky district population in SPb (ca. 470.000 inh.)  Kalininsky district administration  SPb Public Health Committee  SPb Social Committee  MIAC (SPb Medical Information and Analytical Centre)</p>
<p><b>Area covered</b> (list countries/regions/municipalities, etc.)</p>	<p>St-Petersburg/Kalininsky district (Russia)</p>
<p><b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)</p>	<p><b>Lead Partner: Lappeenranta University of Technology</b>  E-mail address: <a href="mailto:katja.lahikainen@lut.fi">katja.lahikainen@lut.fi</a>  Tel.: +358 400 570 603  Contact person: Katja Lahikainen</p>

<p><b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)</p>	<p><b>Partner 1: Baltic Region Healthy Cities Association</b>  E-mail address: <a href="mailto:johanna.reiman@marebalticum.com">johanna.reiman@marebalticum.com</a>  Tel.: +358 2 251 4909 / +358 50 5774 803  Web-site: <a href="http://www.marebalticum.org">http://www.marebalticum.org</a>  Contact person: Johanna Reiman</p> <p><b>Partner 2: University of Eastern Finland</b>  E-mail address: <a href="mailto:ilkka.vohlonen@uef.fi">ilkka.vohlonen@uef.fi</a>  Tel.: +358 50 383 9938  Web-site: <a href="http://www.uef.fi">www.uef.fi</a>  Contact person: Ilkka Vohlonen</p> <p><b>Partner 3: NGO Development Center</b>  E-mail address: <a href="mailto:crno@crno.ru">crno@crno.ru</a>  Tel.: +7 921 337 7155  Web-site: <a href="http://crno.ru">http://crno.ru</a>  Contact person: Anna Orlova</p> <p><b>Partner 4: Tallinn University</b>  E-mail address: <a href="mailto:sootla.georg@gmail.com">sootla.georg@gmail.com</a>  Tel.: +372 50 49 236 / +372 6410 089  Web-site: <a href="http://www.tlu.ee">http://www.tlu.ee</a>  Contact person: Georg Sootla</p>
	<p><b>Associated Partners</b></p> <ol style="list-style-type: none"> <li>1) Committee for Social Policy of Administration of St. Petersburg</li> <li>2) St. Petersburg State University</li> <li>3) The Federal Research Institute for Health Care Organization and Information and Kalininsky Rayon Administration (ca 470,000 inh)</li> <li>4) Medical Informatics and Analysis Centre of St. Petersburg Public Health Committee</li> </ol>
<p><b>Budget</b> (specify the budget of the activity in EUR)</p>	<p>250 000 Euro for two years (2012-2013)</p>

<b>Financing agency</b> (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )	Contracting Authority: Delegation of the European Union to the Russian Federation, Non-State Actors and Local Authorities Programme for the Baltic Sea Region
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## 2.C. Progress in the implementation of project in 2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
<b>1.</b> <b>WP1</b> Setting up of the system for measuring PYLL (Potential Years of Life Lost) and analysis of the result	1.1 Check-up of digital forma death registry	1.1 completed in June 2012 , but only available in full since 2010	2010 PYLL data sufficient to start .  Quality of Russian death registry and coding of ICD-10 in death certificates needs improvement	<p><b>This project is considered a demonstration project for a full-fledged Flagship B Project as it is based on Flagship B concepts.</b></p> <p>The project's sustainability will be strengthened through joining the experiences (success and failures) with the planning of the full Flagship-B project.</p> <p>The successful calculation of PYLLs in St-Petersburg has already proven that this indicator can be a practical tool for NCD health policy formulation and providing strategic leverage for its implementation.</p>
	1.2 Training of MIAC personnell June 2012	1.2 Successfully completed		
	1.3 Final seminar September 2012	1.3 PYLL-data for SPb and Kaliningrad available in October 2012 for the WP-2 start-up workshop		
<b>2.</b> <b>WP2</b> Formulation of strategic intervention plan	2.1 Start-up seminar in SPb/ Kalininsky	2.1 Start-up seminar in SPb/ Kalininsky 24-26/10/2012		<p>If only a limited number or even just one NCD progress indicator is used, then PYLL could be a very serious option for this purpose.</p> <p>The MIAC Institute in St-Petersburg has now been provided the computer software and the skills to run them to continue similar analyses in other regions of the Northwest Russia.</p>
	2.2 Work for strategic intervention plan November – December 2012	2.2 Strategic intervention plan available in December 2012		
	2.3	2.3		

