Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Work Plan for 2012

Adopted during the 8th Partnership Annual Conference

25 November 2011, Saint Petersburg, Russia

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Annexes

Abbreviations and acronyms used

- ADPY TG – NDPHS Task Group on Alcohol and Drug Prevention among Youth.
- AMR TG – NDPHS Task Group on Antimicrobial Resistance.
- ASA EG – NDPHS Expert Group on Alcohol and Substance Abuse.
- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group).
- CSR – NDPHS Committee of Senior Representatives.

- EUSBSR – EU Strategy for the Baltic Sea Region.
- HIV/AIDS&AI EG – NDPHS Expert Group on HIV/AIDS and Associated Infections.
- ITA – International Technical Adviser.
- IMHAP TG – NDPHS Task Group on Indigenous Mental Health, Addictions and Parenting.
- NCD EG – NDPHS Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments.
- ND – Northern Dimension.
- NDPHS – Northern Dimension Partnership in Public Health and Social Well-being.
- OT – an operational target within the NDPHS Strategy.
- OSH TG – NDPHS Task Group on Occupational Safety and Health.
- PAC (in relation to the NDPHS) – Partnership Annual Conference.
- PAC (in relation to the EUSBSR) – Priority Area Coordinator.
- PPHS EG – NDPHS Expert Group on Primary Health Care and Prison Health Systems.

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

I. Introduction and policy context

This Work Plan gives an overview of the actions to be launched or continued (if already launched) and, where specified, completed in 2012 by the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). It builds foremost on the 2003 Oslo Declaration[1] and two correlated strategy documents: the NDPHS Strategy[2] and the EU Strategy for the Baltic Sea Region[3]. The plan is meant to help achieve sustainable development in the Northern Dimension area through the improvement of public health and social well-being. Efforts aimed at enhancing quality of life and demographic situation envisaged by the Declaration will be undertaken via intensified cooperation between and co-ordination among the Partner Countries and Organizations, as well as relevant other stakeholders.

A healthy population is a critical factor behind sustainable economic development of enterprises and societies. However, the region features places where social and economic problems lead to high levels of mortality, morbidity and loss of work ability and productivity due to non-communicable diseases and accidents. The main risk factors include hazardous and harmful use of alcohol, drug-abuse, tobacco, obesity, lack of physical activity and violence. Another problem is the spread of infectious diseases (such as, e.g., HIV/AIDS and tuberculosis). The growing cross-border movement of people poses additional challenges, such as increased spread of communicable diseases, migrants' health, legal and illegal trafficking of alcohol, tobacco and drugs, etc. Therefore, it should be paralleled by actions addressing inequalities in health status and in the level of health protection.

This Work Plan constitutes a basis for the promotion of health and social well-being at the international, national, regional and local levels, to address the challenges of the current situation and to ensure that progress is made towards achieving the Partnership's objectives. The relevant stipulations contained in the Oslo Declaration, the United Nations Millennium Declaration and its Development Goals, as well as the Political Declaration on the Northern Dimension Policy and the Northern Dimension Policy Framework Document describing the new Northern Dimension Policy from 2007 provide the framework for this Work Plan.

All relevant stakeholders have key roles to play in the improvement of health and social well-being, through the mechanisms set in place by the Partnership. The national governments of the Partner Countries have a leading role in formulating strategies and providing various essential forms of support to efforts aimed at improving existing health and social conditions. Partner Organizations, regional cooperation bodies and international financial institutions are also key actors in setting priorities, and in making available the resources needed to move the activities and initiatives of the Partnership forward. The committed involvement of the private sector, local and regional actors, NGOs and other interested parties is also important at all levels of cooperation and consultation in the Partnership structure.

II. Focus on the NDPHS Strategy and the EU Strategy for the Baltic Sea Region

The focus of this Work Plan is on the implementation of the NDPHS Strategy and the Health sub-area of the EU Strategy for the Baltic Sea Region (EUSBSR) Action Plan. The NDPHS, which was developed by the NDPHS during 2009 and subsequently adopted during the 6th ministerial-level Partnership Annual Conference, defines goals and, linked to them, operational targets and indicators that constitute an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC. At the 8th Partnership Annual Conference, these goals and operational targets were revised in

[1] The Declaration Concerning the Establishment of a Northern Dimension Partnership in Public Health and Social Well-being, available at www.ndphs.org/?doc,Oslo_Declaration.pdf.
[2] Available at www.ndphs.org/?about_ndphs#New_NDPHS_Strategy.
[3] Available at www.ndphs.org/?eusbsr_introduction.

response to changing circumstances and to ensure that the Partnership remains relevant, focused and responsive to new priorities in the region. Consequently, this Work Plan has been developed on the basis of the revised goals and operational targets. The NDPHS Strategy is correlated to the priorities set through the health sub-area of the EUSBSR Action Plan. Therefore, the NDPHS Work Plan for 2012 is also to a large extent built upon these priorities.

