



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

Northern Dimension Partnership in Public Health and Social Well-being

Progress Report for 2008

Approved during the Fifth Partnership Annual Conference (PAC)
19 November 2008, Ottawa, Canada

(updated on 26 January 2008)

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Abbreviations and acronyms used

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

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

1. Political background

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

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

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

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

(ii) Enhancing and promoting healthy and socially rewarding lifestyles

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

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

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

Finally, it should be mentioned that the Heads of Government and representatives participating in the 7th Baltic Sea States Summit held on 4 June 2008 in Riga, Latvia, **“reiterated their commitment to the Northern Dimension Partnership in Public Health and Social Well-being,”** as well as “acknowledged the importance of good public health and social well-being” and agreed that “regional efforts in these fields should, therefore, be continued and strengthened.” Finally, they “underlined the importance of continued efforts to deliver concrete results based on the principle of co-financing from the Northern Dimension Partners.”⁴

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

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

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

⁴ Cf. the Chairman’s Conclusions from the Summit, available at http://www.ndphs.org/?download,2217.CSR_14-3-Info_5_NDPHS_Chairmans_Conclusion_from_7th_Summit_of_Heads_of_Government.pdf.

2. Introduction

This NDPHS Progress Report for 2008 presents the main activities implemented by the Partnership during the year 2008. Information contained herein is provided with reference to and against the objectives and action lines included in the NDPHS Work Plan for 2008⁵ adopted during the 4th Partnership Annual Conference held on 16 November 2007 in Vilnius, Lithuania, and subsequently revised by the 13th Meeting of the Committee of Senior Representatives (CSR 13) 21-22 April 2008 in Brussels, Belgium. A section presenting conclusions and summarizing strengths and opportunities as well as obstacles and weaknesses have also been included. Finally, **annexed to this report are the progress reports of the NDPHS “core” and “associated” Expert Groups** (HIV/AIDS, PHC, PH, SIHLWA and the CBSS WGCC).⁶

As regards the action lines, five of them have been included in the NDPHS Work Plan for 2008:

- **Action Line 1: NDPHS Project Database**
Taking a coordinated approach to preventing major public health and social problems in the Northern Dimension area.
- **Action Line 2: Financing NDPHS’ and other parties’ undertakings**
Ensuring adequate funding for NDPHS and Partnership-relevant activities and projects, *inter alia*, through the Project Pipeline.
- **Action Line 3: NDPHS Expert Groups**
Providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework.
- **Action Line 4: Ensuring coordination of regional efforts to fight trafficking in human beings**
- **Action Line 5: Engaging non-Partner Countries and Organizations**
Involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives
- **Action Line 6: Increasing the visibility of the Partnership**
Making the NDPHS more recognizable and well-known
- **Action Line 7: Overall review and evaluation of the Partnership**

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

Concerning the NDPHS Expert Groups’ actions, the Expert Groups’ work plans for 2008 were annexed to the NDPHS Work Plan for 2008 in their entirety, and summarized in the latter’s main section.

⁵ Available at [http://www.ndphs.org/?doc.NDPHS Annual Work Plan for 2008 \(revised by CSR-13\).pdf](http://www.ndphs.org/?doc.NDPHS+Annual+Work+Plan+for+2008+(revised+by+CSR-13).pdf).

⁶ Baltic Sea Network (BSN) on Occupational Health and Safety activities within the framework of the NDPHS are run through the SIHLWA Sub-group on Occupational Safety and Health. Consequently, BSN did not submit a separate progress report and its relevant activities are reflected in the SIHLWA Progress report in Annex 4).

3. Achievements of the Partnership during 2008

3.1 Executive Summary

The Partnership's activities were run in accordance with its Work Plan for 2008 and, on the whole the NDPHS was able to successfully implement it. Chaired by Norway and co-chaired by Russia, the Partnership made a rapid progress and delivered tangible results by running a wide array of concrete and pragmatic activities which included, but were not limited to: information sharing and dialogue, policy development, project development and implementation, networking solidification, expertise exchange, information production and dissemination, advocacy, as well as administrative and organizational issues. Many Partnership's activities were centered on a multi-component Database Project led by the NDPHS Secretariat.

In all its endeavors the Partnership was able to rely on its multi-faceted structure and its broad network composed of countries, international organizations as well as its networks of experts and the NDPHS Secretariat. Two meetings of the NDPHS Committee of Senior Representatives (CSR) were held during 2008, as well as a Partnership Annual Conference (PAC). The latter was followed by a NDPHS Meeting on Health of Indigenous and Remote Northern Communities.

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

During 2008, the Partnership continued improving its Coordinating and Financing Mechanism. Website, database and pipeline were constantly updated and their functions further developed and improved.

A major effort was taken by the Partnership to improve its out-reach activities and information collection and dissemination. The attendance of the NDPHS representatives in many non-NDPHS events, the cooperation with the South East European Health Network, the production of four thematic reports and a NDPHS Folder with fact sheets – they all have resulted in a dramatic increase of the Partnership's visibility.

On the other hand, however, the Partnership was struggling to ensure that ample funding would be made available for it, as well as that all the Partners would ensure their proper representation and participation in the NDPHS activities.

The above and other issues were thoroughly discussed within the Partnership, not least during the NDPHS evaluation, which was made for the first time since when it was established five years earlier. Both the process and the outcome of the evaluation provided the Partners with a series of valuable recommendations as well as insights and views on the Partnership's structure, working methods, priorities, etc., which will, hopefully, result in further increasing the Partnership's successful activities and the role it plays in the region.

3.2 Implementation of the activities foreseen in the NDPHS Work Plan for 2008

The following actions have been taken by the Partnership to implement the NDPHS Work Plan for 2008:

Action Line 1: NDPHS Project Database

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

The Partnership continued to implement the NDPHS project “A Database on Public Health Projects in North Eastern Europe and its neighbouring countries” (NDPHS Project Database), with the strategic objective to achieve a coordinated policy and project approach in actions against HIV/AIDS and lifestyle-related diseases, as well as to promote healthy and socially rewarding lifestyles. The Project involves a wide array of actions contained in seven components. It is co-funded by the NDPHS Partner Countries and the European Commission, and is scheduled to be completed in January 2009.

The Project had developed the Partnership Coordinating and Financing Mechanism, a mechanism, through which Partners can make decisions on funding or other contributions and which at the same time stimulates Partners and Participants to formulate their needs in the fields of public health and social well-being, in accordance with national plans. The main elements of this mechanism are the Partnership’s website, the Database and the Project Pipeline, all of which have been developed during 2007, which was the first year of the implementation of the NDPHS Database Project, and which were subsequently further developed and improved in 2008.

Main actions taken:

- **Database Project Steering Group (DPSG)**
The DPSG met twice in 2008. DPSG Members supported the implementation of the project through direct contacts with the NDPHS Secretariat acting as the Project Main Partner. Also the NDPHS Partners who were not the members of the DPSG and the NDPHS Expert Group Chairs and ITAs took part in the DPSG meetings.
- **NDPHS Website**
The NDPHS Secretariat and the NDPHS Expert Groups were continuously updating the information on the website in order to help coordinate the work of the Partnership and to reach out to the NDPHS’ target groups (e.g. through front page news section, an e-newsletter, e-news and press releases). Also, several improvements were made to the website mechanism.
- **NDPHS Database**
The NDPHS Database continued to collect and disseminate information and data on:⁷
(i) approx. 750 ongoing and implemented projects; (ii) approx. 300 organizations, and (iii) over 200 persons (project leaders, experts, etc.) working with public health and social well-being issues in the Northern Dimension area. A new section on publications, which was added in January 2008 to further enrich the database’s information pool, gathered approx. 40 publications. Further, a new database, ZdravInform (WHO Russia), was added to the NDPHS Database as the ninth external database. A graphical interface (an interactive map) was also added to visually display data for specific geographical regions covered by the database. The total number of records in the database was growing constantly throughout 2008 (from approx. 500 in late 2007 to over 1300 one year later) and the database is frequently visited and used by visitors from within and from outside the region.

⁷ Available at www.ndphs.org/?database. The number of the database records as of late 2008.

- **NDPHS Project Pipeline**

The NDPHS Project Pipeline, which was developed in 2007,⁸ serves as a multi-agency on-line project funding coordination tool, which helps proceeding from a project idea through project application to project financing. Its objective is to provide a "market place" for project proponents and project financing agencies working for public health and social well-being in the ND area. In 2008, efforts were taken to encourage several financing agencies to participate in the pipeline. Financing agencies from Finland⁹, Norway¹⁰ and Sweden¹¹ were connected to the pipeline and project applications submitted to them were channeled through the pipeline. In 2008, the pipeline was able to offer funding of approx. EUR 4.3 million for health-related projects to be conducted in North-West Russia and Belarus. The pipeline mechanism was substantially further developed and improved following requests of the participating financing agencies.

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

- **Thematic reports**

The NDPHS Expert Groups have produced four thematic reports, evaluating the current situation in the ND area in their respective fields of expertise.¹² These reports identify gaps to be addressed, such as project-, policy- and institutional gaps, and present policy recommendations, best practices, project methods, etc. in selected thematic and geographical areas. As a follow-up, several expert groups have started developing project proposals to address the gaps identified.

- **NDPHS Folder with fact sheets**

The NDPHS produced, printed and disseminated a folder with eleven fact sheets.¹³ They provide basic information about the NDPHS mission, objectives and the NDPHS Expert Groups, as well as the Partnerships tools, activities and recent achievements. Further, four of the fact sheets briefly present the above mentioned thematic reports and their key findings and recommendations. The folder and the fact sheets, which are available in both English and Russian languages, are aimed at various groups of readers and the public in general. They serve as a NDPHS promotion tool during meetings, workshops, conferences, etc. In addition, the translation of the fact sheets into Latvian, Lithuanian and Polish has been initiated in late 2008 (and finalized in January 2009).

- **E-Newsletter**

Two issues of the NDPHS e-Newsletter were produced during 2008. They were announced through the NDPHS e-news to the e-news subscribers (currently above 14,000 addresses) and e-mailed in a pdf format to the e-Newsletter subscribers (currently almost 700 addresses).

- **Additional actions taken by Expert Groups**

NDPHS Expert Groups have continued to be actively involved in the implementation of all work packages of the NDPHS Database Project.

⁸ Available at www.ndphs.org/?pipeline.

⁹ Ministry for Foreign Affairs of Finland.

¹⁰ Norwegian Ministry of Health and Care Services.

¹¹ East Europe Committee of the Swedish Health Care Community (SEEC).

¹² Available in the NDPHS Database (www.ndphs.org/?database) as papers ID 19 to 22.

¹³ Available at www.ndphs.org/?folder_and_factsheets

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

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

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

Main actions taken:

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

All Expert Groups enjoyed the financial and organizational support of their Lead Partner Countries, who provided the necessary funding for the Expert Groups Chairs' and ITAs' activities, meetings, travels as well as remunerations. Two more ITAs, i.e. for the SIHLWA EG (financed by Finland) and the PH EG (financed by Norway) were recruited. In addition, the Lead Partner for the PHC EG (Sweden) provided funding for employment of two task managers supporting the PHC EG.

However, the Expert Groups stressed the need for the Partners to ensure the continuity of the above financial support as well as the need to allocate funds for their operational budgets, which would help the groups to better involve in the development and implementation of projects.

- **Contributions to the NDPHS Secretariat**

Most, but not all Partners and Associated Partners paid their contributions to the NDPHS budget in 2008. [Despite they had been pledged earlier, four contributions have not been made, thereby making the Secretariat run into a budgetary deficit.¹⁴]

Additionally, Germany provided EUR 30,000 for the NDPHS evaluation and Finland provided EUR 10,000 to the Appropriations Account.

It should also be mentioned that, while the NDPHS Secretariat continues to be hosted by the CBSS Secretariat and uses the latter's legal capacity for its operations, the Partners continued efforts aimed to authorize to the NDPHS Secretariat its own legal capacity. To that end, in September, the Norwegian Minister of Health and Care Services initiated a formal procedure amongst the NDPHS Partner countries to establish the NDPHS Secretariat of the Partnership.

- **Contributions to the NDPHS Database Project**

Already before 2008, eight Partner Countries and one Partner Organization paid their contributions to the NDPHS Database Project on top of the contribution provided by the European Commission. One more pledged contribution is expected to be received from France.

- **Encourage relevant financing agencies to use the Project Pipeline**

As reported in Action Line 1, the Ministry of Foreign Affairs of Finland, the Norwegian Ministry of Health and Care Services and the East Europe Committee of the Swedish Health Care Community (SEEC) were connected to the NDPHS Project Pipeline.

- **Publicize the Project Pipeline to obtain input from project proponents (as soon as financing agencies are connected to it)**

The pipeline was broadly publicized by the NDPHS as well as all the three financing agencies connected to the pipeline. Following these actions, several tens of project proposals were submitted by project proponents to the participating financing agencies through the pipeline.

¹⁴ On the day of submission of this draft report to PAC, contributions for 2008 were still expected to be received from Denmark, France and Russia.

As regards the plan to organize a NDPHS-sponsored resource mobilization (pledging) conference in 2009, bringing together potential donors from the Northern Dimension area and beyond to fund selected projects in the Pipeline, preparatory efforts are yet to be initiated.

- **NDPHS Expert Groups: assess projects included in the Pipeline, if requested,¹⁵ and assist in search for donors for projects included in the Pipeline**

Only the Finnish financing agency took advantage of this additional feature of the pipeline and requested the HIV/AIDS Expert Group for project appraisal.

- **Other contributions**

Following the establishment of expert-level cooperation between the NDPHS and Belarus – Finland, Norway and Sweden provided funding to enable the nominated Belarusian experts to attend the NDPHS Expert Group meetings held in autumn 2008.

In addition to financial contributions, Partner Countries and Organizations also provided in-kind contributions to the Partnership. For example, the Nordic Council of Ministers assigned two of its staff members in its Information Office in St. Petersburg to support the NDPHS Secretariat on a part-time basis. Partners were also involved in the co-organization of conferences and provided their personnel to help advance the Partnership's activities at all levels.

Action Line 3: NDPHS Expert Groups

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

Currently, the NDPHS has four Expert Groups, and two Associated Expert Groups. All Expert Groups held meetings on a regular basis (2 times during the year). Additionally, the Chairs and ITA's of the Expert Groups also participated in a range of other conferences, workshops and meetings to advocate the NDPHS and their own Expert Groups. In this section brief, summarized information is provided regarding the progress made by the Expert Groups, as well as a few key conclusions. **A detailed description of the Expert Groups' state of affairs and progress made in 2008 is provided in their progress reports attached to this report as Annexes 1-5.**

Main actions taken:

- **Organization of meetings, conferences, seminars and workshops**

The Expert Groups were actively involved in organization of own events and providing expert input to external events. The external events offered the EG experts to provide professional advice and technical support to relevant authorities and/or other stakeholders. In addition to this, each EG has identified experts from Belarus to be added to their respective EGs. These experts have been formally invited to attend NDPHS CSR and PAC meetings. At the same time, the Expert Groups stressed the need for further improving the participation of the Partners in the group activities – this regards both the nomination of representatives and providing funding for their participation.

The following are just a few examples of activities other than the own regular meetings of the Expert Groups:

- Through the coordinating activities of the **HIV/AIDS** EG, the Polish member represented the EG in the HIV "Think-Tank" organised by DG Sanco of CEC. A round table meeting as part of the Barents programme was organised in Oslo, Norway, on 11 March with a specific theme on public health training. The EG was represented by

¹⁵ Subject to specific conditions of cooperation to be agreed between each Expert Group and each financing agency.

the ITA;

- The **Primary Health Care** EG held a Seminar on PHC in the Northern Dimension Countries in Vilnius, Lithuania, on 23 May;
- The **Prison Health** EG in cooperation with the Latvian Ministry of Justice organized a seminar for the Latvian Prison health authorities on issues related to HIV and TB control within the prison settings. The seminar took place on 30 May at Olaine Prison Hospital in Latvia; The Chair participated in the preparation of a draft background paper and a draft WHO Conference Declaration on "Prisons and Women's Health". The ITA represented EG in the HIV Think-Tank organized by DG Sanco of CEC;
- Several missions of the **SIHLWA** Coordinating Chair to meet with various stakeholders in North West Russia to discuss their involvement in the NDPHS activities. Additionally, SIHLWA has participated in the discussions about health in circumpolar areas and indigenous people in preparation for the PAC-5 (Canada) side-event meeting on "Health of Indigenous and Remote Northern Communities, as well as the seminar on Canada's and Europe's Northern Dimension on 19 May in Oulu, Finland (it submitted a paper on "*Circumpolar health needs and Northern Dimension Partnership in Public Health and Social Wellbeing*") and, finally, in the Conference on Human Dimensions in the Circumpolar Arctic on 8-10 October, in Umeå, Sweden (it made a key-note presentation on *Health and social wellbeing in the north: "Quo vadis, homo borealis"?*).