<b>3. to be implemented in 2013:</b> <b>WP3</b> Implementation of action: Management of change  <b>WP4</b> Dissemination of PYLL practise	3.1 2013	3.1 2013	To be reported in due course in 2013 report	
	3.2 2013	3.2 2013		
	3.3 2013	3.3 2013		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p> <p>EUSBSR priority area Health: "Prevent lifestyle-related non-communicable diseases and ensure good social and work environments"</p>			

**Policy document: NCD EG Thematic Report "Healthy Lifestyles – Corner Stone of Public Health. Why We Need Noncommunicable Disease Prevention and Control?"**

**1.D. Summary of activity**

<p><b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</p>	<p>Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced            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            Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.            Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems</p>
<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<p>This thematic report has been prepared as background document for the NDPHS Partnership Annual Side-Event PAC-8 SE in Saint Petersburg "Healthy Lifestyles – Corner Stone of Public Health" by those NDPHS Expert Groups and Task Groups, which will have a role to play in the activities focusing to prevent and control non-communicable diseases in our region.</p>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)</p>	<p>Decision-makers at different levels and experts involved in the NCD and risk factor response and public health faculty</p>
<p><b>Area covered</b> (list countries/regions/municipalities, etc.)</p>	<p>NDPHS Partnering Countries and Organizations</p>
<p><b>Implementing organisation</b> (list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)</p>	<ul style="list-style-type: none"> <li>• Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments (NCD EG)</li> </ul>

<b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)	<ul style="list-style-type: none"> <li>• Expert Group on Alcohol and Substance Abuse (ASA EG)</li> <li>• Expert Group on Primary Health and Prison Health Systems (PPHS EG)</li> <li>• Task Group on Indigenous Mental Health, Addictions and Parenting (IMHAP TG)</li> <li>• Task Group on Occupational Safety and Health (OSH TG)</li> <li>• Cancer Society of Finland, Dr Liisa Pykkänen</li> <li>• Finnish Medical Association Duodecim, Secretary General Dr Matti Rautalahti</li> </ul>
<b>Budget</b> (specify the budget of the activity in EUR)	2,682 Euros (from the NDPHS Secretariat)
<b>Financing agency</b> (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )	German Federal Ministry of Health

## 2.D. Progress in the implementation of activity in 2012

<b>Results (description and indicators)</b>	<b>Planned results/targets/achievements</b>	<b>Progress (partly achieved, completed)</b>	<b>Action required, obstacles, comments</b>	<b>Sustainability and expected long-term impact</b> (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
<b>1. To have the thematic paper updated and finalised by experts from relevant NDPHS Expert Groups and beyond</b>	1.1 The document disseminated to relevant experts	1.1 Completed		
	1.2 Comments received, discussed and inserted	1.2 Completed		

<p><b>2. To have the thematic report posted on the website of the NDPHS for further and wider use</b></p>	<p>2.1 The document has been uploaded to the database at the NDPHS website</p>	<p>2.1 Completed. <a href="http://www.ndphs.org/?database,view,paper,70">http://www.ndphs.org/?database,view,paper,70</a></p>	<p>2.1 Translation into Russian ongoing and expected to be finalized and placed on the <a href="http://www.ndphs.org/?database">http://www.ndphs.org/?database</a>, by the end of 2012</p>	<p>1) To have a periodically (every two years as planned) updated concise NCD status report on the <a href="http://www.ndphs.org/?database">http://www.ndphs.org/?database</a> is a valuable asset to administrators, politicians, professionals, media and the public. NCD EG members will promote the use of the Thematic paper through their networks.</p> <p>2) NCD thematic report will keep the lifestyle related NCDs causing over 60% of our total disease burden, high on the agenda in NDPHS and our member states and organizations. It will support the Flagship-project preparation and implementation in the area and avoid duplication of work.</p>
<p><b>Value added (contribution) to the NDPHS and EUSBSR strategies</b></p>	<p>Goal 9: Tobacco use and exposure to tobacco smoke is prevented and reduced in the ND area.          Goal 12: The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical activity (sedentary lifestyle), and factors related to mental health problems          EUSBSR priority area Health: "Prevent lifestyle-related non-communicable diseases and ensure good social and work environments"</p>			