Consistent with its Strategy, the Partnership shall continue to first and foremost be a forum for development of strategies and policies, and coordination of activities on health and social well-being in the Northern Dimension area. At the same time, it will continue its efforts to facilitate project activities, which are needed in order to provide results when it comes to concrete problems. Projects that complement the development of strategies and policies in the region should bring added value to the work of the NDPHS and keep its work as pragmatic and useful as possible.

By implementing the Work Plan the Partnership will continue working toward its mid-term vision, which it strives to achieve through NDPHS development and action.

NDPHS Vision: 2013

By the end of 2013, envisioned progress has been made in accordance with the goals agreed upon in the 2009 Partnership Annual Conference, thereby moving the Partnership towards the long-term goals set up in the Oslo Declaration. The Partnership has achieved tangible results in policy development and project facilitation. Activities which have been implemented, or are under implementation, balance both health and social dimensions and involve relevant actors and stakeholders in the region. The Partnership's functioning has been strengthened by the implementation of clear rules concerning organizational matters.

The Partnership's activities help address common problems shared by the societies in the region, and contribute to the improvement of people's health and social well-being in a pragmatic way. The Partnership is recognized as a useful source of knowledge and expertise by other actors in the region, and they approach the Partnership for cooperation and advice.

The Partnership is a dynamic cooperation with a well-operating and solid network, and benefits from access to the necessary resources for its work and aims to ensure the success of its ongoing and future visions and goals.

III. Action lines

During 2012, the Partnership will continue efforts to achieve its mid-term vision and to contribute to the implementation of the health-related actions in the EUSBSR Action Plan by taking actions along the following lines.

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

In 2011, the Partnership revised the goals and operational targets which constitute the core of the NDPHS Strategy adopted in 2009 and serve as an effective tool for the Partnership to ensure progress toward its mid-term vision. These goals and targets are divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas. It is planned that the operational targets will be implemented during 2010-2013.

➢ **Specific actions**

- (1.1) Continue efforts to implement the NDPHS operational targets.

  Consistent with its Strategy, the Partnership shall, *inter alia*, continue (i) policy and strategy development as well as the exchange of best practices and policies, and (ii) identifying problems in the region and developing project ideas which could be put in a market place; facilitate and, when relevant, "outsource" projects. In 2010, the Partnership started efforts to have at least one strategic project developed and subsequently implemented by it or other actors in each thematic area included in the NDPHS Strategy (cf. Annex 1). These efforts will continue and, where necessary, be strengthened;

- (1.2) Plan the implementation process beyond 2012.

  In order to ensure the achievement of the operational targets by the set deadline, the NDPHS Expert Groups and Task Groups shall elaborate their annual work plans for 2013, which shall specify the methods, milestones and resources with which the respective Operational Targets will be pursued and achieved during 2013. These work plans shall be presented to and discussed during the autumn meetings of the Expert Groups and Task Groups, and, upon their approval, be communicated to the PAC 9 through the NDPHS Secretariat (the EG/TG work plans will be included in the proposed NDPHS Work Plan for 2013 for approval by the PAC).

Action Line 2. Leading and coordinating the Health priority sub-area in the EU Strategy for the Baltic Sea Region Action Plan

Following an invitation by the European Commission, in 2009 the **NDPHS has taken the role of Lead Partner for the coordination of the Health sub-area of Priority Area 12** of the EUSBSR Action Plan. The health-related actions included in the EUSBSR Action Plan are properly addressed in the goals and operational targets included in the NDPHS Strategy, and the two strategies are correlated and complement each other in the area of health. When reforming its expert-level structures in 2010, the CSR tasked the new/reshaped groups to take appropriate actions to contribute to proper discharging of the Partnership's responsibilities as the Lead Partner for the Health priority sub-area in the EUSBSR Action Plan.

➢ **Specific actions**

- (2.1) Take the necessary actions to ensure successful discharging of the Partnership's role as the Lead Partner for the Health priority sub-area in the EUSBSR Action Plan. These include, but are not limited to coordination, engaging other actors and stimulating them to take up responsibilities, as well as monitoring and reporting on the progress in the sub-area.