An overview of the **Partner participation in Expert Group Activities** is provided in **Annex 6**.

- **Leadership and co-ordination**

All Expert Groups enjoyed strong support of their Lead Partners who also provided the chairmanship for the Expert Group. In 2008, Poland assumed Co-lead Partner role in two groups: HIV/AIDS and SIHLWA ALC Sub-group; Polish representatives in these groups assumed the Vice-Chair positions in these groups. However, the PH EG was still awaiting the nomination of its Co-lead Partner and the PH EG Vice-Chairs.

Coordination of the EGs was done by International Technical Advisers who also assisted their EG Chairs (the HIV/AIDS, the PHC and the PH EGs) and by the Coordinating Chair (SIHLWA EG). Additionally, the PHC enjoyed support of two task managers.¹⁶

An overview of the **current Lead and Co-lead Partners in the Expert Groups** is provided in **Annex 6**.

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

All Expert Groups stayed in a close dialogue with each other and with the Secretariat, for example through the EG Chairs and ITAs meetings, the joint meeting of all NDPHS Expert Groups, the CSR meetings and the PAC event.

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

All Expert Groups continued to be actively involved in the implementation of the NDPHS Database Project (see Action Line 1 for details as well as the next item). Most of the groups also started working on a list of projects in the ND area, in which they were involved, which were consequently added to the NDPHS Project Database.

- **Development of thematic reports and the NDPHS folder with fact sheets**

In 2008, all four core Expert Groups of the NDPHS have produced the above-mentioned thematic reports. These reports identify gaps yet to be addressed, such as project-, policy- and institutional gaps, and present policy recommendations, best practices, project methods, etc. in selected thematic and geographical areas. Thus far, two consequences emerged. With the help of the thematic reports, the Expert Groups were able to produce their own respective fact sheets, which the Secretariat subsequently

¹⁶ The PH EG ITA and the SIHLWA EG ITA were employed in 2008.

compiled into the above-mentioned folder containing 11 fact sheets in total. In addition to, and in light of the thematic reports, the four Expert Groups began to formulate regional flagship projects as mentioned below.

As regards the thematic reports, the HIV/AIDS, PH, and the SIHLWA EGs are planning to develop new thematic reports soon, which will require additional funding. Funding should also be made available for the Expert Groups to be able to periodically update their present reports, if necessary.

- **Development of EG regional projects, and support to and involvement in other project-based activities**

Besides their involvement in the implementation of the NDPHS Database Project, some Expert Groups were involved in activities to support the development and/or implementation of regional as well as other projects (among them also the above-mentioned flagship projects). Some of the Expert Groups also monitored and evaluated the results of projects and activities implemented under the Partnership initiative, in order to ensure that financing is allocated in a way that achieves maximum results. Also, they helped promote the dissemination of successful projects recently implemented in the Northern Dimension area.

The following are a few examples of EGs' involvement in project-based activities. Three SIHLWA subgroups' project proposals (Alcohol and Drug Prevention among youth in St. Petersburg, phase 2, Early Identification & Brief Intervention on Hazardous and Harmful Use of Alcohol/ St Petersburg Feasibility Project and SIHLWA Stakeholder Analysis) has been approved for funding by the MoFA/MoSA&H/Finland, thus channeling about EUR 220,000 into North West Russia. In addition to, the SIHLWA EG has implemented Potential Years of Life Lost ("PYLL") assessment in Karelia, Pitkyaranta, and the Occupational Safety and Health subgroup has successfully implemented the N-W Russia OSH project 2nd phase and preparing for the start of 3rd phase. The HIV/AIDS EG has chosen a so called "flagship project" for the "development of Low Threshold Support Centre in Murmansk Region." Detailed information about this type and other Expert Groups' activities is provided in their annexed progress reports (in section "project based activities").

- **Securing funding for Expert Group activities**

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

Action Line 4: Ensuring coordination of regional efforts to fight trafficking in human beings

On 5 December, the Nordic Council of Ministers organized and hosted a meeting in Copenhagen, Denmark, which gathered international organizations and task forces involved in work on combating trafficking in human beings in the Northern Dimension area. During the meeting the on-going and planned activities of the present organizations and structures were presented, as well as future activities how to make the fight against trafficking in human beings more effective and how to avoid duplication were discussed.

Action Line 5: Engaging non-Partner Countries and Organizations (Involving all relevant stakeholders in endeavors to achieve NDPHS goals and objectives)

The Partnership continued its efforts to involve all relevant actors in its work, including those which are not NDPHS Partners, in the organization's activities. This was primarily done while participating in external events and by inviting to NDPHS events individuals and organizations from the outside of the NDPHS network.

- **Continue efforts to involve new countries and re-activate previously involved ones**

The NDPHS invited Belarus to establish expert-level cooperation between the two of them. Following the positive response from Belarus, which nominated experts for cooperation with the Partnership, the NDPHS Partners (Finland, Norway and Sweden) sponsored the participation of five Belarusian experts in the NDPHS Expert Group meetings held in autumn, in Oslo, Norway. A Canadian representative was nominated and participated in the meeting of the PH EG in Oslo. Follow-up meetings with the Canadian Correctional Service' representatives were arranged during the PAC meeting in Canada.

Further, the United States attended PAC's side-event on the Health of Indigenous and Remote Northern Communities.

- **Take appropriate action to involve relevant other expert groups in pursuing the NDPHS goals and objectives, including those which are active in Russia**

Consistent with this action line, the NDPHS (the CSR Chair, the NDPHS Secretariat and the Expert Groups) undertook various efforts (e.g. organized bilateral meetings, informal consultations, conferences and a seminar to which it invited external experts), as well as hosted study visits and developed contacts with individual experts.

- **Connect with and engage local and regional administrations in Russia, as well as NGOs**

Actions as those listed in the preceding item were taken. Also, the NDPHS Secretariat continued to work with the NCM Information Office in St. Petersburg, as well as was in contact with a similar office in Kaliningrad to implement this action line. The NDPHS database provided added value to this cooperation, as an increased number of regional Russian organizations have registered themselves in it.

- **Connect with and engage representatives of the business community in the Northern Dimension area**

SIHLWA Expert-group has followed the dialogue started at an international conference organized by SIHLWA and the Nordic Council of Ministers in St. Petersburg in December 2007 on importance of healthy lifestyles of employees to corporations and the economic losses of preventable morbidity and mortality due to lifestyle related diseases caused by alcohol, tobacco, unhealthy nutrition, lack of exercise and accidents. Our partner in this respect has been based in Moscow the International Business Leaders Forum hosting several big Russian companies, such as, e.g., URALSIB Financial Corporation, GASPROM, etc. Furthermore, SIHLWA has, through its Alcohol and Drug Prevention project in St Petersburg, organized working seminars for journalists to discuss how to write about health and lifestyles in a way that interest public and makes good "sellable" articles for press.

- **Additional efforts**

The NDPHS has engaged in an active exchange of experiences and knowledge with the South East European Health Network (SEEHN). Following CSR decision to share free of charge a website / database / project pipeline software with the SEEHN, the NDPHS Secretariat developed and sent for agreement to the SEEHN Presidency a software use license agreement concerning this sharing.

Action Line 6: Increasing the visibility of the Partnership (Making the NDPHS more recognizable and well-known)

In line with the NDPHS Information Strategy, the Partners, Associated Partners, Expert Groups as well as the NDPHS Chairmanship and the NDPHS Secretariat continued efforts to increase the visibility of the Partnership. The NDPHS website, NDPHS Project Pipeline and NDPHS Database dramatically increased the Partnership's visibility.¹⁷

¹⁷ The total number of hits to the NDPHS website from May 2007 to October 2008 was close to 200,000.

- **Interact with relevant actors in the Northern Dimension area and keep them informed about developments within the NDPHS as well as make presentations at national and international conferences and workshops**

The Chair and Co-chair Countries, Expert Groups and the Secretariat made presentations in a large variety of international events in the ND area and beyond it. The following are a few examples of a high-profile events during which the NDPHS CSR Chair or the NDPHS Secretariat made presentations:¹⁸ the Northern Dimension Steering Group (Oslo, Norway, 28 February); CBSS CSO Meeting (Riga, Latvia, 15-16 April); a Seminar on Primary Health Care in Northern Dimension Countries (Vilnius, Lithuania, 23 May); 1st International Northern Dimension Forum (St. Petersburg, Russia, 13-14 May); the Northern Dimension Steering Group (Moscow, Russia, May); the 16th BSSSC Annual Conference – two speeches (Kaunas, Lithuania, 17-19 September), the 11th European Health Forum Gastein (Bad Hofgastein, Austria, 1-4 October); CBSS Observer State Consultations and the Seminar on the occasion of the 10th Anniversary of the CBSS Secretariat (Stockholm, Sweden, 20 October); the 1st Ministerial Meeting of the renewed Northern Dimension (St. Petersburg, Russia, 28 October); the South East European Cooperation Process (SEEC) Health Ministerial Meeting (Chisinau, Moldova; 7 November).

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

The NDPHS submitted a report to the Heads of Government and the European Commission who meet on 4 July 2008 for the 7th Baltic Sea States Summit in Riga, Latvia. During their discussions at the Summit, the Heads of Government “acknowledged the importance of good public health and social well-being” and agreed that “regional efforts in these fields should, therefore, be continued and strengthened.” The Heads of Government recognised the fact that the NDPHS, operating within the Northern Dimension policy provides a platform to further advance work in the social welfare and health care sector and “reiterated their commitment to the Northern Dimension”.

The CSR Chair and the Secretariat attended the EU Strategy for the Baltic Sea Region Roundtable "How to make the Baltic Sea Region an accessible and attractive place" (Kaunas, Lithuania, 18 September) and, based on the NDPHS Expert Groups' preliminary input, the CSR Chair provided preliminary remarks regarding the need to include health aspects into the Strategy. Following CSR's subsequent decision that the NDPHS should provide a written contribution to the Strategy, the Expert Groups developed their contributions, which were later compiled by the Secretariat.

The Chair of the HIV/AIDS EG attended the Roundtable on “The Safety and Security Issues in the EU Baltic Sea Region Strategy” (Helsinki, 9 November) and presented NDPHS Expert Groups' views regarding the health-related safety and security issues.

Furthermore, the NDPHS provided input to the Northern Dimension progress report submitted to the above-mentioned 1st Ministerial Meeting of the renewed Northern Dimension. The Ministers welcomed both the taken and the planned efforts to reinforce and further develop Partnership's activities as well as the good progress made by the NDPHS. They also reconfirmed the principle of co-financing the activities conducted within the framework of the Northern Dimension policy.

- **Provide input to relevant publications, if possible**

The NDPHS provided contribution to the following publications: (i) Barents Newsletter on Occupational Safety and Health 1/2008;¹⁹ (ii) BSSSC Newsletter, April 2008 issue;²⁰ (iii)

¹⁸ The Expert Group participation and presentations have been presented in detail in the respective annexes to this progress report.

¹⁹ Available at http://www.ttl.fi/NR/rdonlyres/D49F5199-2FA8-4749-A42D-AC9C49EC2EE4/25823/barents_1_2008internet.pdf.

²⁰ Available at http://www.ndphs.org/documents/1045/CSR_13-6-Info_1_BSSSC_Newsletter_featuring_NDPHS_article.pdf.

issue of the CBSS official journal “Balticness” that was submitted to the 7th Summit of the Heads of Governments of the Baltic Sea States.²¹

It should also be mentioned that the previously mentioned e-news, press releases and e-newsletters, which were widely distributed to many individuals and organizations (over 14,000, over 100, and over 750 recipients, respectively), contributed to further increasing the Partnership’s visibility, as did the above-mentioned NDPHS Folder with fact-sheets as well as the thematic reports developed by the Expert Groups

Finally, the cooperation between the NDPHS and the SEEHN contributed to the increased visibility of the Partnership in the South-Eastern flank of Europe.

Action Line 7: Overall review and evaluation of the Partnership

In line with the Oslo Declaration, the Partners performed an overall review and evaluation of the Partnership, in accordance with a procedure established by the CSR. This included, *inter alia*; the establishment of an Evaluation Team. The Team was entrusted with steering the evaluation process and, with support of the NDPHS Secretariat, conducted the following activities: (i) the assignment of an independent consultant, which interviewed with NDPHS Partners, Expert Group members and other relevant stakeholders in the ND Area and delivered the final evaluation report; (ii) the collection of Partner’s responses to three questions about the NDPHS, (iii) the compilation of these answers; and (iv) the identification of key issues for the follow-up of the NDPHS evaluation in 2009. Regarding the latter, the Evaluation Team developed draft Terms of Reference and an a timeline for an *ad hoc* Strategy Working Group, who will in 2009 assess the possibilities for a follow-up of the proposed evaluation-recommendations.²²

4. Conclusions

The NDPHS, which is one of the two operating Northern Dimension partnerships to date, **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-facetted 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 its Work Plan for 2008**.

Thanks to the rapid progress it made in 2008, the **Partnership delivered tangible results by running a wide array of concrete and pragmatic activities** which included, but were not limited to: information sharing and dialogue, policy development, project development and implementation, networking solidification, expertise exchange, information production and dissemination, advocacy, as well as administrative and organizational issues. Many of them, but not all, are described in this progress report, while more detailed information can be found on the NDPHS website.

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

²¹ Available at http://www.ndphs.org/?download,2158,CSR_14-3-Info_4_CBSS_Balticness_bulletin_featuring_NDPHS_article.pdf.

²² A compilation of evaluation reference documents is available for download at www.ndphs.org/?download,2399,PAC_5-7.1-1_NDPHS_Evaluation-A_compilation_of_reference_documents.pdf.

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 several missing contributions to the NDPHS budget, which caused a budget deficit.]

Tangible achievements of the NDPHS during 2008, as well as presentation at various international events and setting up of several information dissemination channels **made it possible for the Partnership to improve its outreach activities and dramatically increase its visibility**. The Partnership's achievements also provide a firm basis for it to develop new activities in the future. In this respect especially the well-established NDPHS Expert Groups, as well as the NDPHS Project Pipeline and Database are instrumental tools for the Partnership.

As regards the **NDPHS Expert Groups** – which are the pillars of the Partnership – all of them made a very good progress in 2008 and, equally importantly, took a number of actions paving the way for their good progress in the future. As regards the latter, the development of thematic reports and, subsequently, preparation of applications for funding for their own regional flagship projects is of particular value. By organizing their own conferences, seminars, etc. and contributing to external events and the EU Baltic Sea Region Strategy, the Expert Groups demonstrated yet another value added of the Partnership, namely the capacity and ability to provide and share expertise and advice as well as have a dialogue and a shared view on regional challenges, trends and phenomena not yet published elsewhere, and the warranted actions to address them.

To be able to continue and further increase the pace of their work, it is vital that these groups would be provided with ample resources as well as proper support of the Partners in terms of, *inter alia*, their active participation in the work of the groups. It is therefore recommended that several of **Partners, who abstained from participation in the work of the Expert Groups, would join in and reinforce them** with their own expertise.

Further, considering that the Expert Groups have all started working on project-based activities in 2008, which calls for better sharing of the leadership responsibilities and activities, it is recommended that further efforts would be taken by some of the Expert Groups to **get Co-Lead Partners in place and nominate Vice-Chairs for their groups**.

Efforts should also be taken to ensure the continuity of the funding offered through the NDPHS Project Pipeline and to increase the number of financing agencies participating in the pipeline. The pipeline has already demonstrated its value to both the financing agencies as well as the SIHLWA Expert Group, which raised funding for its project in 2008. It is, therefore, recommended that **Finland, Norway and Sweden would consider encouraging their financial agencies to continue offering financial support through the NDPHS Project Pipeline, and that financing agencies from other Partner Countries would consider joining the pipeline, too**. A pledging conference could be one way to attempt **mobilizing resources for projects**, as well, which should be considered for implementation in 2009.

Concerning the **NDPHS Database**, as many as nine external databases have already been connected to it. However, efforts need to **continue ensuring the quality of the data** included and put in it make it, which requires allocation of human resources for this task. Further, but less importantly, further efforts could be taken to **identify further sources of information that could be linked with the NDPHS Database**.

During the period under review the **NDPHS Secretariat's capacity remained high**, which enabled the Secretariat to provide a very good support to all the Partnership's structures, not least in leading and managing the NDPHS Database Project and supporting the Evaluation Team's efforts. While the NDPHS Secretariat was able to enjoy the legal capacity of the CBSS Secretariat, which hosts it, it is instrumental that the **Partner Countries swiftly complete the process of authorizing a legal capacity to the NDPHS Secretariat**, which

began in September 2008.