## ATTACHMENT 1.

**NCD EG Nominated Representatives and alternates in 2012**

<b>Country/ Organizati on</b>	<b>Family name</b>	<b>First name</b>	<b>Representative status</b>	<b>Phone(s)</b>	<b>E-mail</b>
FINLAND	<b>VIENONEN</b>	Mikko	Chair of the EG	+358 50 4421877	m.vienonen@kolumbus.fi
LITHUANIA	<b>SKETERSKIENE</b>	Rita	Co-chair	+370 5 260 4716	rita.sketerskiene@sam.lt
FINLAND	<b>TITKOV</b>	Dmitry	ITA EG	+ 358 40 5401525	dmitry.titkov@thl.fi
FINLAND	<b>LAATIKAINEN</b>	Tiina	Main rep.	+358 20 610 8936	tiina.laatikainen@thl.fi
FINLAND	<b>MÄKI</b>	Päivi	Alternate 1	+358 295 248612	paivi.maki@thl.fi
FINLAND	<b>LEHTISALO</b>	Jenni	Alternate 2	+358 295 248573	jenni.lehtisalo@thl.fi
LATVIA	<b>PUDULE</b>	Iveta	Main rep.	+371 67501588	iveta.pudule@vec.gov.lv
LATVIA	<b>KUKLIČA</b>	Sanita	Alternate	+371 67876074	sanita.kuklica@vm.gov.lv
LITHUANIA	<b>GUREVIČIUS</b>	Romualdas	Alternate 2	+370 5 277 3301	guro@hi.lt
LITHUANIA	<b>LAUKAITIENĖ</b>	Aida	Alternate 1	+370 5 247 7341	aida.laukaitiene@gmail.com
NORWAY	<b>HAGA RIMESTAD</b>	Arnhild	Main rep.	+47 24163440	ArnhildHaga.Rimestad@helsedir.no
POLAND	<b>WOJTYNIAK</b>	Bogdan	Main rep.	+48 22 54212 29	bogdan@pzh.gov.pl
POLAND	<b>CAR</b>	Justyna	Alternate 1	+48 22 54213 77	jcar@pzh.gov.pl
RUSSIA	<b>KOROTKOVA</b>	Anna	Main rep.	+7 495 6181109	korotkova_anna@mednet.ru
WHO	<b>MANTINGH</b>	Frederiek	Main rep.	+45-39171203, GSM: +45-21342483	FRM@euro.who.int
WHO	<b>BREDA</b>	Joao	Alternate 1	+45-39171620, GSM: +45-30508022	JBR@euro.who.int
WHO	<b>BOLLARS</b>	Caroline	Alternate 2	tel work +45-39171530	CAR@euro.who.int

**PPHS Expert Group**  
**Progress report for 2012**

**SUMMARY**

<b>Name of the policy or project</b>	<b>Duration</b>	<b>Budget</b>	<b>Financing</b>	<b>Main partners</b>	<b>Current state</b>
Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan <u>ACTIVITY #3: Development of transnational policy conclusions on best model solutions for local hospitals to support high quality primary care in the Baltic Sea Region.</u>	Dec 2011 - Dec 2012	29 200 EUR	EU	PPHS EG EG Relevant national and municipal organizations in Finland, Belarus, Latvia, Lithuania, Russia	The third meeting in Riga October 22nd, 2012  Draft project proposals to be developed
A review of policies and practices for primary care services for migrants and for ex-prisoners will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues	2012 - 2013	No extra resources, (just time of EG members and ITA)		IOM	Very basic information on health care issues, related to migrants and persons released from prison from 7 countries have been collected
Improvement of community based health	2012-2013	No extra			Project idea