- (2.2) Develop targets and indicators (1-2 per each priority action in the EUSBSR Action Plan and 1-2 for the Strategy general level). These targets and indicators shall be developed by the Expert Groups in coordination and cooperation with the NDPHS Secretariat and be submitted to the spring CSR meeting for approval for subsequent presentation to the European Commission. They shall be in full coherence with and complement the NDPHS Operational Targets and Indicators.

- (2.3) Further, where and when appropriate, the Partnership may become involved in other regional strategies and processes which are coherent with the Partnership's own goals and objectives, and where the Partnership can play a role.

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

Discussions about the EU Multiannual Financial Framework 2014-2020 have been commenced and will continue during 2012. In order to direct the attention of those concerned to the necessity of investing in health and social well-being, the NDPHS developed a Position paper which has been adopted during the same PAC that adopted the present Work Plan. The Position paper was developed to serve primarily as a tool to underline the importance of directing sufficient resources towards health and social well-being related issues in the EU funding programmes to be operating in the ND area.

Furthermore, in 2011, the Partnership embarked on collaboration with the Baltic Sea Network of the European Social Fund (BSN-ESF) and the ENPI CBC Karelia Programme. This cooperation has a potential to, *inter alia*, lead to more resources being granted for joint regional activities in the field of public health and social well-being.

- **Specific actions**

  - (3.1) Following the adoption of the position paper, take actions to publicize and promote the ideas and messages contained therein among relevant stakeholders;
  - (3.2) Pursue cooperation with the BSN-ESF, with particular emphasis on joint policy development as well as identifying and/or developing projects which would be eligible to apply for funding from the ESF;
  - (3.3) Pursue cooperation with the ENPI CBC Karelia Programme, through assisting in drafting of the Programme's 2012 Call for proposals on Balanced Social and Economic Wellbeing, and through developing projects which would be eligible to apply for funding from the Programme.

Action Line 4. Providing adequate funding for the NDPHS and Partnership-relevant activities and projects

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

The NDPHS has set up a Partnership's Coordinating and Financing Mechanism. Elements of this mechanism include, but are not limited to, the NDPHS Project Pipeline and the NDPHS Appropriations Account, which are among the tools that the Partnership will use to finance relevant activities and projects.

- **Specific actions**

  - (4.1) Actively seek and ensure that funding be made available for the NDPHS Expert Groups' and Task Groups' activities as well as other activities decided upon by the CSR or the PAC. The NDPHS Appropriations Account is a useful tool, which may provide micro-financing for initiating and possibly facilitating some project-based activities of the Partnership, and foremost its Expert Groups and Task Groups. At the same time, consistent with the NDPHS Strategy, the Partnership shall increasingly seek funding opportunities outside its own

framework (e.g., see item 4.2);

- (4.2) The Secretariat, in coordination with interested Expert Groups and Task Groups: finalize, in January, the request for financial support from the ENPI Regional East Indicative Programme 2010-2013 and submit it to the Delegation of the European Union to Russia.
- (4.3) Partner Countries: ensure payment of own contributions to the NDPHS Secretariat's budget on time.

Action Line 5. Increasing the Partnership's visibility

Whereas the implementation of several NDPHS operational targets will contribute to increasing the Partnership's visibility within and beyond the Northern Dimension area, the Partners recognize that further efforts are warranted to that end and agree to take action to that end.

➢ **Specific actions**

- (5.1) NDPHS Partner Countries and Organizations, which have not done so yet: include the links to the NDPHS website/database/project pipeline on your own websites;
- (5.2) Interact with relevant actors active in the Northern Dimension area and keep them informed about developments within the NDPHS;
- (5.3) Include provisions regarding the NDPHS in relevant high-level and other documents;[1]
- (5.4) Make presentations at national and international conferences and other events;
- (5.5) Continue efforts to produce and disseminate information and PR materials. These include, but are not limited to the NDPHS website, e-newsletter, e-news, press releases. NDPHS Expert Groups and Task Groups should be encouraged to produce both on-line and hard copy information materials;
- (5.6) Provide input to relevant publications, if possible;

Action Line 6. Establishing the NDPHS Secretariat with its own legal capacity

Recognizing that for the NDPHS Secretariat to be able to fully exercise its functions and fulfill its objectives it is indispensable that it would enjoy its own legal capacity, during the ministerial-level 8th Partnership Annual Conference in November 2011, the interested Partner Countries signed the *Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being*.