It can finally be concluded that, whereas the Partnership was able to complete another successful year of its activities, its future successful work is entirely in the hands of the Partners whose commitment displayed, *inter alia*, through **active participation and provision of resources, is the main prerequisite for the NDPHS to continue delivering tangible results.**

HIV/AIDS Expert Group Progress report for 2008

1. Expert Group leadership and coordination

1.1 Lead Partner

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

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1.3 Financial resources for leadership

Funding for the chairperson (travel costs) have been covered by the Ministry of Social Affairs and Health, Finland, and were ensured by an annual contract. Funding for ITA activities were covered through a project financed by the Ministry for Foreign Affairs and implemented by STAKES ("Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II"). Project has been planned for 2008–2010, and financing is confirmed each year on basis of an application

and reporting. In the end of 2008 a confirmation of financing for the project in 2009 was received through NDPHS pipeline.

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group

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

FILHA, the Finnish Lung Health Association, has sent experts on tuberculosis to attend the meetings of the EG.

An expert from Belarus took part in the EG meeting in Oslo, September 2008.

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

2.2. Participation of Partners in EG project-based activities

Project activity under the umbrella of the EG was intensive during the first half of 2008. Three new Finnish-Russian projects were started in Northwest Russia, two old ones continued for the second year. Five new Norwegian-Russian projects were launched, and several old ones continued. Sweden had still some project activity in NW Russia, but the main focus of Swedish collaboration was transferred to Belarus. Three Baltic projects continued under the EG. Several project ideas were discussed and were under consideration.

“FLAGSHIP PROJECT”

A so called “flagship project” was chosen for the EG in the Expert Group meeting in April. According to the meeting minutes “The meeting agreed that the project “Development of Low Threshold Support Centre in Murmansk Region” should be selected, since it focuses on the most difficult problem in the prevention of HIV in the region and in spite of practical and “political” problems is now being replicated in other cities and regions such as Kandalaksha (Kantalahti) and even in Leningrad Oblast there is interest to apply the same methodology.”

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

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

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

The following actions have been taken to implement the Action Plan for 2008:

3.1 Expert Group meetings. The eighth meeting of the Expert Group was held in Tallinn, Estonia, on 3-4 April, hosted by the National Institute for Health Development. Special theme of the meeting was HIV situation in Estonia, especially in the City of Narva where HIV prevalence among adult population (15-49 years) is close to 5%. The second meeting day was dedicated for a trip to Narva to get more concrete understanding of the situation and organisation of prevention activities there.

The second focus of the meeting was to get acquainted with international activities against tuberculosis in Northwest Russia implemented by FILHA (Finnish Lung Health Association), and especially with issues concerning HIV patients having TB.

To enhance collaboration with the Prison Health Group of the NDPHS, several members of the latter were invited to the meeting. Activities and the Thematic Report of the PH Group were presented in the meeting. There is a new combining link between the two groups, because the new ITA of PH Expert Group, Mr. Zaza Tsereteli, earlier worked for a long period in the HIV/AIDS group. (The meeting minutes are available in the address http://www.ndphs.org/?mtgs,hiv/aids_8_tallinn).

The ninth meeting was held in Oslo in September 30-October 1 hosted by the Norwegian ministry. It was a conference that also included a meeting of the chairs and ITA's and a common meeting with other expert groups of the NDPHS. In the EG meeting a new participant representing Belorussia was presented. The meeting reviewed the current status of HIV related issues in the partner countries, the current project activities and had discussions concerning the Baltic Sea Region strategy, development of the thematic report and several other issues. (The meeting minutes are available in the address http://www.ndphs.org/?mtgs,hiv/aids_9_oslo)

Seminar on Health of Indigenous and Remote Northern Communities

The ITA participated in the planning process of the PAC side event "Health of Indigenous and Remote Northern Communities" which was organised in Ottawa on 20-21 November. Two experts from the Steering Committee of the Barents HIV/AIDS Programme took part in the meeting - Minister of Health of the Republic of Komi and Chief Doctor of the Komi Republican AIDS Centre. The HIV situation in Komi was reported at the meeting, and the two experts participated in small-group discussions considering possible common acts to improve health situation of indigenous peoples.

3.2 Thematic Report "HIV and AIDS in the Baltic Sea Region and Northwest Russia" was prepared in the beginning of 2008. The epidemiological situation of HIV and AIDS in selected Northern Dimension countries, especially in the Baltic Sea Region and Northwest Russia, is described in the Report. It includes recommendations for actions in the field of surveillance, policy development, legislation, prevention, treatment, care and support. The report has two annexes: 1. Mother-to-child transmission of HIV and 2. Migration and HIV/AIDS in the Baltic Sea Region and NW Russia. The report is available in the NDPHS Database at: <http://www.ndphs.org/?database,view,paper,20>.

3.3 Coordinating activities. The Polish member represented the EG in the HIV "Think-Tank" organised by DG Sanco of CEC. A round table meeting as part of the Barents programme was organised in Oslo on 11 March with a specific theme on public

health training. The EG was represented by the ITA. The chairman participated in the meeting of the EG for Prison Health in May in Riga. The Russian member participated and gave several presentations at the Second Eastern Europe and Central Asia AIDS Conference in May in Moscow. Several members of the Group attended the XVII International AIDS Conference in August in Mexico City. The chairman participated in a meeting organised by the EU commission on Baltic Sea region strategy as a speaker.

3.4 HIV-Tuberculosis coinfections: Tb specialists from FILHA participated at the 8th and 9th Expert Group meetings, and it was decided to invite their representative also into future meetings. Tb is emerging as a very important health threat for people living with HIV and same risk factors promote both HIV and Tb infections. Furthermore, both infections need prolonged medical treatment where precise compliance is a prerequisite for success. The Chairman of the EG participated in a seminar on HIV-TB in St. Petersburg on the 10th-11th November as a plenary speaker.

3.5 Development and support of projects. The Barents HIV/AIDS Programme has continued and had new subprojects added during the year. This Programme is basically for NW Russia but parts of it have been used to enhance cross-border collaboration between Russia and the Baltic countries. Two Steering Committee meetings of the Barents Programme were organised, in 10-11 March in Oslo and in 16-17 October in Syktyvkar with a strong input from the Group. The Republic of Komi became an active member of the Programme, and started project development with Norway. Report for the first phase of the Programme during 2005-2007 was prepared and submitted to the Ministry of Social Affairs and Health, Finland, by EG ITA. Monitoring of the Barents HIV/AIDS Programme to get recommendations for the second phase (2008-2010) was started in May and was completed in October.

The project idea between sister-cities *Narva* (Estonia) and *Ivangorod* (Leningrad Region, Russia) was developed further in a joint *seminar* "HIV - Old Problems, New Challenges". The seminar was organised by the Estonian member of the EG in collaboration with the ITA in December 8-9, 2008. Participants were invited from Finland, Leningrad Region and Estonia; altogether 38 experts were present. Present situation of HIV epidemic in Leningrad Region and Estonia was presented, as well as specifics of the situation in Narva and Ivangorod. The prevention and treatment services available in both regions were described. It was agreed that a common project would be useful and that it will be further planned in a workshop to be organised in spring 2009.

A new project was started by STAKES in the Murmansk Region by title "Strengthening of Intersectoral Action to fight drug abuse and drug related harm in Murmansk Region 2008 - 2010" (see below in project examples). EG ITA participated in the planning process, and the new project will collaborate closely with the LTSC project in Murmansk.

FILHA has submitted a new project proposal on TB/HIV collaboration in Murmansk. The EG was contacted in the planning phase, and the project theme was regarded to be very important.

An interesting research project was started by Norway and Russia in the beginning of 2008. The project is called "The Governance of HIV/AIDS Prevention in North-West Russia". The Russian member and the EG ITA participate at the group of experts who act as advisors for the Project.

Another significant research project was planned by title "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI". The project aims at piloting a web-based EU-wide monitoring system to collect self-reported data from MSM on sexual risk behaviour, sexual health and information needs. The German member of the Group coordinates the research, and among participants are the Polish, Estonian, Lithuanian and Portuguese members of the EG. Russian participation is planned.

The AIDS Centre of the Republic of Karelia together with STAKES submitted a new project proposal into the NDPHS project pipeline. The name of the project is "Enhancing HIV/AIDS reporting in the Republic of Karelia through training of media professionals 2008-2009". Anyhow, it seems now that the plan has to be delayed because of the lack of human resources.

4. Other actions taken by the Expert Groups

4.1 Project-based activities. Examples

a) Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II

i) Project objectives were

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

The purpose of the project (the immediate objective) is the co-ordination of activities in the Northern Dimension and Barents regions to control HIV and AIDS and reduce harmful consequences.

Geographical area: Barents and Northern Dimension Partnership Regions.

ii) Project leader

STAKES, International Development Collaboration (Coordinator - EG ITA).

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland

iv) Project time frame

January 2008 – December 2010

v) Overall conclusions and recommendations for the future

The first phase of the Project was implemented during February 2005 – December 2007.

The first phase included three components:

1. Coordination of the Barents HIV/AIDS Programme.
2. Subproject "Development of low threshold services in Murmansk region" (see below).
3. Coordination of the HIV/AIDS EG of NDPHS.

Some *observations* based on the experience of the first phase:

- Local ownership of the project is the key issue for success;
- When the project initiative comes from the local partners, the sustainability is better;
- Local ownership needs to be developed from the planning phase;
- An agreement with the local authorities in the beginning of the project smoothens the way forward;

- Multisectoral collaboration is easier in smaller regions (e.g. Murmansk compared with St. Petersburg);
- Collaboration between several NW Russian regions brings added value. The representatives of different regions are very eager to learn from each other rather than from foreign partners;
- Sustainability issues have to be taken into account starting from the planning phase of a project. An exit strategy is needed already by launch of the project;
- It is important to be sensitive for cultural differences;
- Personal relationships are essential in collaboration;
- Knowledge of Russian language is necessary in the Project coordination office.

The Project included a subproject called "Further development of low threshold services in Murmansk and Kantalahti", which is described below.

b) Further development of low threshold services in Murmansk and Kantalahti

(Continuation and expansion of the earlier project "Development of Low Threshold Support Centre (LTSC) in Murmansk Region")

i) Project objectives and geographical area

Overall objective:

To stop and better control the spread of HIV in the Murmansk Region.

Purpose:

The capacity of Murmansk Region to provide and sustain services preventing HIV/AIDS among high-risk groups increased.

Geographical area: Murmansk Region (possible replication in other NDPHS regions).

ii) Project leader

STAKES, International Development Collaboration (Coordinator - EG ITA).

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland.

iv) Project time frame

January 2008 – December 2010.

v) Overall conclusions and recommendations for the future

Conclusions and recommendations from the earlier phase February 2005 – December 2007:

From partners in Murmansk:

- To ensure success, harm reduction projects working with drug addicts should employ institutions and professionals who have gained experiences of working with the target group;
- The inception period should focus more on raising awareness among regional and municipal authorities, law enforcement managers, mass media in order to get their support;
- A flexible funding system and simple reporting system facilitate purchases needed for project implementation.

From the evaluator:

- 1) "The work of the Doverie centre should continue and a similar arrangement introduced to other major cities in the region, first of all in Kantalahti.
- 2) A doorstep survey assessing the risk factors, infections and demographic features of the clients should be conducted and repeated at regular intervals. This could best be done as a research project with some academic institute.
- 3) Assessment of the future needs for personnel and other resources should be done based on the growth of the number of clients during the next year.
- 4) The current personnel needs continuous training in the field with links with similar activities in other countries and regions.
- 5) Links with Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) should be further developed. The Barents programme including the current project represents significant outputs among regional collaboration. Related projects could be linked and copied in other regions to the NDPHS to recruit wider basis for potential financiers or collaborators."

c) Expanding Network for Coordinated and Comprehensive actions on HIV/AIDS Prevention among IDUs and Bridging Population (ENCAP, Development of Low Threshold Centre activities in the region)

i) Project objectives and geographical area

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

Work packages:

- 1) Development of surveillance methods.
- 2) Development of clinical management.
- 3) Advocacy.
- 4) Networking.
- 5) Training.

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

ii) Project leader

Public Health Agency, Latvia (Coordinator - the Latvian EG member, Lithuanian and Estonian members as partners).

iii) Main project donor(s)

EC SANCO, participating countries.

iv) Project time frame

July 2006 - July 2009.

d) Strengthening of Intersectoral Action to fight drug abuse and drug-related harm in Murmansk Region 2008 - 2009

i) Project objectives

Overall objectives:

Reduction of drug use and drug related harm in Murmansk Region.

Development of successful partnership models to fight drug abuse and drug related harm.

Purpose:

To identify and assess local and international good practices of successful partnership

models to fight drug abuse and drug-related harm and give recommendations on the topic in Murmansk region.

ii) Project leader

STAKES, International Development Collaboration

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland (*through NDPHS project pipeline*)

iv) Project time frame

April 2008 - November 2009

v) Overall conclusions and recommendations for the future

Project was started in April 2008. Expected results are:

- 1) Relevant stakeholders identified and working groups formed
- 2) Experiences from previous and ongoing projects in Northwest Russia collected and assessed
- 3) International experiences of successful partnership models collected and assessed
- 4) Good practices to combat drug use and drug related harm identified and recommendations made for Murmansk Region.

e) Psychological and social support to HIV infected women in Leningrad Oblast

i) Project objectives

Overall objectives:

Reduction of stigma of HIV positive people, especially pregnant women and their children

Social and psychological adaptation of HIV+ women and their families

Reduction of mother-to-child transmission of HIV

Reduction of abandonment of children

Purpose:

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

ii) Project leader

STAKES, International Development Collaboration.

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland.

iv) Project time frame

2007–2009.

v) Overall conclusions and recommendations for the future

Project was started in April 2007. Expected results are:

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

f) Prevention of HIV infection in the Republic of Karelia

i) Project objectives and geographical area;

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

ii) Project leader

STAKES, International Development Collaboration.

iii) Main project donor(s)

Ministry for Foreign Affairs, Finland.

iv) Project time frame

2007–2009.

v) Overall conclusions and recommendations for the future

Project was started in April 2007. Expected results are:

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

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

5. Strengths and opportunities

The strength of the EG was the involvement of high level experts representing the Partners. Their position allowed open discussion about key issues of prevention policies and the process that enhanced regional collaboration and harmonisation far beyond the practical projects that have been implemented. It also provided an important forum for mutual information concerning trends and phenomena not yet published elsewhere.

6. Obstacles and weaknesses

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

7. Conclusions and recommendations

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

the Group.

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

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

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

Projects under implementation in 2008

FINNISH-RUSSIAN PROJECTS

1. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions. Phase II." (2008-2010) Coordination: STAKES, Finland and Murmansk Regional Health Committee. Approximate budget EUR 600,000 (3 years). Financier: Finland.
2. "Further development of low threshold services in Murmansk and Kantalahti" (2008-2010). Continuation of the Pilot project of the above mentioned programme. Coordination: STAKES (Finland) and Murmansk Regional AIDS Centre. Approximate budget EUR 300,000 (3 years). Financier: Finland.
3. "Strengthening of inter-sectoral action to fight drug abuse and drug related harm in Murmansk Region 2008–2010". Coordination: STAKES, Finland and Anti-Drug Commission of the Murmansk Region. Approximate budget EUR 300,000. Financier: Finland through NDPHS project pipeline.
4. "Prevention of HIV infection in the Republic of Karelia in 2007–2009". Coordination: STAKES, Finland and Republican AIDS Centre of Karelia. Approximate budget EUR 300,000 (3 years). Financier: Finland.
5. "Psychological and social support to HIV infected women in Leningrad Oblast 2007–2009". Coordination: STAKES, Finland and Leningrad Oblast AIDS Centre. Approximate budget EUR 300,000 (3 years). Financier: Finland.