<p>promotion, prevention and management of chronic non-communicable diseases (NCD) through strengthening competences of primary health care (PHC) nurses and other PHC team members with particular focus on vulnerable population groups and patients with high comorbidity</p>		<p>resources, (just time of EG members and ITA)</p>			<p>formulated</p>
<p>Mechanisms for promoting an equitably distributed and good quality primary care, which corresponds to changing society health needs in the region, are defined.</p>	<p>2012 - 2014</p>		<p>Imprim project</p>	<p>Imprim project partner Klaipeda university in contribution from PPHS EG, main contribution from Paula Vainiomäki (Finland)</p>	<p>Report on continuous professional development of PHC doctors and nurses have been developed</p>

**Policy document/project name: Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan; ACTIVITY #3: Development of transnational policy conclusions on best model solutions for local hospitals to support high quality primary care in the Baltic Sea Region.**

## 1. Summary of activity

<b>Overall objective</b>	Inequality in access to qualified primary health care in the ND area is reduced (Goal 5: of the NDPHS Strategy) Priority action area of EU BSR Action Plan: "Fight health inequalities through the improvement of primary healthcare"
<b>Immediate objectives</b>	Development of Integrated care models which in the best way address needs of older people with multiple illnesses.
<b>Immediate &amp; ultimate beneficiaries</b>	Patients with NCD, including these with multiple illnesses, primary health care providers, local hospitals, policy makers, municipal health care administrations,
<b>Area covered</b>	Countries in the Northern Dimension area
<b>Implementing organisation</b>	PPHS EG Members, ITA, leadership by PPHS EG Member Simo Kokko (Finland)
<b>Essential partners</b>	Relevant organisations in the Partner Countries
<b>Budget</b>	29 200 EUR
<b>Financing agency</b>	EUSBSR Technical Assistance Grant "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan," Activity 3

## 2. Progress in the implementation of activity in 2011-2012

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact
1. Country visits for fact finding and structured interview with national/regional stakeholders	1.2 Spread of information about the project idea and interest to participate in the project expressed	1.1 done	<p>The actual initial idea was to explore if there would be common international interest to develop the activities of the smaller local hospitals to be geared and supportive of the work of Primary Health Care in caring for the older people with significant co-morbidity and challenges of being able to live independently at home.</p> <p>After fact finding, needs in visited countries (Belarus, Russia, (Kaliningrad region), Lithuania, Latvia) have been discussed and was concluded to scope potential project towards integrated care for older people with multiple illnesses.</p>	<p>This is very much in line with the current international development of modern health services.</p>
<b>2. Workshops for situational analysis and development of the draft project proposal</b>	1.3 Country visits for fact finding	1.2 Four countries visited for factfinding		
	1.4 Report on country visits and possible scope of the project drafted and disseminated	1.3 Done		
	2.1. Workshop for fact finding and to discuss intermediate draft of the project proposal	1.4 June 2012, done		
	2.2. Workshop to finalise draft project proposal	1.5 October 22 <sup>nd</sup> , planned		
	2.3. Final draft project proposal ready	2.3. December 2012		
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>Goal 5: of the NDPHS Strategy Inequality in access to qualified primary health care in the ND area is reduced</p> <p>Priority action area of EU BSR Action Plan: "Fight health inequalities through the improvement of primary healthcare"</p>			

**Project name: Improvement of community based health promotion, prevention and management of chronic non-communicable diseases (NCD) through strengthening competences of primary health care (PHC) nurses and other PHC team members with particular focus on vulnerable population groups and patients with high comorbidity**

## 1. Summary of activity

<b>Overall objective</b>	Inequality in access to qualified primary health care in the ND area is reduced (Goal 5: of the NDPHS Strategy)
<b>Immediate objectives</b>	Identifying the role of today and tomorrow PHC team members, with particular emphasis on the role of the nurse in NCD prevention and management, in Finland, Lithuania and Russia (Kaliningrad region)
<b>Immediate &amp; ultimate beneficiaries</b>	Population from vulnerable population groups, Patients with NCD and high comorbidity, primary health care nurses, doctors, health care administrators and policy makers
<b>Area covered</b>	Finland, Lithuania and Russia (Kaliningrad region)
<b>Implementing organisation</b>	PPHS EG
<b>Essential partners</b>	Relevant organisations in the member countries
<b>Budget</b>	No budget so far
<b>Financing agency</b>	