➢ **Specific actions**

- (6.1) The Partner Countries signatories to the Agreement: take appropriate steps nationally to ensure the rapid ratification of the Agreement;
- (6.2) The Host Country Sweden and the NDPHS Secretariat: finalize and sign the Host Country Agreement;

[1] The forthcoming Baltic Sea States Summit of Heads of States and Governments, to be held in May 2012 in Stralsund, Germany, offers one opportunity in this regard.

- (6.3) The Secretariat: develop a regulatory framework for the NDPHS Secretariat with its own legal capacity, including the Financial Rules of the Secretariat and a Personnel Handbook setting out detailed staff rules, administrative manual and regulations, and submit these documents for approval by the CSR.

Action Line 7. Monitoring the Partnership's progress and reporting on it

Every year the NDPHS prepares progress reports on its activities. These reports are prepared within the framework of the NDPHS Annual Reporting Mechanism[1] and are submitted to every autumn CSR meeting and/or PAC event. They take stock of the achievements made, describe enabling factors, strengths, obstacles and constraints regarding each group's work and the Partnership at large, and also present various recommendations to the CSR/PAC for consideration and decision. In addition to the above, acting in its capacity as the Lead Partner for the Health sub-area in the EUSBSR Action Plan, the Partnership also prepares annually a report to the European Commission on the progress in this area.

➢ Specific actions

- (6.1) All relevant structures of the Partnership: regularly monitor and discuss the progress in the implementation of the NDPHS operational targets and take action to ensure their successful implementation, as appropriate;
- (6.2) The NDPHS Expert Groups and Task Groups: develop own Annual Progress Reports closely following the reporting elements stipulated by the NDPHS Annual Reporting Mechanism and submit them to the NDPHS Secretariat within the deadline imposed by this mechanism;
- (6.3) The NDPHS Secretariat: based on the Expert Groups' and Task Groups' individual reports, develop an annual report on progress in the Health sub-area and submit it to the European Commission;
- (6.4) The NDPHS Secretariat: develop the NDPHS Annual Progress Report based on the Expert Groups' and Task Groups' individual reports and submit it to the PAC 9.

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[1] Available at www.ndphs.org/?doc,NDPHS_Annual_reporting_mechanism.pdf.

Annex 1

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

NDPHS goals, operational targets and indicators

Adopted during the 6th Partnership Annual Conference
25 November 2009, Oslo, Norway
and revised during the 8th Partnership Annual Conference
25 November 2011, St. Petersburg, Russia

Introduction

This document specifies the NDPHS goals and, linked to them, the operational targets and indicators adopted during the 6th Partnership Annual Conference (PAC) on 25 November 2009 and revised during the 8th PAC on 25 November 2011. They are meant to be an effective tool for the Partnership to ensure progress toward its mid-term vision adopted during the same PAC and have been divided into (i) an overall goal and operational targets, and (ii) goals and operational targets for thematic areas. **The operational targets can be modified by the CSR or PAC when justified and necessary**.

The Partnership's mission is to promote sustainable development of the Northern Dimension area by improving peoples' health and social well-being. The adopted overarching **goals** are what the Partnership should strive to achieve, either independently or as one of many actors in the ND area. The latter can be done either together with other organizations or by the Partnership alone.

The **operational targets** are specific, measurable and time-targeted objectives that should be achieved by the Partnership on its own or with the involvement of other actors during 2010 – 2013.

For each operational target at least one **indicator** is included, meant to serve as a tool for monitoring the accomplishment of that target by the Partnership and the overall progress towards the respective goal.

1. Overall goal, operational targets and indicators

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Goals, operational targets and indicators for thematic areas

The NDPHS goals and operational targets for thematic areas are closely aligned with the EU Strategy for the Baltic Sea Region. This is so considering that **the NDPHS has agreed to take the Lead Partner role for the Health priority sub-area in the EU Strategy for the Baltic Sea Region adopted by the European Council on 29-30 October 2009.**

Subject to further considerations and agreement, the NDPHS needs to make proper arrangements now to be able to play the above role, and the reflection of the above in the goals and operational targets is meant to be the first step.

At least one strategic project will be implemented for each thematic area by the NDPHS or other actors in the area.

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

Disparities in morbidity and mortality related to communicable diseases such as HIV/AIDS and tuberculosis will have been addressed by the NDPHS through the achievement of the following:

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

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

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

Indicator 2.1A/B: Number and coverage of projects facilitated by the NDPHS that contribute to reinforcing policy recommendations in the above thematic area.

Indicator 2.1C: A review of relevant policy recommendations developed by the NDPHS in the above thematic area.

Indicator 2.1D: Extent of the implementation of the LFA-based strategy of the EG.