NORWEGIAN-RUSSIAN PROJECTS

6. "Cross action between STI Clinic in Archangelsk and Olafia Clinic in Oslo". Coordination: Norway. Approximate budget: NOK 279,000. Financier: Norway (B504).
7. "Only for you", the ConTact Bus- Murmansk Region. Coordination: Norway and Murmansk Regional AIDS Centre. Approximate budget USD 34,700 (B606) (Grant given in 2006).
8. Youth education Program - HIV/AIDS and Drug Abuse - Murmansk region". Coordination: Norway. Approximate budget - NOK 549,779.
9. The Clinton HIV/AIDS initiative and Russia. Exchange of Russian and Norwegian clinicians". Coordination: Norway. Approximate budget - NOK 460,000.
10. Education program for pedagogical personal and health specialists in the field of "Healthy lifestyle" and prevention of HIV/AIDS and drug addiction (B705). Coordination: Norwegian Church Aid. Approximate budget NOK 257,000. Financier: Norway. (Grant given in 2007, no grant received in 2008),
11. Youth peer education in Murmansk related to HIV, STI and communication skills (B710). Coordination: Pertinax Group, Norway, partner Murmansk Regional AIDS Centre. Approximate budget NOK 90,000. Financier: Norway. (Grant given in 2007, no grant received in 2008).
12. "Love your neighbour", Archangelsk Region. Coordination: Norwegian Church Aid and NGO Rassvet. Approximate budget NOK 330,000. Financier: Norway (B714; Grant given in 2007, no grant received in 2008).
13. Assistance in development of palliative aid in Archangelsk Region. Coordination:

- Norwegian Church Aid and NGO Rassvet. Approximate budget NOK 214,000. Financier: Norway. (B507; Grant given in 2007, no grant received in 2008).
14. Hospital and home-based palliative care to people living with HIV/AIDS in St. Petersburg" Coordination: Norwegian Church Aid and Association "Christian Interchurch Diaconal Council (St. Petersburg). Approximate budget NOK 935,000 (B608; NOK 350,000 granted in 2008).
 15. Vera". Development of international network of interaction between organisations dealing with women and adolescents, involved in commercial sex business and trafficking victims. Coordination: NGO Stellit, Russia (Pro Sentret, Norway). Approximate budget: NOK 549,000. Financier: Norway. (B803).
 16. "HIV: to be aware means to live". Coordination: Norwegian Church Aid, partner: Rassvet, Archangelsk Region. Approximate budget NOK 250,000. Financier: Norway. (B805).
 17. Youth peer education in Archangelsk related to HIV, STI and communication skills. Coordination: Pertinax Group, Norway, three partners in Archangelsk Region. Financier: Norway (B808; NOK 207,000 granted in 2008).
 18. Research project "The Governance of HIV/AIDS Prevention in North-West Russia". Coordination: Norwegian Institute for Urban and Regional Research, Norway. Approximate budget: EUR 622,500. Financier: Research Council of Norway. Training and dissemination component of the project is financed by the Finnish Ministry for Foreign Affairs through NDPHS project pipeline.
 19. Educational project a New View in the sphere of the HIV/AIDS and drug addiction prevention, organization of voluntary group for the specialists, working with teenagers and young people, students of higher and special educational institutions. Coordination: Norwegian Sami Mission, partner "New Beginning", Murmansk Region. (Project B816; granted NOK 250,000 in 2008).
 20. Empowerment of self-help groups in St. Petersburg working for the interest of HIV+ people and being run by HIV+ people themselves. Follow-up project 2008. Coordination: HivNorge, partner NGO "Society for people living with HIV and aids", St. Petersburg. (Not granted support, but a downscaled project will be done based on remaining grants from 2007.)

SWEDISH-RUSSIAN PROJECTS

21. "HIV/STI and Drug preventive efforts in Murmansk, Archangelsk and Karelia". Coordination: Sweden - Noaks Ark Barents. Approximate budget – SEK 980,000.
22. Quality assurance and synchronization of the STI/HIV control and prevention in Russia. Coordination: Uppsala University, Sweden; Central Research Institute for Skin and Venereal Diseases, Russia. Project region: Leningrad Oblast, Russia.

BALTIC PROJECTS

23. "Scaling up treatment and care for HIV/AIDS and TB and accelerating prevention within the health system in the Baltic States" - WHO/EURO. Approximate budget: EUR 15,000 + annual additions.
24. Expanding Network for Coordinated and Comprehensive actions on HIV/AIDS Prevention among IDUs and Bridging Population (ENCAP, Development of Low-Threshold-Center activities in the region). Coordination: Latvia. Approximate budget EUR 1.3 million. Financiers: EU, National governments.
25. HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania. Coordination: UNODC. Approximate budget USD 5,000,000. Financier: UNODC.

OTHER PROJECTS

26. "European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and

STI". Start in 2009, duration 30 months. Coordination Robert Koch Institut, Germany. Partners in 20 countries, including Poland, Estonia, Lithuania and Portugal. Approximate budget EUR 1.2 million. Financier EU and others.

Projects under consideration (as of late 2008)

1. Summing up Pertinax Group project work in St. Petersburg 2001-2008 in the areas of youth peer education and support of self help groups in the HIV and AIDS area. Coordination: Ragnar Naess (No grant in 2008).
2. Self-help group for street prostitutes in the prospect Veteranov area in the Kirov raion in St. Petersburg. Coordination: Pertinax Group, partner NGO "Zdorovje" (No grant in 2008).
3. "Prevention of HIV infection among young people through advocacy, support, development of policies and actions in Murmansk region". Coordination: Norway. Project proposal. (No grant in 2008).
4. DanChurchAid "Prevention and Management of HIV/AIDS and Opportunistic Infections in North-West Russia". Project proposal. Partially financed. Financiers: Danish sources, applied from Norway (for the component of capacity building) and Finland (for the component of prevention activities).
5. Strengthening and integrating intersectoral HIV prevention efforts in Central Europe. Coordination: Poland. Project proposal.
6. "Enhancing HIV/AIDS reporting in the Republic of Karelia through training of media professionals 2008-2009: Towards a media response to HIV/AIDS". Project proposal. Applied from Finland (proposal withdrawn for the time being).
7. TB/HIV collaboration in Murmansk. Project proposal by FILHA. Applied from Finland.
8. Narva-Ivangorod - prevention of HIV among drug users. Project idea. Waiting for further development.
9. Development of low threshold services in Leningrad Oblast. Project idea. Waiting for further development.

List of completed projects

1. "Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Partnership Programme Regions in 2005-2007" Coordination of the Barents HIV/AIDS Programme and support to EG on HIV/AIDS for the ND partnership. Coordination: STAKES, Finland. Approximate budget EUR 715,000 (3 years). Financier: Finnish Government.
2. Development of Low Threshold Support Centre in Murmansk region". Pilot project of the above mentioned programme. Coordination: STAKES, Finland. Budget EUR 247,905. Financier: Finland.
3. "Workshop of workers in LTC sites for IDUs". Coordination: National Public Health Institute, Finland. Approximate budget EUR 20,000. Financier: Finland.
4. "AIDS Alarm in North-West Russia". Coordination: Norway. Approximate budget NOK 151,000. Financier: Norway.
5. "Sexual and reproductive Health of Adolescents in Northwestern Russia" Coordination: Sweden, RFSU. Approximate budget SEK 16,091,000 (1997-2007).
6. "Activate patients at Murmansk Municipal HIV/AIDS Centre". Coordination: Norway and Murmansk AIDS Centre. Approximate budget NOK 16,000. Financier: Norway
7. "Youth peer education in St. Petersburg on HIV/STI and life style". Continuation of project B524. Coordination: Pertinax Group, Norway. Approximate budget: NOK 47,000. Financier: Norway
8. "Empowerment of Self-help groups in St. Petersburg. Creation of a forum for self-help organizations for HIV+ in St. Petersburg" (No B527). Coordination: HivNorge,

- Norway. Approximate budget NOK 733,000. Financier: Norway.
9. "The Bus" for Republican AIDS Centre, Petrozavodsk. Approximate budget NOK 250,000. Financier: Norway (Humanitarian Fund of Crown Prince Haakon and Crown Princess Mette-Marit).
 10. "The ConTact Bus – Arkhangelsk Region". Coordination: Norway. Approximate Budget: NOK 280,000 (Continues with financing by the Arkhangelsk Region)
 11. "Territory of Life. Mobile unit work for prevention of HIV in Murmansk Region" Coordination: Norwegian Institute of Public Health. Approximate budget NOK 270,000. Financier: Norway.

PHC Expert Group Progress report for 2008

1. Expert group leadership and coordination

1.1 Lead partner and Co-Lead Partner

*Lead partner: Sweden
Co-lead partner: Poland
Chairman*

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1.2 International Technical Advisor and Task Managers

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1.3 Financial resources for leadership

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

PHC EG 5th meeting in Vilnius have been hosted and funded by Lithuanian MoH and PHC 6th meeting in Oslo were funded by Norwegian Ministry of Health and Care Services. Participation of Belarus expert in Oslo meeting was funded by SEEC. Expenses for participation of other experts in EG meetings were covered by their respective Ministries.

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group

The expert group has had two meetings, in Vilnius, on 22 May, and in Oslo, 30 September – 1 October 2008.

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2.2 Participation of Partners in EG project-based activities

Throughout 2008 the Primary Health Care Expert Group was participating in and contributing to the NDPHS Database Project.

Further, during the meeting in Stockholm, October 2007, the group has set priorities for the development of thematic reports about PHC situation in the Northern Dimension countries. Therefore, no activities in 3rd working area (Support to planning, implementation and monitoring projects) have been performed until 5th PHC EG meeting. During the 5th Meeting of the PHC EG (May 22, 2008, Vilnius, Lithuania) and the Seminar on PHC in the Northern Dimension Countries (May 23, 2008, Vilnius) the thematic report on PHC situation in ND countries, developed by PHC EG, was presented. These two meetings discussed priority gaps in PHC development including recommendations for future project based activities. Seminar on PHC situation in ND region also served as good opportunity to involve relevant stakeholders in these discussions. As a result of the discussions priority was given to the following thematic focus: "Equitable distribution of PHC staff and resources in all ND Countries: Defining the mechanisms for promoting an equitably distributed primary care system including rural and urban settings". During the 5th meeting of PHC EG, with the help of Mr. Carsten Beyer, invited expert in the field of project developments (representing the agency Sustainable Projects, Germany), the possibilities of getting funding for further action by developing a project proposal to be submitted to the Baltic Sea Region Programme were explored. Swedish East Europe Committee (SEEC) acting as potential lead partner of the project has contracted consulting agency "Sustainable Projects" with Mr. Bayer to prepare a project application. Members of the Expert Group were asked to discuss this document and to consider what activities in the frame of such a project their respective countries would be interested in and what institutions would agree to be partners of such a project.

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

At PHC EG 4th meeting in Stockholm in September 2007 the Expert Group elaborated a work plan for 2008. The plan covers four working areas:

Working Area 1: Framework for the PHC EG functions.

Working Area 2: Production of thematic reports and situations analyses.

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

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

The work plan is a strategy aiming at contributing to improved public health for all groups of the whole population through:

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

- Evidence-based diagnostics and treatment of and rehabilitation after diseases and injuries.

In order to reach these objectives the following activities have been implemented in year 2008:

Working Area 1: Framework for the PHC EG functions

- Chair and ITA of PHC EG have participated in Chair-ITA 6th meeting in Brussels March 12 – 13;
- PHC EG Chair and ITA of PHC EG have participated in the 13th CSR meeting in Brussels, April 21st – 23rd;
- PHC 5th meeting in Vilnius, May 22nd, participated experts from Estonia, Finland, Latvia, Lithuania, Poland, Russia, Sweden;
- Seminar “PHC in Northern Dimension Countries” in Vilnius, May 23rd;
- ITA of PHC EG have participated in CSR 14th meeting in Bad Neuenahr, Germany, September 23 -24th;
- PHC EG Vice-chair and ITA have participated in Chair ITA 7th meeting in Oslo;
- PHC 6th meeting in Oslo, Sept. 30th – Oct 1st;
- Chair of PHC EG have participated in PAC meeting in Ottawa, Canada.

Working Area 2: Production of thematic reports and situations analyses

Expert Group in the PHC 4th meeting in Stockholm decided to give priority to the production of thematic reports including situation analysis for dissemination and policy analysis and reports in the following fields:

- Collecting and aggregating information from PHC, including information sharing about remuneration systems and their implications;
- Role of PHC in health promotion and disease prevention;
- Implications of demographic changes for PHC.

The development of the Report on Primary Health Care situation in Northern Dimension Countries has been the main activity of the PHC EG after PHC 4th Meeting in Stockholm. The PHC EG ITA (Dr. Arnoldas Jurgutis) and Task Managers (Dr. Valentin Rusovich and Mikhail Dotsenko) were involved in the development of the report. The report on the role of PHC in Health Promotion and Disease Prevention., as it was agreed to in the Stockholm meeting, was under responsibility and coordination of the Task Manager Mrs. Mary Collins. Due to changes of her employment position in Canada, she stopped her activities as Task Manager, therefore elaboration of this thematic report has been postponed.

During the seminar organized by Swedish MoH, Lithuanian MoH and WHO in Vilnius, on 23 May, conclusions and recommendations of the Thematic Report on Primary Health Care Situation in Northern Dimension Countries have been discussed with representatives from national and regional health care authorities. As the result of the seminar it has been agreed with relevant stakeholders, that, priority problems and gaps of the Primary Health Care in the region and PHC EG have initiated and started to plan project based activities.

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

After the finalization of the thematic report and discussions between PHC EG members and various stakeholders (Seminar in Vilnius, May 23, PHC EG meeting May 22) it was decided to explore the possibility of getting access to funding for further action in Primary

Health Care in the ND region by developing a project proposal to be submitted to the Baltic Sea Region Programme 2007-2013. During the 5th Meeting of the PHC EG (22 May 2008, Vilnius, Lithuania) the members gave priority to the following thematic focus of the project: "Equitable distribution of PHC personal and resources in all ND Countries: Defining the mechanisms for promoting an equitably distributed qualified primary health care system". Until the end of the year a draft of the project proposal had been developed, involving 15 partner organizations, representing eight countries of the ND Partnership.

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

None

5. Strengths and opportunities

The seminar "Primary Health Care in Northern Dimension Countries" was a starting point for a new focus of the Expert Group's main future activities. In order to address prioritized gaps in primary health care in the ND Region it was decided to start project based activities.

As the result of PHC EG seminar and the developed thematic report on the PHC EG activities it became more visible and raised by PHC EG which priority problems and gaps have been discussed with relevant stakeholders. Joint actions in development of project application to BSR Programme have been started with the objective to improve public health by counteracting communicable diseases and targeting health problems related to social factors.

Expert from Belarus nominated by MoH, PHC EG have jointed the PHC EG.

6. Obstacles and weaknesses

In order to be as effective as possible, the group would benefit from the participation of all NDPHS Partners. It is also important that all appointed members of the group have full support from their governments and organizations. Expert Group would also benefit if countries nominate primary health care and health systems experts, who could provide continuous contribution to EG activities, not limited with episodic attendance of single PHC EG meeting.

7. Conclusions and recommendations

7.1. The Expert Group could take a more active role in apprising project applications when applied through the NDPHS Project Pipeline. Also, the PHC EG could be more active in monitoring and evaluating the results of projects and activities implemented under the Partnership initiative, in order to ensure that the donor financing be allocated in a way that achieves maximum results.

7.2. As agreed during the PHC EG 6th meeting it is recommended to revise the ToR of PHC EG, so that the role and priority activities of PHC EG would be adopted.

7.3. It was recommended to include discussions on one selected actual PHC issue during every PHC EG meeting, so that results of the discussions and further developed reports could facilitate implementation of appropriate strategies leading to strengthening of the

primary health care in the ND Region.

7.4. Thematic reports should remain important area of work of the PHC EG.

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

7.6. Partners who do not take part in the work of the Expert Group should be encouraged to participate on a continuous basis.

PH Expert Group Progress report for 2008¹

1. Expert group leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Norway is the Lead Partner of the PH EG.

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So far, no Vice-chair and no Co-lead partner have been elected.

1.2 International Technical Advisor (from 17. March 2008)

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1.3 Financial resources

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

¹ In addition to this progress report, the PH EG has produced background document, which provides additional information on the prison health situation in NDPHS Partner countries, available at www.ndphs.org/?doc.Background-PHEG_Progress_report_2008.pdf

2. Partner participation in Expert Group activities

2.1 Participation of Partners in meetings of the Expert Group

During the reporting period two meetings of the Expert Group were held, in Riga, on 29-30 May, and in Oslo, on 30 September – 1 October. The participation at the two meetings of the Group has been as follows:

29-30 May: Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, Sweden, WHO, UNODC

30 September – 1 October: Belarus, Canada, Estonia, Finland, Germany, Norway, Poland, Sweden, LHL (Norway).

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2.2 Participation of Partners in EG project-based activities

Throughout 2008 the Prison Health Expert Group was participating in and contributing to the NDPHS Database Project. Within this project it has developed and published a thematic report on "Women's health in prison."

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

Following the responsibilities of the PH EG's Work Plan, the following activities have taken place during the reporting year (in a chronological order):

The PH EG has met two times: in Riga (May 29-30, 2008) and in Oslo (September 30 – October 1, 2008).

In January, the Chair had several meetings with a senior advisor of the Ministry of Health and Care Services in Norway in order to discuss the employment of an ITA, preparation of forthcoming meetings, and the progress in the development of the PH Expert Group thematic report.