## Progress in the implementation of activity in 2011-2012

Results (description and indicators)	Planned results/targets/ achievements	Progress (partly achieved, completed)	Action required, obstacles , comments	Sustainability and expected long-term impact
<p>1. The role of tomorrow PHC team members, with particular emphasis on the role of the nurse in NCD prevention and management, in Finland, Lithuania and Russia (Kaliningrad region) have been identified</p> <p>2. Promoting use of selected tools applicable by primary health care nurse for improved prevention and management of NCD</p>	1.1 Recent role of PHC team members and needs for the future have been discussed	1.1 Discussed during the PPHS EG 4 <sup>th</sup> Meeting in February		
	1.2 Initial project idea have developed	1.2 Developed February March		
	1.3. Workshop to discuss project idea and possible partners	No any funding yet for further activities		
	1.4. Site visits to PHC practices and focus group discussions with primary health team members			
	1.5.. Workshops in different countries (at least one in Lithuania and one in RF (Kaliningrad)) on role of the nurse and multi-professional primary health care teams in addressing NCD related needs of vulnerable groups and patients with high comorbidity in the community			
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	<p>Goal 5: of the NDPHS Strategy Inequality in access to qualified primary health care in the ND area is reduced</p> <p>Priority action area of EU BSR Action Plan: "Fight health inequalities through the improvement of primary</p>			

**Project name: A review of policies and practices for primary care services for migrants and ex-prisoners will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues**

**1. Summary of activity**

<b>Overall objective</b>	Inequality in access to qualified primary health care for population vulnerable groups is decreased
<b>Immediate objectives</b>	Policies and practices for primary care services for migrants and ex-prisoners are defined and transnational policy conclusions formulated for BSR Region Countries.
<b>Immediate &amp; ultimate beneficiaries</b>	Migrants, ex-prisoners, health care administrators and policy makers
<b>Area covered</b>	All ND countries
<b>Implementing organisation</b>	PPHS EG
<b>Essential partners</b>	IOM
<b>Budget</b>	No budget so far
<b>Financing agency</b>	

## Progress in the implementation of activity in 2010-2012

Results (description and indicators)	Planned results/targets/ achievements	Progress (partly achieved, completed)	Action required, obstacles Partners, comments	Sustainability and expected long-term impact
Policies and practices for primary care services for migrants and ex-prisoners are defined and transnational policy conclusions formulated for BSR Region Countries.	1.1 Basic information on health care accessibility for migrants and ex-prisoners have been collected	1.1 Questionnaire have been developed and information collected from Denmark, Finland, Germany, Latvia, Lithuania, Norway, Poland		
	1.2 Round table discussions to discuss basic information and to define further possible steps of the project	1.2. Implemented during PPHS EG 5th meeting in Stockholm		
	1.3 Expert defined to collect further country information and report writing	No any funding yet for further activities		
	1.4. Workshop to discuss draft report and formulation of conclusions			
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	Goal 5: of the NDPHS Strategy Inequality in access to qualified primary health care in the ND area is reduced Goal 6: Health and other related needs of people kept in places of detention are readily met, access to the health services is improved, and gender specific needs are addressed Priority action area of EU BSR Action Plan: "Fight health inequalities through the improvement of primaryEUSBSR priority area Health: Containing the spread of HIV/AIDS and tuberculosis			

[ADPY Task Group](#)  
[Progress report for 2012](#)

Policy document/project name: **Alcohol and Drug Prevention among Youth (ADPY); situation analysis for evidence based policies**

**1. Summary of activity**

<p><b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</p>	<p>To support the NDPHS in its cooperation with Russia in areas falling under the priorities of the NDPHS.</p> <p>NDPHS Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced</p> <p>EUSBSR priority action: Prevent lifestyle-related non-communicable diseases and ensure good social and work environments by developing comprehensive policies and interventions in the entire region aimed at preventing and reducing the negative consequences of alcohol and drug use to the society, and particularly among children, youth, women of child-bearing age and pregnant women</p>
<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<p>To help achieve the strategic objective of well-functioning and sustainable coordinated policy-making and implementation mechanisms and infrastructure aimed to counteract the high level of alcohol and drug use among youth in selected local communities and, more generally, beyond them.</p>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the</p>	<p>Public health specialists, practitioners and policy-makers/politicians, social pedagogues, school nurses, youth etc.</p>

<i>society or sector at large)</i>	
<b>Area covered</b> <i>(list countries/regions/municipalities, etc.)</i>	Lithuania: Klaipeda region (regionas) Russia: Kaliningrad Oblast (Sovjetsk City and Svetloje district) Sweden: Stockholm region (län)
<b>Implementing organisation</b> <i>(list the NDPHS structures/other organizations, institutions and experts leading the implementation of the activity)</i>	CBSS/NDPHS Secretariat (WP 1-3) Icelandic Centre for Social Research and Analysis (WP 4) Klaipeda District Municipality Public Health Bureau (WP 7) Swedish Council for Information on Alcohol and Other Drugs (CAN) (WP 5-6)
<b>Essential partners</b> <i>(list organizations, institutions and experts engaged in the activity)</i>	CBSS/NDPHS Secretariat Federal Research Institute for Health Care Organization and Information of MoH&SD of Russia Fund of Overcoming of Demographic Crisis, Russia Icelandic Centre for Social Research and Analysis Klaipeda City Public Health Bureau Klaipeda District Municipality Public Health Bureau Nynäshamn Municipality Stockholm County Council (Centre for Epidemiology and Community Medicine (CES)) Swedish Council for Information on Alcohol and Other Drugs (CAN) Turku University of Applied Sciences
<b>Budget</b> <i>(specify the budget of the activity in EUR)</i>	375,085.25
<b>Financing agency</b> <i>(specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )</i>	European Neighbourhood and Partnership Instrument (ENPI) and the EU Delegation to Russia through NDPHS. 20 % of the budget is financed by the contributing partners

## 2. Progress in the implementation of activity in 2012

<b>Results (description and indicators)</b>	<b>Planned results/targets/achievements</b>	<b>Progress (partly achieved, completed)</b>	<b>Action required, obstacles, comments</b>	<b>Sustainability and expected long-term impact</b> <i>(Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)</i>
<p><b>1</b> Alcohol and drug situation among young people and the structures and practices of local prevention in the selected communities are mapped out and analysed.</p>	<p>1.1 Mapping of (i) the alcohol and drug situation among young people and (ii) the local ADPY community readiness.</p>	<p>1.1 to be done in November 2012.</p>	<p>A list of schools in which surveys were performed and for each school the number of participating pupils. The data material from the interviews with local key people within the thematic field. Quantitative analysis (a report) describing the level of community readiness for action.</p>	<p>Descriptive reports will be produced for each participating community</p>
<p><b>Value added (contribution) to the NDPHS and EUSBSR strategies</b></p>	<p>NDPHS Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced</p> <p>EUSBSR Flagship project</p>			

Policy document/project name: **Setting the scene – Indicators for Alcohol and Drug Prevention**