In February, the Chair met the same senior advisor regularly. The Chair organized two meetings with the Editorial group (see below) over 4 days together. The Chair had also a meeting with the Prison director of the biggest female prison in Norway in order to discuss health care services for women.

In March, the PH EG published a Thematic Report on Women's Health in Prison. Three persons, Ms. Ingrid Lycke Ellingsen, Ms. Elo Kocys and Ms. Maxi Nachtigall had already at the end of 2007 formed an Editorial Expert Group, which had worked continually with the preparation of the thematic report. A questionnaire had been disseminated and responded to by the members of the PH EG of each NDPHS member country. In addition to that, the Editorial Group members had undertaken desktop research and studied publications available on the Internet, in libraries and in archives. Additional input was given by some members of the Expert Group based on their experiences with working with women in prison and/or their own studies.

The Chair participated in a joint meeting of NDPHS Expert Group Chairs and ITAs, which took place in Brussels, on March 13th, 2008. The issues and ways related to improvement of collaboration between the different EG's, were discussed during the meeting.

In April, the Chair, the ITA and the Finnish member of the PH EG (Ms. Rauni Ruohonen) participated in the working meeting of HIV/AIDS EG, which took place in Tallinn, Estonia on April 3-4. The Chair presented the thematic report on "Women's health in prison", and the

ITA made a presentation on “HIV prevention within the Prison settings”. The Finnish member, Ms. Rauni Ruohonen, informed about the activities of the Finnish Lung Health Association related to Tb-prevention and control in collaborative projects covering NW Russia and the Baltic Countries. The ways of possible collaboration between those two EG’s, were also discussed during the meeting.

The ITA of the PH EG and the Chair of the CSR (Ms. Toril Roscher-Nielsen), a senior advisor of the Norwegian Ministry of Health and Care Services (Mr. Jorgen Kaurin) and the NDPHS Secretariat senior advisor (Mr. Bernd Treichel) participated in a meeting with the Ministry of Health of Estonia. During the meeting issues related to Estonian participation in NDPHS activities and future collaboration were discussed.

The Chair and the ITA participated in the 13th Meeting of the NDPHS Committee of Senior Representatives, in Brussels on April 21-22. The Chair presented a PowerPoint on the general situation in prisons, and the ITA presented the objectives of future work of the PH EG.

The ITA, together with the Estonian representative of EG, Ms. Kristel Jurgens, participated in a workshop organized by UNODC office in Baltic, on 30 April. The workshop for Prison and police authorities was dedicated to the Evaluation for National Response to HIV/AIDS in prison settings in Estonia.

In May, the PH EG in cooperation with the Latvian Ministry of Justice organized a seminar for the Latvian Prison health authorities, on issues related to HIV and Tb control within the prison settings. The seminar took place on May 30th, at Olaine Prison Hospital, during the EG working meeting in Riga. During the seminar, the PH EG members from WHO (Mr. Lars Moller), Finland (Ms. Rauni Ruohonen) and Sweden (Mr. Anders Nystedt) made presentations on those issues for personnel working in the medical centers of the prison system of Latvia.

The National Project Officer from UNODC office in the Baltic’s (Ms. Sintija Smite) was invited to the meeting in Riga and presented an UNODC Project “HIV/AIDS prevention and care among injecting drug users in prison settings in Lithuania, Latvia and Estonia”.

Ms. Kristina Kipena from the Ministry of Justice of Latvia was invited to the meeting and informed about the “Latvian National HIV/AIDS Program for 2008-2012”.

The ITA participated in the PHC EG meeting, which took place in Vilnius, Lithuania, on May 22. He also participated in the seminar on Primary Health Care (PHC) development in the Northern Dimension countries. The seminar was jointly organized by the Lithuanian Ministry of Health, the Swedish Ministry of Health and Social Affairs, in its capacity as the Lead Partner of the NDPHS Primary Health Care Expert Group, and the WHO Regional Office for Europe, and was held in Vilnius, Lithuania, on 23 May.

In June, the ITA took part in an Ad-hoc meeting of EG’s Chairs and ITAs, which took place at STAKES, Helsinki, on 2nd of June. The main issue of the meeting was to discuss the format and topic for the joint meeting for the Expert Groups of NDPHS, which was planned for 29 September to 1 October, in Oslo, Norway.

The Chair participated in a Round Table conference together with experts on women's health and prisons, which took place on 25-26 June, in London, United Kingdom. The meeting discussed a draft background paper on Prisons and Women’s health and a draft agreement of a WHO Conference Declaration on the topic. The HIPP Annual Conference “Prisons and Women’s Health” and Network Meeting 2008, took place in Kiev, Ukraine, 12-15 November. The London meeting was hosted by the HIPP Collaborating Center,

Department of Health of London and co-sponsored by the Quaker Council for European Affairs, Brussels.

Ms. Rauni Ruohonen participated in the Conference "Wolfheze 2008": Tuberculosis Management, surveillance and evaluation in Europe. This conference took place on 31 May - 4 June in The Hague, Netherlands.

In July, the ITA visited Belarus in order to discuss the possible participation of representatives from Belarus in the work of the EG. Meetings were held with the Deputy Minister of Interior Affairs of Belarus, Head of the Health Department of Prison system and representatives of NGO working in the prisons in Belarus. Belarus officials have expressed their interest on issues related to prison health and agreed to participate in the work of PH EG. It was decided to participate in the Oslo meeting of the PH EG and discuss possible project proposals to be implemented within the Prison system in Belarus.

In September, the ITA met with the Head of The East European Committee in Sweden (SEEC), in order to discuss possible cooperation and activities in Belarus.

The ITA participated in the **Project Idea Café** on 18 September, which took place in Kaunas during the XVI BSSSC Annual Conference. During this event he presented the project proposal "**HIV/AIDS and Tb prevention, treatment and care for female prisoners (including injecting drug users) within ND area**". A possible project will cover 5 member countries – Lithuania, Latvia, Estonia, Poland and Belarus, and be prepared by the PH EG in collaboration with the HIV/AIDS and PHC EG's.

Ms. Kristel Jurgens and Ms. Birute Semenaite attended the 1st Training Academy of the CONNECTION project, which took place at the University of Kent. Training was focused on models and practices of drug treatment in prison and in the criminal justice system.

The Chair and the ITA participated in the 14th meeting of the NDPHS Committee of Senior Representatives. The meeting took place in Bad Neuenahr, Germany, on 23-24 September. During the meeting the CSR members were updated on progress made by the EG and the future action plan was presented.

The Chair together with the ITA participated in the 7th meeting of The Chairs and ITAs of the NDPHS. The meeting took place in Oslo, on September 29th. Among the many issues discussed during the meeting was preparation of a joint meeting of all EG's of the NDPHS, and ways of improvement of collaboration among the different EG's.

Ms. Torun Hasler from The Norwegian Heart and Lung Patient Organisation (LHL) presented the result of an ongoing project on strengthening the Tuberculosis Control Programme in Arkhangelsk Region (NW Russia). This project is jointly implemented by the Health administration, the Northern Medical University and the prison sector in Arkhangelsk oblast (region) in Northwest Russia and the Norwegian Heart-and Lung Patients Organisation (LHL) and the Norwegian Institute of Public Health (NIPH).

In October, Ms. Rauni Ruohonen participated in the 39th World Conference on Lung Health of the International Union Against Tuberculosis and Lung Disease (The Union). The conference was held in Paris, France on 16 - 20 October.

The ITA participated in the Joint Symposium "Violence causes illness - challenges to the European health care system". The event took place in Bonn on 30-31 October and was organized by the German Federal Ministry of Health, the WHO Regional Office for Europe and the German Medical Association. During the symposium Mr. Zaza Tsereteli gave a short presentation on Violence against women in prison.

In November, several members of the PH EG participated in the conference and meeting of the WHO European Network for Prison and Health. The meeting was held in Kiev, Ukraine on November 12-15. The topic of the conference was "Prisons and women's health."

The Chair and the ITA took part in the Partnership Annual Conference (PAC) of the NDPHS hosted by Health Canada, on November 19-21. Health Canada in collaboration with the Correctional Service Canada (CSC) organized a side-meeting concerning prison health issues. This side-meeting consisted of a site visit to Kingston Penitentiary, led by Ms. Ann-Marie Hume, Director General, Public Health, Correctional Service in Canada, in order to view Canada's prison system first hand. Health Canada also organized meetings between officials of CSC and NDPHS to discuss issues of mutual interest in the area of prison health.

On November 26-28, the ITA participated in the Baltic Sea Region Programme Conference, which took place in Tallinn. The main goal of the Conference was focused on the new concept of the "EU Strategy for the Baltic Sea region" prepared by the European Parliament and the European Commission. Achievements of projects part-financed by the Baltic Sea Region INTERREG III B Programme 2000 – 2006, and the start-up of the Baltic Sea Region Programme 2007-2013 were also presented and discussed during the conference. The main aim of the ITA participation in this conference was to take part in an information seminar and in individual project consultations on 27-28 November for the Lead Applicants and project promoters intending to apply for the 2nd call for project applications.

During the reporting period the Chair and the ITA had several meetings both separately, and together with the Ministry of Justice in Norway, the Ministry of Health and Care Services, and with the Directorate of Health and Social Affairs, in order to discuss possibilities for project planning in North West Russia. A meeting with the Norwegian Public Health Institute and the Norwegian Lung Association was held to discuss the situation of transmissible diseases in prisons and other prison-related issues, especially in the Arkhangels/Murmansk region.

Intensive work has also been undertaken in order to establish, broaden and engage more extensively a network of partners including Prison authorities from Germany, Canada, Belarus, United Nations organizations and Non-Governmental organizations (NGOs) working in the field of prison health. Because of this networking, representative of all the above countries and organizations have participated in the working meetings of the PH EG.

During the meeting in Riga and in several individual meetings with representatives of different Ministries of Justice undertaken by the Chair and the ITA discussions revolved around a number of themes related to prison health. One of the main topics was related to a possible national strategy on prison health. Even if the themes and strategies turned out to differ slightly among the Partner Countries, a number of common objectives were highlighted, and it was decided to develop a common NDPHS strategy for Prison Health. The ITA has drafted a first version of the strategy, which is now under discussion within the Partner countries.

Based on discussions within the group and with the representatives of the Ministries of Justice of the Partner countries, the PH EG developed a project proposal on HIV/AIDS prevention among female prisoners. This project is currently under finalization and it is planned that it would be submitted for financial support to the Baltic Sea Region Programme 2007-2013. It is foreseen that a possible project will cover Estonia, Lithuania, Latvia, Poland and Belorussia, in addition to other member countries of NDPHS. The proposal has been developed in close collaboration with the HIV/AIDS EG. It has also been

shared with the PHC EG, in order to discuss a possible involvement and participation in the project.

The PH EG has participated in preparation of NDPHS fact sheets (both the English and the Russian version) on Prison Health Expert Group and the Thematic report on Female Prisoners. Those fact sheets were the part of a folder, which NDPHS had submitted, *inter alia*, to the 7th Summit of the Heads of Governments of the Baltic Sea States, in Riga, Latvia.

4. Other actions taken by the Expert Group

4.1 Project-based activities

As previously mentioned, the PH EG has not completed any of its own projects, except for the thematic report, and is currently not running any. The individual members of the Expert Group are however active in research or other project-based activities on a local or national level.

4.2 Non-project based activities

The ITA has visited four prisons in the NDPHS region: Tartu and Mardu prison for women in Estonia, and Warsaw and Lublin Prisons in Poland. The ITA had interesting discussions with the leadership and the staff, and exchanged views concerning the medical service offered to female prisoners and drug users. The PH EG has visited a prison in Latvia. The Chair has visited a female prison in London (Holloway) together with members of WHO.

Members of the Expert group from the different countries are actively involved in many projects and programmes currently carried out in their respective countries and internationally. For example Lithuanian and Estonian members of the Expert Group are members of a working group for project on “Scaling up Treatment and Care for HIV/AIDS and Tb and Accelerating Prevention within the Health System in the Baltic States (Estonia, Latvia, Lithuania)” and “HIV/AIDS Prevention and Care among Injecting Drug Users and in Prison Settings in Estonia, Latvia and Lithuania”. The Lithuanian member is also the country’s contact person for the programme CONNECTIONS and assistant to the country coordinator for Health in Prison Project.

The Swedish member of the EG is also a representative of the Arctic Council International Circumpolar Surveillance (ICS) working group: “Prevention and Control of Emerging Infectious Diseases in the Arctic.”

The Chair, the ITA and the WHO representative of the EG have regularly provided the Partnership’s website/database with information and publications related to International Prison health.

5. Strengths and opportunities

Currently representatives of nine countries are represented at the EG on PH. The experts in the group represent a good mix of decision makers from the Ministries of Justice and the Ministries of Internal Affairs (Latvia, Lithuania, Estonia, Belarus and Canada), and health personnel working in the prison settings (Poland, Sweden, Norway, Germany). Taken into account the importance of Tb within the prisons, the Group had a member from a NGO working in this field (The Finnish Lung Association). A close working collaboration was established with the WHO HIPP (the manager of that project is an active member of the EG) and with the Correctional Service in Canada (CSC).

Each member brings a government-level commitment to exchange experiences and to

produce best-practice advice. The EG working meetings provided opportunities for countries to compare their approach with what works best elsewhere. The EG tried to draw attention to the experiences of the member states where there was a close collaboration between prison health and the public health (Norway, Sweden, Finland) and make it known wider.

The EG enjoyed close co-operation with the Lead Partner, other Expert Groups and the Secretariat. This mixture of Policy makers, practical workers, NGOs, and UN Organization representatives, in addition to the knowledge and experience of the Group members, gives a good base for establishment of strong partnership within the Prison Health under NDPHS.

6. Obstacles and weaknesses

One major problem in the work of the EG has been the absence of representatives from the Russian Federation. Unfortunately, the Russian member of the CSR is represented by the Ministry of Health and Social Well being. However, the Prison Health is under the authority of the Ministry of Justice, and collaboration between above mentioned two Ministries is not very close. As a result, the dialogue between the two Ministries to nominate a Russian representative to the Group has not been very successful. Some direct contacts and meetings with the representatives of the Russian Ministry of Justice are needed in order to solve the problem.

Another weakness in the work of the EG, has been the fact that the membership of several experts in the Group has not yet been formalized, and their participation was based on the commitment of these individuals to represent their country in the Group instead of having been formally nominated. That led sometimes to frequent changes of members and difficulties to follow up on discussions or activities started with the previous representative from the respective country. In the case of Lithuania, it also resulted in difficulties to get financial support for participation of the Lithuanian member at the EG meetings. In addition to that, absence of the Ministry of Justice' representatives within the members of CSR makes it sometimes a bit difficult to bring prison health issues for a discussion on a high political level.

7. Conclusions and recommendations

The discussions during the PH EG meetings took a careful look on what has been achieved, and what has still to be done, and how some of the difficult persistent barriers to a positive development could be overcome. Most countries have not yet thought through their policies in relation to drug use and abuse. HIV and Tb remain as a major problem within the prison settings. While working on the thematic report it became evident that due to the fact that prison systems have been primarily designed for men, who make up over 95% of most national prison populations, women's health needs are often not addressed by prison policies and procedures. The Partner Country representatives have agreed on the need for an authoritative guidance on these issues. This will be summarized in the Strategy on Prison Health for NDPHS, which will be produced by the EG.

We hope that the Ministries of Justice in the NDPHS countries would like to be better informed about the work of the PH EG, and also assist the Group in the establishment of contacts with the Russian Ministry of Justice. Their invitation as a guest to the CSR or PAC meetings will be helpful in this regard. Official nomination of country representatives to the EG, can also be recommended in order to avoid frequent changes in the Group and ensuring stability and consistency in its work.