**1. Summary of activity**

<p><b>Overall objective</b> (list the relevant NDPHS Goals and/or the EUSBSR priority actions to which the policy/project contributes)</p>	<p>The project is a joint initiative for communities in Drammen Kommune in Norway, Kaliningrad City and Bagrationovskaya Region in Kaliningrad Oblast, Russia to cooperate in the process of laying a vast foundation for prevention of alcohol and drug use among young people, through assessment of needs and development of indicators for policy.</p> <p>NDPHS Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced</p>
<p><b>Immediate objectives</b> (list immediate objectives, such as: development and dissemination of policy recommendations, a report, a review, a strategy, a thematic paper, etc.)</p>	<p>Setting the Scene - Indicators for Alcohol and Drug Prevention Policy” is a community-based, capacity-building alcohol and drug prevention project targeted at young people in Drammen Kommune in Norway, Kaliningrad City and Bagrationovskaya Region in Kaliningrad Oblast, Russia. The long-term aim is to facilitate successful prevention implementations through policy and assessment of the current problem situation.</p>
<p><b>Immediate &amp; ultimate beneficiaries</b> (immediate beneficiaries are the groups/entities who will be directly positively affected by the action, e.g. policy makers; ultimate beneficiaries are those who will benefit from the action in the long term at the level of the society or sector at large)</p>	<p>The project implementation is to map out the alcohol and drug situation among young people to assess the needs in the participating communities, and to create a cross-boarder network of public health specialists, practitioners and policymakers in order to adopt sustainable alcohol and prevention policies for local prevention work among young people. The project aim is to assure a foundation for prolonged prevention activities deriving from a sustainable local community infrastructure.</p>
<p><b>Area covered</b> (list countries/regions/municipalities, etc.)</p>	<p>Drammen Kommune, Norway Kaliningrad City and Bagrationovskaya Region in Kaliningrad Oblast, Russia</p>
<p><b>Implementing organisation</b> (list the NDPHS structures/other organizations,</p>	<p>The participating communities. ICSRA, Icelandic Centre for Social Research and Analysis</p>

<i>institutions and experts leading the implementation of the activity)</i>	FRIHOI, Federal Research Institute for Health Care Organization and Information of MoH & SD of Russia
<b>Essential partners</b> (list organizations, institutions and experts engaged in the activity)	Swedish Council on Information of Alcohol and Other Drugs
<b>Budget</b> (specify the budget of the activity in EUR)	146,764
<b>Financing agency</b> (specify financing agency/agencies and the amount of funding (in EUR) granted by each financing agency )	Norwegian Ministry of Health and Care Services (100,182) Project Partners (46 582)

## 2. Progress in the implementation of activity in 2012-10-01 –2013-11-30

<b>Results (description and indicators)</b>	<b>Planned results/targets/achievements</b>	<b>Progress (partly achieved, completed)</b>	<b>Action required, obstacles, comments</b>	<b>Sustainability and expected long-term impact</b> (Describe: 1) how the results of the NDPHS activity are/will be used and how the follow-up and sustainability of the results will be ensured, and 2) expected impact of the NDPHS activity)
<b>1</b> The expected result from the school-based surveys is an accurate database of young peoples' risk and protective factors, and demographic data, to depict the alcohol and drug situation in order to assess the needs in the participating communities.	1.1 Mapping of (i) the alcohol and drug situation among young people	1.1 First meeting will attend 11-12 October 2012. The mapping is planned to be done in November 2012.	A list of schools in which surveys were performed and for each school the number of participating pupils.	The project products such as the community reports will be distributed through different networks, firstly through NDPHSs wide network, then within each community and country; local channels available through the participants (coordinators and policymakers) and national channels through the ADPY TG representatives. The intention is to create a spill-over effect to communities nearby to join the initiative and future equivalent projects
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	NDPHS Goal 7: The impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs is reduced EUSBSR Flagship project			

AMR Task Group  
Progress report for 2012

The main activity of the group in 2012 has been focused around the development of a technical project plan and efforts to ensure financial support for the ESBL-study discussed in Stockholm in December 2011. An application to be submitted to the Swedish Institute is being developed jointly by Dr Christian Giske, Karolinska Institutet, and the NDPHS Secretariat.

For the group as such this year has been a difficult one with many changes and generally low level of activity.

*Meetings:* A planned AMR-TG meeting in Oslo in June was postponed due to low interest to participate from the members combined with financial difficulties for some participants to ensure the necessary funding for coming to Oslo. A meeting during the fall was discussed but never performed due to similar problems. Unfortunately the group will not meet in 2012.

*Chair and vice-chair:* Sweden and Germany hold the chair and vice-chair position of the group. In both countries changes have happened. In Sweden the process to identify the coming national representative (-s) in the group is ongoing. Dr Hoffner will step down from this position at the end of the year at the latest. In Germany the former representative, Prof Witte, stepped down from his position in AMR-TG early 2012 and so far no new representative is nominated. This means that the group urgently needs a new leadership that can re-vitalize the process, set the coming agenda and priorities. They should also invite to a next group meeting to discuss ways forward.