SIHLWA Expert Group Progress report for 2008

1. Expert group leadership and coordination

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

SIHLWA's Lead Partner:

Ministry of Social Affairs & Health
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Focal point (1 January – 31 July 2008):
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Focal point 1 August – 31 December 2007):
Liisa Ollila, Ministerial Adviser
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SIHLWA's Co-Lead Partner:

Ministry of Health/ Lithuania
Focal point:
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Ministry of Health
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E-mail: virginija.ambrazeviciene@sam.lt

1.2 SIHLWA technical management support

SIHLWA Expert Group due to its structure of 3 sub-groups has decided to have a **Coordinating Chairman** for the whole group. The position of Coordinating Chairman was held since the beginning of SIHLWA's existence (November 2005) by:

Dr Mikko Vienonen
Consultant in International Public Health, M.D., Ph.D.
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International Technical Advisor for the whole group was selected and nominated in April 2008. This position was held for the remaining time of 2008 by:

Ms Hanna Koppelomäki
Co-ordinator for Neighbouring Area and Northern Dimension Partnership Projects -
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The **EG SIHLWA** consists of 3 sub-groups:

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

Each sub-group has their own functionaries

1) Sub-group on alcohol¹

Chairperson (acting)

Mr. Kari Paaso

Senior Expert

kari.paaso@stm.fi

Ministry of Social Affairs & Health/Finland
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Vice -chairperson

Dr. Evgeny Krupitsky

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Vice -chairperson²

Ms. Magdalena Pietruszka

Senior Officer

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2) Sub-group on adolescent health and socially-rewarding lifestyles

Chairperson³

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Vice -chairperson

Dr Aldona Jociute

Head of Bureau for the Health Promoting
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3) Sub-group on occupational safety and health⁴

Chairperson

Mr. Wiking Husberg

Senior OSH Specialist

Vice-chairperson

Dr. Remigijus Jankauskas

Director of Occupational Medicine Center

¹ For the Alcohol Sub-group the chair in principle was expected to be identified from WHO-EURO cosponsoring the sub-group. Temporarily since January 2007 the group was chaired by Mr Kari Paaso (former technical adviser on alcohol for WHO-EURO). In 2008 EURO was still not able to select a successor for Mr Paaso. In the future the chairmanship is expected to return to WHO and Mr Paaso would continue as Partner Country nominee in the group.

² Ms. Pietruszka was selected as a new co-chair for the ALC sub-group in October 2008 at the 6th SIHLWA meeting.

³ N.B. Mikko Vienonen had a double role in SIHLWA: In addition to acting as Coordinating Chair for the whole SIHLWA EG, he also was elected as the chair of the ADO sub-group.

⁴ For OSH sub-group the Chair is, in principle, identified from ILO cosponsoring the sub-group.

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1.3 Financial resources for leadership

Funding for SIHLWA part time coordinating chair (consultative basis) is provided by the Ministry of Social Affairs and Health (MoSA&H) of Finland. Additionally, travel of SIHLWA functionaries to necessary administrative meetings (e.g. CSR, Chairs and ITAs meetings, etc.) are covered by the Lead Partner. In April 2008 the Finnish MoSA&H recruited an International Technical Advisor (ITA) on part time basis for SIHLWA. She is also responsible for assisting the MoSA&H in “neighboring area” cooperation project coordination and issues related to NDPHS Database and Project Pipeline.

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

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

2. Partner participation in Expert Group activities

In 2008 the 5th **SIHLWA Expert Group** met in Oslo on 6-7 March. All three sub-groups were present and altogether 45 persons attended (ADO 16, ALC 12 and OSH 14). The report of the 5th SIHLWA meeting (as well as reports of all previous meetings) is available on <http://www.ndphs.org/?mtgs:30>.

The 6th **Expert Group** met again in Oslo on 30 September – 1 October. It was held as a joint meeting with all three other NDPHS EGs (HIV/AIDS, PHC and Prison Health) and two associated expert groups namely CBSS Working Group for Cooperation on Children at Risk (WGCC) and the Baltic Sea Network on Occupational Health and Safety (BSN). All three SIHLWA sub-groups were present and altogether 26 persons attended (ADO 10 ALC 12 OSH 4). The report of the 6th SIHLWA meeting when finalized will be available on http://www.ndphs.org/?mtgs.sihlwa_6_oslo.

2.1 Participation of Partners in SIHLWA meetings

Partners are invited to nominate participants to the biannual SIHLWA meetings, during which always, and without exception, the three SIHLWA sub-groups meet in parallel. It is very important to have all Partner Countries and relevant organizations who have indicated their interest to participate¹ to do this nomination.

In the attached table the present situation after four SIHLWA meetings is presented, aiming

¹ In 2008 only Denmark and Iceland have explicitly indicated that they would not desire to send representatives to SIHLWA EG. Therefore, unless otherwise informed, SIHLWA secretariat will not send invitation letters to them.

to illustrate how different partner countries and organizations having sent their representatives to previous SIHLWA meetings (1st Stockholm, 2nd Helsinki, 3rd Vilnius, 4th Helsinki, 5th Oslo, 6th Oslo).

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

Countries & Organizations	1 st Stockholm	2 nd Helsinki	3 rd Vilnius	4 th Helsinki	5 th Oslo	6 th Oslo
CANADA	a,b	-	-	a	a,b	-
DENMARK	-	-	-	-	-	-
ESTONIA	a	a	a,b	a	a,b,c	a,c
FINLAND	a,b,c	a,b,c	a,b,c	a,b,c	a,b,c	a,b
FRANCE	-	-	-	-	-	-
GERMANY	-	-	-	-	-	-
ICELAND	-	-	-	-	-	-
LATVIA	a	b	a,b	a,b	a,b	a,b
LITHUANIA	-	a,b,c	a,b,c	a,b,c	b,c	a,b
NORWAY	a	a	a	a	a,b,c	c
POLAND	b	-	b,c	c	b	a,b
RUSSIAN FED.	a	a,b,c	b	a,b	a,b,c	a,b,c
SWEDEN	a,c	a,b	a,b	a	a,b	a
BSSSC	N.A.	N.A.	N.A.	N.A.	a,b,c	-
CBSS	-	-	b	b	-	-
ILO/Russia	c	c	c	c	c	c
NCM	-	b	b	a,b	b	a,b
NHV ¹		b	-	b	-	b
WHO/EURO	a,b	a	a	c	a	-
NordAN	N.A.	N.A.	N.A.	a	a	a

See Attachment 3 for updated SIHLWA membership table.

2.2. EG project-based activities

Implemented in 2008:

- SIHLWA-OSH sub-group: Thematic report on OSH for NDPHS Database finalized in 2008 and placed on the NDPHS Database;
- Facts-sheet prepared for SIHLWA EG in English and in Russian and were placed on the NDPHS Database;
- Facts-sheet prepared for SIHLWA OSH sub-group in English and in Russian, and were placed in the NDPHS Database;
- Potential Years of Life Lost (“PYLL”) assessment in Karelia, Pitkyaranta.
- **EIBI: Early Identification and Brief Intervention of Hazardous & Harmful use of Alcohol. Feasibility project SPb & Leningrad Obl.:** March –October 2008.

Project under implementation during 2008

A&DPrevY-SPb phase 1: NCM, Russian Federation (St. Petersburg), Finland and Sweden: **Alcohol and drug prevention among youth 1st phase** to end in December 2008. Additional components with direct funding from MoFA/ MoSA&H/Finland to channel international expertise to the A&DPrevY-SPb project;

¹ Nordic School of Public Health, Gothenburg, Sweden.

- **A&DPrevY-SPb phase 2:** MoFA/ MoSA&H/Finland, Russian Federation (St. Petersburg),: **Alcohol and drug prevention among youth 2nd phase** to start in Sept. 2008 -> 2009;

Occupational Safety and Health:

- **ILO NW Russia OSH project 2nd phase** (2007-09): Improved OSH systems (five active regions);
- **Finnish Institute of Occupational Health/FIOH project:** Implementing the “Health at Work” strategy in NW Russia (2008-09), main focus on Karelia, including profiles, programmes, Basic Occupational Health Systems (BOHS) and Barents Newsletters;
- **Regional OSH profiles** in preparation in four NW Russia regions;
- **Situational analysis:** Questionnaire to Member States concerning the implementation of the “Health at Work” strategy.

Projects beginning in 2008:

- **SIHLWA Stakeholder Analysis** September 2008 (starting): St Petersburg, Leningrad Obl., Republic of Karelia, Murmansk.

Projects still in planning in 2008:

- **Facts-sheet for SIHLWA ADO** sub-group in English and in Russian;
- **Facts-sheet for SIHLWA ALC** sub-group in English and in Russian;
- **EIBI: Early Identification and Brief Intervention of Hazardous & Harmful Use of Alcohol** “EIBI” will be decided upon after assessment of the 2008 EIBI Feasibility Project (see above). Possible regions/countries for implementation: St. Petersburg City (will be agreed upon with the St. Petersburg City Health Committee). Other potential candidates: Leningrad Obl., Republic of Karelia, Murmansk, Cherepovets city /Vologda Obl., Arkhangelsk, Republic of Komi, Nenets Autonomic Area. Potential funders (tentative): Finland, Norway, EC, others?
- **“PYLL” – analysis** for the Republic of Karelia and/or Vologda/ Cherepovets city;
- **“Life at Stake” (“Na konu zhizn”)** TV programme on healthy lifestyles’ impact on individual people. [This project idea is running late due to time resource shortages].
- Implementing the **“Health at Work” strategy** in other countries.

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

- **January - March:** Preparation for the 5th SIHLWA EG meeting in Oslo 6-7/3/2008;
- **January:** Finalization of report and “Call for Action” of Conference on non-communicable disease prevention in SPb (11-12/12/2007 funded by NCM under Chairmanship of Finland). Report of the conference including PP-presentations is available on www.ndphs.org ->SIHLWA;
- **January:** **ADO/** Coordinating Chair and A&DPrevY advisory group mission to St. Petersburg to discuss the launching of 2nd phase of project on alcohol and drug prevention among youth together with SPb Public Health Committee and local IAC- and 3 other NGOs;
- **January 24th-25th:** Coordinating Chair mission to Vologda Oblast (Cherepovets) in North-West Russia to participate in Healthy City Conference on the Promotion of Healthy Lifestyles providing key note presentation on the best European practice in prevention of unhealthy habits among young people;

- **February:** Finalization of the report of 4th SIHLWA EG meeting in Helsinki in 2007. Report of the meeting was approved at the SIHLWA 5th meeting in Oslo and is available (including PP-presentations) on www.ndphs.org ->SIHLWA;
- **March:** 5th SIHLWA EG meeting in Oslo 6-7/3/2008;
- **March: ADO/** Positive decision on the funding (MoFA/MoSA&H/Finland) of 2nd phase of project on alcohol and drug prevention among youth in SPb (81.000 €) for 2008 – 2009);
- **March: ALC/** Through NDPHS PROJECT PIPELINE positive decision on the funding (MoFA/MoSA&H/Finland) of EIBI Feasibility project (“Early Identification & Brief Intervention on Hazardous & Harmful use of Alcohol) in SPb and Leningrad Oblast;
- **March – October:** Participation in the EIBI- feasibility project (81.000€) implementation in SPb, including participation in planning seminars management team and steering committee meetings in April, June, July and in September. Implementation by SAKES/Finland & MAPS/SPb and strong expert support from SIHLWA-ALC sub-group;
- **April – June:** Finalization of the report of 5th SIHLWA EG meeting in Oslo in March 2008. Report of the meeting was approved at the SIHLWA 6th meeting in Oslo and is available (including PP-presentations) on www.ndphs.org ->SIHLWA;
- **April: SIHLWA ADO, ALC & OSH/** Through NDPHS PROJECT PIPELINE positive decision on the funding (MoFA/MoSA&H/Finland) of Stakeholder analysis study-project on SIHLWA-related actors in NW-Russia (57.000 €) 2008 – 2009). Analysis planned to start in autumn (September 2008);
- **April 21st-23rd:** Coordinating Chair participation in the 13th CSR meeting and in the NDPHS Database project steering group meeting in Brussels/Belgium hosted by EUC. This meeting was preceded by the meeting of the NDPHS Database & Project Pipeline project;
- **April - September:** Preparation for the 6th SIHLWA EG meeting in Oslo 6-7/3/2008;
- **May 10th -12th:** **ALC/Seminar on ”Implementing Brief Intervention in Welfare and Health Services in the Nordic Countries - Research Based Experience, Copenhagen;**
http://www.nad.fi/pdf/briefint_programme_May.pdf;
- **May 15th-16th:** **ALC/ The Clarion Declaration.** Positioning of science and policy in relation to the alcohol industry. There is an inherent incompatibility between protecting the public from the harm done by alcohol and the alcohol industry’s requirement to maximize profit by promoting the sale and consumption of its products;
http://www.alkoholpolitik.ch/internet/eurocarenews1085_6.doc
- **May 24th:** **ALC/ the 61st World Health Assembly** resolution on Strategies to reduce the harmful use of alcohol, 24 May 2008;
http://www.who.int/substance_abuse/activities/globalstrategy/en/index.html
- **May 19th:** Coordinating Chair attended on the request of NDPHS Secretariat to seminar on Canada’s and Europe’s Northern Dimension and presented a paper on “**Circumpolar health needs and Northern Dimension Partnership in Public Health and Social Wellbeing**” (to be published in seminar proceedings);
- **May:** SIHLWA Coordinating chair prepared and implemented together with Finnish Consulting Group/ Efeko for Republic of Karelia and Vologda oblast representatives/ N-W Russia a 5 days’ study tour to Finland to review the administrative and monitoring possibilities the methodology on measuring the impact of NCD prevention by the “potential years of life lost” (PYLL) 19 – 23/5/2008. Pilot analysis of PYLL for Republic of Karelia/ Pitkyaranta was made and discussions to continue with a full PYLL-analysis in Karelia and Vologda are ongoing;
- **May – August:** Briefing of SIHLWA ITA (Hanna Koppelomäki) into practical EG secretarial functions. Visit of coordinating Chair and ITA to NDPHS Secretariat in Stockholm 18 August;
- **August – November:** Preparation for the PAC post-meeting 20-21 November in Ottawa on “**Health of Indigenous and Remote Northern Communities**”;

- **September 16th**: **ALC**/ Addiction prevention day/ Finland (SIHLWA partner TEKry NGO) opinion survey on alcohol policy in Finland published; http://www.tekry.fi/index.php?page=toi_pai_paihdepaivat2008_tiedotus
- **September 23rd-24th**: Coordinating Chair & ITA participation in the 14th CSR meeting and in the NDPHS Database project steering group meeting in Bad Neuenahr/Germany. This meeting was preceded by the meeting of the NDPHS Database & Project Pipeline project;
- **September 29th**: Coordinating Chair and ITA attended the 7th Chairs' and ITAs' meeting in Oslo, Norway (note: Coordinating Chair was unable to attend the previous 6th Chairs' and ITAs' meeting in Brussels 13/3);
- **September-October**: 6th SIHLWA EG meeting in Oslo 30/9-1/10/2008. (meeting was held together with other NDPHS EGs and associated EGs) focusing on mutual collaboration;
- **September – December**: **ADO**/ Preparation of "NDPHS adolescent health profile thematic paper for the NDPHS Database";
- **September – December**: **ALC**/ Preparation of "NDPHS alcohol profile thematic paper for the NDPHS Database";
- **October 8th-10th**: Human Dimensions in the Circumpolar Arctic Conference in Umeå, Sweden (key-note presentation: *Health and social wellbeing in the north: "Quo vadis, homo borealis"?*)
- **October 10th -12th**: **ALC/ Conference**: "**Alcohol, drugs and harm to others. Victims are part of the solution**", Tallinn, Estonia, 10 - 12 October 2008. The upcoming seminar is organized by the Nordic Alcohol and Drug Policy Network NordAN; <http://www.nordan.org/conference2008/default.asp>
- **October 22nd -23rd**: SIHLWA Coordinating Chair and ITA participation in 10th DNI MEDITSINIY KARELII/ Petrozavodsk (Medical Conference in Karelia) presenting the analysis of PYLL in Karelia and analyzing the potential of the methodology to strengthen and focus preventive work of NCDs (especially alcohol and tobacco related causes);
- **October-December**: Finalization of the report of SIHLWA-6 EG meeting in Oslo 2008. Report of the meeting was approved at the SIHLWA 6th meeting in Oslo and is available (including PP-presentations) on www.ndphs.org ->SIHLWA;
- **October – December**: Preparation and finalization of SIHLWA Annual Progress Report 2008;
- **October – December**: Preparation and finalization of SIHLWA Annual Action Plan 2009;
- **November 19th -21st**: Participation of SIHLWA Coordinating Chair and ITA in PAC-5 conference in Ottawa 19/11 and the PAC post-meeting 20-21 November in Ottawa on "Health of Indigenous and Remote Northern Communities";
- **November –December -> 2009**: Preparation for the 7th SIHLWA EG meeting in Oslo, Norway;
- **December 3rd -4th**: **ALC/ Seminar**: "**Impact of international trade agreements and EU internal market legislation on national alcohol, public health and social policies**" in Latvia (jointly by the Norwegian Ministry of Health and Care Services and the Nordic Centre for Alcohol and Drug Research (NAD), in association with SIHLWA, and possibly in co-operation with the Nordic Council of Ministers' office in Latvia;
- **December (during most of year 2008)**: In Russia (MoH&SD) preparation of Federal healthy lifestyles program to be launched in 2009.

4. Other actions taken by the Expert Group

None.