*Activity plan for 2013:* The new leaders of AMR-TG should be responsible for the detailed planning of the group's activity in the coming year. I consider it most likely that a focus still will be on the ESBL-project that hopefully will be implemented during 2013. Also the group must address questions of lack of financial support / strong country commitments which have been problematic in 2012.

Stockholm 2012-10-17.

For the AMR-TG

Sven Hoffner, Assoc Prof

**OSH Task Group**  
**Progress report for 2012**

**1. Summary of activity**

<b>Overall objective</b>	Policy formulation on occupational safety and health systems and occupational health services
<b>Immediate objectives</b>	Developing policies, programmes and activities for health, safety and wellbeing at work Peer-to-peer networking Monitoring NDPHS “Health at Work” Strategy
<b>Immediate &amp; ultimate beneficiaries</b>	OSH specialists & men and women at work
<b>Area covered</b>	Member states
<b>Implementing organisation</b>	TG OSH
<b>Essential partners</b>	ILO, WHO, EU OSHA, BSN/OSH, FIOH
<b>Budget (EUR)</b>	
<b>Financing agency</b>	

**2. Progress in the implementation of activity in 2012**

Results (description and indicators)	Planned results/targets/achievements	Progress (partly achieved, completed)	Action required, obstacles, comments	Sustainability and expected long-term impact
<b>1. NDPHS “Health at Work”</b>	1.1 tri-annual questionnaires to	1.1 second questionnaire III-IV/2011	two country replies missing	

<b>Strategy implemented</b>  (8 indicators, see Strategy)	Member States			
	1.2 annual informal update by OSH specialists	1.2 latest update Oct 2011, next Nov 2012		
	1.3 "Health at Work" Strategy implemented by 2013	1.3 to be done		
<b>2. OHS Part 1: Analysis of occ health systems in selected member states</b>	2.1 Indicators identified and questionnaire developed	2.1 done April 2011		suggested by LITH for development of national occ health system
	2.2 Questionnaire sent out and replies received	2.2 received in autumn 2011		
	2.3 Summary report prepared	2.3 done and verified Sept 2012		
	2.4 Development of additional in-depth questionnaire	2.4 Replies received end 2011		
	2.5 Comparative analysis prepared	2.5 printed Oct 2012		
<b>3. OHS Part 2: Professional training</b>	3.1 upgrading training for occ health specialists	3.1 18-20 Jan 12 (60 pax, LV, EE, LT & FIN))		
	3.2 OSH strategy and social partnership planned for 2012	3.2 18-19 Oct 2012, Vilnius		

<b>4. Development of policy paper “Healthy lifestyles in Healthy Working Conditions”</b>	4.1 in planning stage	4.1	Target year 2015	
<b>5. FIOH OHS project in NW Russia</b>	Focus on the Republic of Karelia			
<b>6. ILO OSH project in NW Russia</b>	(6 immediate objectives, 5 outcomes)	Progress on time	Separate report	
<b>Value added (contribution) to the NDPHS and EUSBSR strategies</b>	Item 1 is the Goal 10 of the NDPHS plan (ready by 2013) and EUSBSR item 12 cooperative action. Items 2 & 3 are part of the Strategy. Item 4 is based on PAC-8 Action statement.			

## Leadership and coordination in the Partnership EGs and TGs

(Status as of the end of 2012)

NDPHS Partners / Participants	ASA EG	HIV/AIDS & AI EG	NCD EG	PPHS EG	ADPY TG	AMR TG	IMHAP TG	OSH TG
Denmark								
Estonia								
Finland		Chair and ITA	Chair and ITA					Chair
Germany						Vice-Chair		
Iceland								
Latvia								
Lithuania			Vice-Chair					Vice-Chair
Norway	Chair and ITA			ITA (until 1 July 2012)				
Poland		Vice-Chair						
Russia	Vice-Chair			Vice-Chair	Vice-Chair			
Sweden				Chair and ITA	Chair and Coordinator	Chair		
BEAC								
CBSS								
EC								
ILO								
IOM								
NCM								
UNAIDS								
WHO								

 - denotes Lead Partner  
 - denotes Co-lead Partner