5. Strengths and Opportunities

- NDPHS Expert Group on Social Inclusion, Healthy Lifestyles and Work Abilities has a considerable strength in its 3 subgroups (ADO, ALC and OSH) which all have had a clear agenda and a strategic Action Plan for 2008. In other words, SIHLWA in fact is “three in one”, which makes it unique among NDPHS Expert Groups;
- The flagship projects of each sub-group have been under strong development process in 2008. OSH-subgroup has actively implemented the N-W Russia OSH project already in its 2nd phase. ADO-subgroup has in 2008 proceeded in its Alcohol & Drug Prevention among Youth in SPb from 1st phase (funded by Nordic Council of Ministers) to its 2nd phase (funded by MoFA/ Finland. Especially its two workshops focused on journalists and one working seminar for decision makers have been innovative openings for strategic management of change. The ALC subgroup has been very active in implementing the feasibility project on EIBI (Early Identification & Brief Intervention on Hazardous & Harmful use of Alcohol in SPb, which hopefully will open the door and financing for a full 3-year EIBI project in N-W Russia;
- OSH subgroup has been able to take advantage of the opportunity provided by PAC 4 Conference in November 2007, when a “Health at Work” strategy was developed and adopted. OSH group did not remain resting on its laurels, but through CSR 13 in spring 2008 advocated NDPHS Senior Representatives to agree to sending a questionnaire to our Member States governments asking them to report on how they have so far implemented (or planned to implement) the “Health at Work” strategy, which they all had adopted in November 2007;
- The SIHLWA 6 meeting (30 September – 1 October 2008 in Oslo) was organized together with other Expert Groups of NDPHS, thanks to the initiative of the Chair Country Norway. This provided a possibility for SIHLWA to elaborate on the expectations and opportunities for SIHLWA rendering support to other expert groups on one hand and on the other hand receiving support from other expert groups. The results were analyzed and discussed at the SIHLWA 6 meeting and a practical continuation for possible collaboration between ALC-subgroup and PHC expert group on the implementation of EIBI in primary health care settings were discussed;
- In 2008 again the unique opportunities of SIHLWA members having one “leg” close to ministerial and other decision makers and the other “leg” close to implementing agencies and NGOs was demonstrated. Several of our members have had an opportunity to provide information and strategic proposals to our governing bodies when it comes to strategic issues on alcohol, tobacco, nutrition and accidents, in summary chronic lifestyle-related non-communicable diseases;
- SIHLWA members have successfully been able to advocate our mission through using *ad hoc* opportunities provided by other actors, who have wanted to use our experts and networks. For example such opportunities have been Circumpolar Public Health advocacy, alcohol issues during the world health Assembly, 10th Public Health Neighborhood Conference in the Republic of Karelia/RF, and many others (see chapter 3).

6. Obstacles and Weaknesses

- The biggest obstacle for more successful operative work of SIHLWA and its subgroups is the fact that the Expert Group does not have a clear operational budget, but rather secretarial and coordinative functions are covered directly by the “Lead Partner” (MoSA&H/ Finland), such as recruitment of Coordinating Chair and International Technical Adviser, and their operational expenses. In organizing meetings this is not a major problem, but urgent needs for NDPHS Secretariat and meetings often exceed the time allocated (purchased) by the Lead Partner. This leads into a situation whereby SIHLWA functionaries are expected to work as if they were in

a full time employment, and leads in practice into situation when at times they operate as “volunteers”. As there seems to be tendency that burden of work is increasing, this mode of working on the long run may become unsustainable;

- Linking with the above mentioned lack of operational funds, tasks which are necessary but not clearly “projects” suitable for funding for instance through the “pipeline” or other donor arrangements, we either need to expect from our Partners volunteer unpaid work, or improvise *ad hoc* arrangements. A typical example of this time of activity would be the elaboration and updating of SIHLWA thematic papers for the Database. They are important for all actors and members, but someone needs to coordinate and edit the information, which SIHLWA partners could provide. An operational budget, say e.g. 10.000 € per year, could greatly enhance this type of activity;
- There are some Partner countries and Organizations who have been very helpful and flexible in providing their representatives funds for attending SIHLWA meeting. Unfortunately, this is not a rule throughout the range. As has been emphasized by the NDPHS governing bodies (CSR and PAC) and the Senior Representatives, Expert Groups are the most important operational tool for the whole NDPHS. Yet, when it comes to identifying their representatives and supporting their travel to the meetings, we have several times embarked in overwhelming difficulties. It is clear without saying that a country cannot function effectively or get the benefit out of the work, if their representatives cannot attend the meetings. The senior representatives also play an important role in identifying and nominating the right persons from their countries, but unfortunately, this task is not always properly fulfilled. Another problem is frequent changes of representatives, which can be understood because of frequent turn-over of expert staff in countries. Obviously, this is beyond the power of senior representatives. However, when a new expert is nominated they very seldom receive proper briefing for the task and aims of the NDPHS;
- Linking with the above mentioned draw-backs in briefing of Expert Group’s representatives in their own countries, we have also noticed that there may be false expectations as to what SIHLWA is all about. Here we in SIHLWA Secretariat also need to improve our briefing to newcomers that the process aims at giving and taking. Most of “SIHLWA-related work” should actually take place on their home front, not just during SIHLWA meetings *per se*;
- For SIHLWA (especially the ALC and ADO subgroups) increasing “laissez faire” attitude from WHO-EURO side has become problematic. ALC-subgroup according to our Terms of Reference should be chaired by EURO ALC-regional/technical adviser, but the post has not been filled in 2 years. Also the WHO-EURO Regional for Adolescent Health left in early 2008. Together with EURO and the NDPHS Secretariat we need to focus on this problem as soon as possible.

7. Conclusions and recommendations

- SIHLWA expert group and its 3 subgroups (ADO, ALC & OSH) have during the 3 years of SIHLWA existence found a solid basis for its operation. Meetings have been professionally conducted, host-countries have provided excellent support, and project activities are well under way;
- SIHLWA has learned how to benefit from the NDPHS Project Pipeline. The “drying out” of the well is a threat in 2009;
- The recruitment of ITA in spring 2008 has greatly enhanced SIHLWA’s operational capacity. The only threat here is that SIHLWA ITA is hired on a part-time basis, and all components have a tendency to grow. Ideally, the EG ITA should only have this one task, which easily considering the needs of all 3 subgroups, could employ one full-time person;

- As soon as possible and appropriate, SIHLWA and NDPHS Secretariat should contact and visit WHO-EURO in order to bring the links with NCDs, alcohol, tobacco, nutrition, violence & accidents and youth related health promotion up to standard;
- We need to upgrade possibilities for contacts with the SIHLWA members also in between the meetings. This could be done by using appropriate websites;
- Strengthened collaboration with other expert groups will be developed based on the conclusions at our joint EGs meeting in Oslo 30 September – 1 October 2008;
- SIHLWA ADO and ALC subgroups aim to elaborate thematic papers in their respective areas of expertise during 2009;
- SIHLWA is committed to providing input (as requested by the NDPHS Secretariat) on the European Commission EU Strategy for the Baltic Sea Region to coordinate the efforts of various actors in the Region (Member States, regions, financing institutions, the EU, pan-Baltic organizations, non-governmental bodies etc.) so that, by working together, they would promote a more balanced development of the Region. The process is ongoing and the feed-back provided at SIHLWA-6 meeting will in due course be channeled through NDPHS Secretariat to the EC.

8. Other relevant information

None

SIHLWA terminology in NDP-area languages

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

1. English:

NDPHS: NORTHERN DIMENSION PARTNERSHIP IN HEALTH AND SOCIAL WELLBEING

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

2. Russian

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

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

SIHLWA: Экспертная группа по вопросам социальной включенности, здорового образа жизни и трудоспособности

[ekspertnaya gruppya po voprosam sotsialnoi vkluchennosti, zdorovogo obraza zhizni i trudospobnosti]

3. Estonian: [not yet formulated]

NDPHS:

SIHLWA:

4. Finnish:

NDPHS: POHJOISEN ULOTTUVUUDEN SOSIAALI- JA TERVEYSALAN KUMPPANUUS

SIHLWA: Asiantuntijaryhmä sosiaalinen osallisuus, terveet elintavat ja työkyky

5. French: [not yet formulated]

NDPHS:

SIHLWA:

6. German:

NDPHS: PARTNERSCHAFT DER NÖRDLICHEN DIMENSION FÜR GESUNDHEIT UND SOZIALES WOHLBEFINDEN

SIHLWA: Sachverständigergruppe für soziale Eingliederung, gesunde Lebensführung und Arbeitsfähigkeit

7. Latvian:

NDPHS: ZIEMEĻU DIMENSIJAS SABIEDRĪBAS VESELĪBAS UN SOCIĀLĀS LABKLĀJĪBAS PARTNERĪBA

SIHLWA: Sociālā iekļaušana, veselīgs dzīvesveids un darba iespējas

8. Lithuanian:

NDPHS: ŠIAURĖS MATMENS PARTNERYSTĖ VISUOMENĖS SVEIKATOS IR SOCIALINĖS GEROVĖS SRITYJE

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

9. Norwegian:

NDPHS: NORDLIG DIMENSJON PARTNERSKAP FOR HELSE OG LIVSKVALITET
SIHLWA: Ekspertgruppa for sosial deltaking, sunn livsstil og arbeidsevne

10. Polish:

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

SIHLWA: Grupa ekspercka ds. społecznego włączenia, zdrowych stylów życia i zdolności do pracy

11. Swedish:

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

SIHLWA: Expertgrupp på social delaktighet, hälsosam livsstil och arbetsförmåga

Attachment 2 to SIHLWA EG Progress report

SIHLWA MEMBERSHIP up-date 30.09.2008/ Officially nominated representatives

Attachment 3: SIHLWA MEMBERSHIP update 30.09.2008/ Officially nominated representatives										
SIHLWA Coordinating Chairperson: Mikko Vienonen, SIHLWA ITA (International Technical Adviser): Hanna Koppelomäki										
	COUNTRY		ADO	ADO alternates		ALC	ALC alternates		OSH	OSH alternates
		1	Chair: Mikko Vienonen		1	Acting Chair: Kari Paaso		1	Chair: Wiking Husberg	
		ok	Vice-Chair: Aldona Jociute		ok	Vice-Chairs: Evgeny Krupitsky Magdalena Pietruszka		ok	Vice-Chair: Remigijus Jankauskas	
1	CANADA	1	Robert (Bob) Shearer		1	Nathan Lockhart			to be appointed?	
2	DENMARK		not participating			not participating			not participating	
3	ESTONIA	1	lisi Saame		1	Sirje Bunder	Marge Reinap	1	Irma Nool	
4	FINLAND	1	Tiina Laatikainen	Hanna Heikkilä	1	Marijatta Montonen	Salme Ahlström & Pekka Hakkarainen	1	Suvi Lehtinen	Kari Kurppa & Timo Leino
5	FRANCE		to be appointed ?			to be appointed ?			to be appointed ?	
6	GERMANY		to be appointed ?			to be appointed ?			to be appointed ?	
7	ICELAND		not participating			not participating			not participating	
8	LATVIA	1	Lolita Melke		1	Ineta Vanaga	Inita Avotina		to be appointed?	
9	LITHUANIA	1	Aldona Jociute		1	Krivieliene Gelena	Virginija Ambrazeviciene	1	Remigijus Jankauskas	
10	NORWAY	1	Simon-Peter Neumer		1	Bent Bull		1	Trygve Eklund	Mona Bondevik Axel Wannag
11	POLAND	1	Janusz Sieroslowski		1	Magdalena Pietruszka		1	Eliza Iwanowicz	
12	RUSSIA	1	Natalia Kostenko		1	Evgeny Krupitsky		1	Nikolai Izmerov	Evgeny Kovalevsky
13	SWEDEN	1	Karin Nilsson-Kelly	Bengt Sundbaum	1	Sven Andréasson	Louise Malmgren Pi Högberg		to be appointed?	
1	BSSSC	1	Arvid Wangberg		1	Juri Tomilov		1	Niels Rasmussen	
2	B-EAC		N.A.			N.A.			N.A.	
3	CBSS	1	Lars Lööf			N.A.			N.A.	
4	ILO		N.A.			N.A.		1	Roman Litvyakov	
5	IOM		N.A.			N.A.			N.A.	
6	NCM	2	P-M de Palo & M Petzold/ NHV	C. Peltonen & M. Sagitova	1	Matilda Hellman (NAD)	Pia Rosenquist (NAD)		N.A.	
7	NordAN				1	Hasse Schneidermann				
8	UNAIDS		N.A.			N.A.			N.A.	
9	WHO		N.A.		1	Lars Möller		1	Kim Rokho	
	SUM	14			13			10		

CBSS WGCC Progress report for 2008

The Working Group for Co-operation on Children at Risk 2007 - 2008¹.

The WGCC consists of ten members; all member countries to the CBSS except Latvia have appointed senior officials to the group. The WGCC consists of representatives from the line ministries dealing with children's issues, mainly ministries of social affairs, ministries of education and designated child ministries. The group consists of six women and four men. The European Commission has not assigned a member to the WGCC. Chairmanship of the WGCC is rotated among the members to the group and does not follow the CBSS presidency

Members of the working group for Co-operation on Children at Risk:

Chair

Estonia

Ms Anniki Tikerpuu, Head of Department, Department of Social Welfare, Ministry of Social Affairs.

Vice Chair

Sweden

Ms Agneta Björklund, Deputy Director, Ministry of Health and Social Affairs

Denmark

Mr Bertil Mahs, Head of Department, National Board of Social Services, Ministry of Social Affairs.

Finland

Ms Anne Hujala, Senior Adviser, Ministry of Social Affairs and Health

Germany

Ms Simone Franke-Müller, Senior Principal, Federal Ministry of Family Affairs, Senior Citizens, Women and Youth.

Iceland

Mr Bragi Gudbrandsson, General Director, The Government Agency for Child Protection.

Latvia

No representative appointed.

Lithuania

Ms Audra Mikalauskaitė, Head of Children and Youth Division, Ministry of Social Security and Labour.

Norway

Mr Björn Bredeesen, Deputy Director General, Ministry of Children and Equality.

¹ Contact details of the WGCC members can be found at <http://www.childcentre.info/iFID330.html>

Poland

Ms Joanna Michalak, Head of Unit, Department of General Education, Special Education and Social Prevention, Ministry of National Education. (Until February 2008)

Ms Małgorzata Skórka, Major specialist, International Cooperation Department, Ministry of National Education. (From February 2008)

Russian Federation

Ms Alina Levitskaya, Director, Ministry of Education and Science

Meetings of the WGCC

The Working Group for Cooperation on Children at Risk, the WGCC, has had two meetings, one in Stockholm on October 22 – 23 2007 at the invitation of the Swedish Ministry of Health and Social Affairs and one in Helsinki on April 1 – 2 2008 by the invitation of the Finnish Ministry of Social Affairs and Health. At the meetings of the WGCC the national representative from the TFOC Expert group on Human Trafficking has been present. Reports from the meetings of the WGCC are published on the Childcentre website¹.

During the year, a sub group of the WGCC consisting of the representatives from Norway, Sweden and Estonia has worked together with the secretariat to detail the actions taken regarding the rights of children in institutions. The subgroup has met on four occasions during the year, twice in Stockholm, once in Oslo and once in Tallinn.

National Co-ordinators

The National Co-ordinators, the NCs, are the backbone in the co-operation on Children at Risk. Each NC is appointed by the ministry responsible for children's issues in the country and is given the authority to publish events, material and also details of NGOs or other organisations. The Childcentre website focuses on publishing material in English, even though the site makes room for publications in the different languages spoken in the cooperation. The NC can in this way serve the professional community in his or her country also with important publications and materials that would otherwise go unnoticed. Other tasks of the NCs are numerous: They are the first point of contact for the WGCC when organising events, conferences, meetings and expert meetings. They are also the node for the cooperation on the whole and are kept updated on the plans for the cooperation. When the WGCC decides to focus on a topic the NCs are contacted in order to find relevant experts in their country on the specific issue and to prepare for expert participation and to identify research developments in their country. Countries with no appointed NC usually do not participate in expert meetings. A major task for the WGCC during the year has therefore been to support the national ministries in their efforts to identify the most appropriate organisation to carry out this important task. All countries in the cooperation have now identified NCs except for Latvia..

¹ <http://www.childcentre.info/archive/workinggro/>

Appointed National Coordinators are¹:

Denmark

Ms Anne Melchior, National Board for Specialist Counselling and Social Service

Estonia

Ms Lemme Haldre, Tarttu Child Support Centre

Finland

Mr Heikki Sariola, National League of Child Welfare

Germany

Ms Sabine Herzig, DJI - Deutsches Jugend Institut.

Iceland

Mr Bragi Gudbrandsson, The Government Agency for Child Protection.

Latvia

Not appointed

Lithuania

Mr Evaldas Karmaza, NGO Child House

Norway

Mr Svein Mossige, NOVA – Norwegian Social Research.

Poland

Ms Joanna Michalak, Ministry of National Education (Until February 2008)

Ms Małgorzata Skórka, Ministry of National Education. (From February 2008)

Russian Federation

Mr Vassili Yermoloff, Yaroslavl Youth Information Centre

Sweden

Ms Ingrid Åkerman, National Board of Health and Welfare

¹ Names and contact details of the National Coordinators are published and updated at <http://www.childcentre.info/nationalco>

WGCC activities according to the priorities:

Priority A: Protecting Children from all Forms of Sexual Abuse and Exploitation

Internet related abuse of children

Expert meeting: In cooperation with the World Childhood Foundation and Linköping University in Sweden, the WGCC organised a meeting of researchers on support to children abused in internet related settings. 30 experts from the region and outside of the region met in London.

Participation/Contribution: Researchers and experts from Sweden, Norway, Germany, the European Commission, the UK, the US, Ireland and the Argentine participated representing institutions and organisations such as Child Exploitation and Online Protection Centre, (UK), the National Centre for Missing and Exploited Children, NCMEC, (US), University of Linköping, (SE), University College Cork, (IE), Crimes Against Children Research Centre at the University of New Hampshire, (US), Save the Children Europe Group, (NO), ECPAT, (AR), Innocence in Danger, (DE), National Society for the Prevention of Cruelty to Children, NSPCC, (UK), STOP it Now!, (UK), Safer Internet Programme, DG INFSO, (EC), the World Childhood Foundation, (SE) and the WGCC. All organisations represented described in their interventions ongoing research and knowledge expansion on how children can best be protected online and assisted when abused in an online setting.

Financing: The World Childhood Foundation: Travel and accommodation for all participants.

Outcomes:

- a. Written report from the meeting.
- b. Researchers at the meeting are presently involved in drafting a proposal to the EU Safer Internet Programme developing the strands discussed.

EU – Russia meeting: In December 2007 the secretariat was invited to present the WGCC activities in relation to Internet related abuse of children at the EU – Russia meeting in Luxembourg on the topic.

Participation/Contribution: Experts from the Russian Ministry of Foreign Affairs, Ministry of the Interior, the Russian Research Center of Internet-Resources, the Russian Federal service for control of the media, communication and protection of cultural heritage, the Russian permanent mission to the European Communities, Norwegian Criminal Police, Microsoft, Child Exploitation and Online Protection Centre in the UK, German Internet Service Providers' Organisation, the Internet Watch Foundation of the UK, INTERPOL, DG JLS and DG INFSO of the European Commission and the WGCC all presented current activities protecting children online and prosecuting online perpetrators.

Financing: The European Commission

Outcome: The WGCC in continued dialogue with Russian Ministries of Foreign Affairs, of Education and Science and of the Interior on the organisation of a Moscow based EU-WGCC – Russia conference on Internet related violence against children.

The Baltic Sea Regional Study on Adolescents' Sexuality

The report from this research was launched in Oslo by the Norwegian Minister for Children and Equality at a press conference. The press conference was held in a school in Oslo with young people attending the school participating. The Norwegian WGCC member and the Head of the Children's Unit also participated.

Participation/Contribution: Norwegian Minister for Children and Equality Ms Carita Bekkemellen, Mr Svein Mossige and for the WGCC Mr Lars Lööf.

Outcome: All major Norwegian Newspapers and TV channels reported on the research and had interviews with both the Norwegian Minister, the main researcher and with young people commenting on the results of the study.

Priority B: Street children and children without a family

During the year the WGCC has not implemented activities under this priority.

Priority C: The Rights of Children in Institutions and in Other Forms of Protection

Following the recommendations from the Conference the WGCC has set up a sub group working on the practical implementation of the suggested activities. The subgroup consists of the Estonian chair to the WGCC, the Swedish vice chair and the Norwegian member to the WGCC. The secretariat is also participating in the subgroup meetings.

Developing training for professionals monitoring children's institutions: The WGCC has commissioned the development of a training that shall increase the skills and competence of staff monitoring, supervising and auditing institutions caring for children.

Contribution/Participation: Two Norwegian experts from the office of the County Governor of Hordaland.

Financing: The Norwegian Ministry of Children and Equality.

Outcome: A training manual is under development.

Expert meeting: The WGCC gathered experts from the region to a meeting to discuss and assess the plan developed by the commissioned experts and to give input to the discussions of the WGCC on the training.

Contribution/Participation: The Norwegian experts from the County Governor's office in Hordaland presented the plans for the meeting. The network of National Coordinators had assisted the WGCC in identifying researchers and practitioners from the member countries that were invited to the meeting. Experts from Denmark, Estonia, Finland, Germany, Iceland, Latvia, Norway, Poland, Russia and Sweden contributed to the discussion together with the Deputy County Governor of Hordaland and members of the WGCC subgroup working on developing the programme on the Rights of Children in Residential Care.

Financing: The Estonian Ministry of Social Affairs and the Norwegian Ministry for Children and Equality.

Outcome: Written report from the meeting submitted to the WGCC. Recommendations on how the training of professionals monitoring child care institutions can best be implemented including input to the Norwegian experts in their continued development of the training manual.

Mapping of resources available for children leaving institutional care: The WGCC has commissioned a study mapping available support measures in place in the member countries for young people leaving institutional care. The mapping is finalised by the end of June 2008 and will document programmes implemented by public agencies as well as projects implemented by NGOs in the member countries.

Participation/Contribution: A Lithuanian expert is commissioned to carry out the study. The members of the WGCC and the network of National Coordinators have all assisted in writing the country reports included in the study as well as facilitating contacts between the author and national agencies, NGOs and experts implementing programmes supporting children leaving institutions.

Financing: SIDA Baltic Sea Unit, 100%.

Outcome: The report will be published in English and in Russian. The WGCC intends to follow up on the report with a seminar in 2009, where the best practices and current programmes will be shared with experts and policy makers in the region.

Priority D: Young offenders and Self Destructive Behaviour of Children

Expert meeting: In November the WGCC organised an expert meeting and knowledge seminar on the topic of assistance to and rehabilitation of children that commit crimes in cooperation with the Russian Ministry of Education and Science.

Participation/Contribution: The State Secretary Mr Kjell Erik Øie from the Royal Ministry of Children and Equality in Norway opened the meeting that saw experts from Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, Russia and Sweden, i.e. all member states to the CBSS. A number of programmes and best practices from Denmark, Estonia, Germany, Norway, Sweden and Russia were presented and discussed.

Financing: The Russian Ministry of Education and Science financed accommodation and all meeting costs.

Outcome: Full report from the meeting published on the childcentre website¹. To follow up on the topic of children committing crimes, the WGCC is currently conducting a review of methods used in supporting these children in the member countries and is also looking at how the rights of children in secure institutions in the region are protected.

Priority E: Unaccompanied and Trafficked Children

The WGCC has during the year finalised the two year training:

Baltic Sea Region Comprehensive Assistance to Children Victims of Trafficking, the BSR CACVT

Training seminar: One training seminar on reintegration of child victims of trafficking was held in Stockholm on September 13 – 14 2007. 47 participating experts.

Participation/Contribution: The Swedish Minister for Elderly Care and Public Health Ms Maria Larsson presented the Diplomas to the experts. The Swedish Ambassador on Combating Trafficking in Human Beings Mr Anders Oljelund, Swedish Ministry of Foreign Affairs, the Swedish National Contact Point Ms Erica Neiglick from the Swedish Ministry of Justice and the WGCC chairperson, Ms Anniki Tikerpuu from the Estonian Ministry of Social Affairs all made welcome remarks to the expert participants. This training programme trained 47 professionals from 10 countries in the region, Denmark, Estonia, Latvia, Lithuania, Poland, Sweden, Russia, Belarus, Ukraine and Moldova. The final training seminar focused on reintegration of child victims of trafficking and two experts from the Bulgarian Counter Trafficking Response Programme and the NGO Animus Association led the training.

Follow up seminar: A follow up seminar to the training was held in Druskininkai, Lithuania on January 22 – 23 2008. To this meeting the National Contact Points were invited.

Participation/Contribution: Twenty four of the trained experts representing 7 of the countries participated and presented the current national situation regarding unaccompanied and trafficked children. National Contact Points from Denmark, Estonia, Latvia, Lithuania and Poland, i.e. five member countries, participated in the meeting and contributed to the presentations of the national situation.

Financing of the BSR CACVT training programme: European Commission Daphne II programme – 42%, Save the Children Sweden – 32%, Oak Foundation – 26%.

Outcome:

- An established network of 47 trained experts in 10 member countries and neighbouring countries.
- Contact details of trained experts in the 10 countries available to the National Contact Points and the WGCC members.
- A CD Rom including resources, tools and reports for professionals to use when meeting with child victims of trafficking or unaccompanied children. Tools and reports are in Russian and in English.
- Tools and resources are also available at the Childcentre website².

Mapping cases of children victims of trafficking:

The WGCC has commissioned a mapping of cases of children trafficked in the region. The report from the mapping, The Frail Chain, including interviews with affected children was published in English and in Russian. The report was launched at a press seminar in Stockholm on the 31st of January 2008 and at a meeting with the Estonian network fighting trafficking in Tallinn on the same day.

Participation/Contribution: The Swedish author and journalist Mr Svante Weyler was commissioned to write the report. The National Contact Points, the National Coordinators, the WGCC members and the experts participating in the BSR CACVT training all assisted in

¹ <http://www.childcentre.info/projects/perpetrators/dbaFile15527.html>

² <http://www.childcentre.info/traffickin>

setting the author in contact with support organisations and agencies in the member states as well as supplying the author with statistics and data available in the participating countries.

Financing: European Commission Daphne II programme: 100%.

Outcome: The Frail Chain – Support to Child Victims of Trafficking in the Baltic Sea Region. Report published in English and in Russian.

The report is used as a resource as the WGCC presently formulates the 2nd Plan of Action on Unaccompanied and Trafficked Children in the Baltic Sea Region.

Joint evaluation meeting:

The WGCC met together with the CBSS Task Force Against Human Trafficking to discuss lessons learnt from the BSR CACVT training and documentation projects. The meeting was hosted by the Swedish Ministry of Health and Social Affairs and was held back to back with the WGCC meeting in October 2007.

Participation/Contribution: The evaluation report from the training was presented to the WGCC and the CBSS TFTHB. Save the Children Sweden, one of the co-funders of the BSR CACVT training programme contributed to the meeting with a presentation and as did the Women's Forum, a Swedish based NGO with experience in the field of counter trafficking measures.

Financing: The Swedish Ministry of Health and Social Affairs.

Outcome: Report from the joint meeting published on the web site. The two groups decided to continue to develop their cooperation.

National Contact Points on Unaccompanied and Trafficked Children are appointed in all CBSS member states except Germany and Russia. Ukraine, Belarus and Moldova take part in the implementation of the programme and have also appointed National Contact Points, NCP. The NCPs have during the year not had a designated meeting on their own. All NCPs were invited to the follow up seminar of the BSR CACVT training held in Druskininkai, Lithuania on January 22 – 23 2008 in order to meet with and share the expertise of the network of trained experts in the region. NCPs from Denmark, Lithuania, Latvia, Estonia and Poland participated.

Financing: The National Contact Points participating financed their own travel and accommodation. Interpretation and venue were financed through the EU Daphne grant.

Dissemination of the WGCC programme on Unaccompanied and Trafficked Children

The WGCC programme has met with interest from several states and international organisations.

In September 2007 the WGCC programme was presented at the Council of Europe conference in Yerevan: "Action against Trafficking in Human Beings: Measures to Prevent, Protect and Prosecute".

Financing: Council of Europe

In October 2007 the programme was presented at the OSCE regional conference in Vilnius: "Preventing Trafficking in Human Beings: Challenges and Solutions" jointly organised by the Government of Lithuania and the OSCE under the UN Global Initiative to Fight Human Trafficking.

Financing: WGCC participation: In budget.

In November 2007 the WGCC was invited to organise a half day seminar at the Swedish embassy to Washington under the Children First! theme: The seminar was titled: The Fight Against Trafficking in Children – Surviving Child Trafficking – Building a Future.

Participation/Contribution: HRH Princess Madeleine of Sweden honoured the seminar with her presence. The Swedish Ambassador to Washington, Mr Jonas Hafström opened the seminar that saw contributions from the Swedish Ambassador on Combating Trafficking in Human Beings Mr Anders Oljelund. Ms Laura Lederer, Senior Advisor on Trafficking in Persons with the US Department of State contributed to the seminar together with among others the author of the "Frail Chain" report. A comprehensive presentation of the WGCC

programme was made. The event was coordinated with the Swedish Ministry of Foreign Affairs.

Financing: The Friends of the House of Sweden in Washington financed travel and accommodation for the experts presenting.

In January 2008 the WGCC programme was presented at a conference in Madrid organised by the Spanish Ministry of the Interior and Save the Children Spain: "Child trafficking: How to improve victim identification and protection"

Financing: The conference organisers.

In April 2008 the WGCC programme was presented at the conference in Minsk "Violence Against Children, Challenges and Ways of Prevention" organised by the Belarusian Ministry of Interior in cooperation with OSCE, SIDA and others.

Financing: Board and Accommodation were financed by the organisers.

In April 2008 the WGCC work against trafficking in children was presented at the Conference: Cooperation to Combat Trafficking in Human Beings between North-West Russia, Baltic states and Nordic Countries, organised in St Petersburg by the Nordic Council of Ministers and Russian NGO Stellit.

Financing: WGCC budget.

In June 2008 the WGCC programme against trafficking in Children was presented at the FICE conference in Helsinki.

Financing: WGCC budget.

WGCC participation in advisory groups

The WGCC is represented in the reference group on the project on children without documents in Sweden, a project implemented by Save the Children Sweden.

The WGCC is represented in the reference group to the Online Victimization project implemented by Linköping University and financed by the World Childhood Foundation.

The WGCC is represented in the reference group to the follow up of the Swedish Governmental Plan of Action against the Sexual Exploitation of Children, implemented by the Swedish Children's Welfare Foundation and financed by the Swedish Ministry of Health and Social Affairs.

The WGCC is a partner to the project: "Story Enhancing Skills" implemented by Tromsø University, Norway and financed by the EU Leonardo programme.

Summary of WGCC participation in other events

Presentation at high level conference: Modern Approaches in Prevention of Bullying and Violence in Schools, organised by the Lithuanian Child Ombudsperson in cooperation with several other institutions and agencies. H.E. The president of the Republic of Lithuania, Mr Valdas Adamkus opened the conference.

The WGCC participated as an advisor to the Barents Euro Arctic Regional Cooperation, more specifically on the new programme Children and Youth at Risk in the Barents Euroarctic Region at the first meeting of the steering group to the said programme.

At the meeting of the Council of Europe Expert Group on Children and Families in April 2008, the work of the WGCC in the areas of fighting trafficking of children, promoting the rights of children in institutions and online violence against children was presented.

UNICEF Sweden and the Swedish Board for Health and Welfare have developed a manual to assist in the identification of children that have been trafficked. The launch of the manual took place in the Swedish Parliament, organised by the parliamentary group on children's issues. The WGCC was represented by a presentation and by the participation of the Swedish WGCC member

The WGCC participated at the CBSS Task Force Against Human Trafficking meeting in Jurmala, Latvia, in May.

Children's Unit in the CBSS secretariat

The secretariat function of the WGCC is carried by the Children's Unit staffed by the Head of Unit 100% and between January and December 2008 a Project Officer 20%.

Financing: The Children's Unit operates on a separate budget built on member states' voluntary contributions. All member states except Latvia and Russia contributed to the Children's Unit in 2007.

The Childcentre web site

The website www.childcentre.info publishes regional information on programmes, projects, research and events of interest to experts and practitioners working with children at risk in the region. The website is updated by the network of National Coordinators in the member states.

Associated Expert Group to the NDPHS

The WGCC is associated expert group to the Northern Dimension Partnership on Health and Social Wellbeing. As such, all activities and plans are presented to the partners at meetings of the CSR of the NDPHS and at the NDPHS web site.

Partner Participation in Expert Group Activities

Explanatory note:

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

Table 1

Leadership and Coordination

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

Lead Partner

Co-lead Partner

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

International Technical Adviser (ITA)

¹ Subgroup on Adolescent Health and Socially Rewarding Lifestyles.

² Subgroup on Alcohol

³ Subgroup on Occupational Safety and Health.

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

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

Table 2

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

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

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

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

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

Table 3

Participation of Partners in EG project based activities

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

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

¹ Members of the Expert Groups are involved in many different project activities in their respective countries and in other countries.

² Currently considering funding of project activities.