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

Indicator 2.2A/B: Number of geographical areas, key populations at higher risk and number of partners that have been involved in the projects facilitated by the NDPHS.

Indicator 2.2C: Number and contents of events on promoting stakeholder involvement in future projects.

Indicator 2.2.D: Number and contents of supported projects which are covered by the EG strategy.

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

Indicator 2.3A: A jointly-developed best practices review is in place.

Required expertise on the NDPHS side: Expertise currently available in the HIV/AIDS&AI EG and the PPHS EG is required. Expertise regarding social matters is additionally required.

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

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

Indicator 3.1A: A review reflecting the best practices has been published.

Indicator 3.1. B: Contents of projects within EG strategy, focusing on the integration of health and social care services.

Required expertise on the NDPHS side: Expertise currently available in the HIV/AIDS&AI EG and the PPHS EG is required. Expertise regarding social matters is additionally required.

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

Through its partners, (including international organizations and national authorities) as well as its close links with health care bodies, the Partnership will contribute to policy formulation and strengthening coordination of activities aimed at counteracting the increasing resistance to antimicrobial agents. Where feasible, co-operation with the veterinary side should be sought.

Operational target 4.1: By 2012, the existing networks working on the above-mentioned goal are strengthened (steps are also taken to encourage the creation of the efficient surveillance of antimicrobial resistance and antibiotic consumption, with comparability between countries).

Indicator 4.1A: Number of new members added to the existing networks.

Indicator 4.1B: Increase in activity of the existing networks measured by conferences and trainings implemented.

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

Indicator 4.2A: Number of trainings successfully implemented, including all of their components.

Required expertise on the NDPHS side: Expertise currently available in the AMR TG, the HIV/AIDS&AI EG and the PPHS EG is required.

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

The NDPHS will have contributed to the improvement of access to and quality of health services through the achievement of the following:

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

As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a regional flagship project by 2011 fighting health inequalities through improvement of primary health care and reducing inequalities in access to qualified primary health care which demonstrate essential characteristics, like first contact, accessibility, continuity, comprehensiveness, coordination, and family and community orientation.

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

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

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

Indicator 5.2A: A jointly developed paper presenting population health care needs in the ND region is in place.

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

Indicators 5.2C: Jointly developed conclusions for education and professional development of primary health care teams with particular attention to PHC nurses and patient empowerment are in place.

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

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

Indicator 5.3A: Pilot project on tele-mentoring for career development of health professionals in remote primary health care.

Indicator 5.3B: Pilot project on tele-consultation for improved professional cooperation and quality in remote primary health care.

Operational target 5.4: By 2013 a review of policies and practices for primary health care services for migrants[6] will be presented and disseminated to inform and mobilize ND States and other stakeholders on migrant health issues.

Indicator 5.4 A: A report on policies and practices for primary health services for migrants developed and disseminated.

Indicator 5.4 B: Consultations in/within the ND Region held and a workshop organized.

Required expertise on the NDPHS side: Expertise currently available in the PPHS EG is required. Expertise regarding social matters is additionally required.

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

The NDPHS will have contributed to the number of changes towards improvement of inmates' health care, and condition of imprisonment and promotion of gender-sensitive prison policy through the achievement of the following:

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

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

Operational target 6.1: By 2012, through the series of actions organized by international organizations including the WHO Regional Office for Europe's Health in Prisons Programme, policy guidance on the provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary assessment of organizational structures of Prison Health services and their influence on access to health care institutions in different Partner countries has been carried out and best

[6] The generic term "migrant" refers to a diversity of persons including long-term and short-term migrant workers and their families, international students, asylum-seekers, refugees, irregular migrants, trafficked persons, internal migrants, internally displaced people, and returnees.

practices and challenges are identified. International experiences on prison health and examples of evidence-based practice have been disseminated.

Indicator 6.1A: Comments are provided to the draft document of WHO guidance on the Stewardship role for Prison Health, and the Expert Group is involved in its dissemination and promotion once ready.

Indicator 6.1B: Regional consultations and participation in WHO Expert Group meetings have been organized.

Operational target 6.2: By 2013, a documentation of lessons learned and good practices regarding gender- and group-specific health needs in prisons are shared at national and international seminars. Actions will be undertaken following up to the WHO/UNODC Declaration on Women's Health and will be implemented in close collaboration with WHO Regional Office for Europe's Health in Prisons Programme.

Indicator 6.2A: WHO/UNODC Checklists on Women's Health in Prison introduced and promoted, and piloting in some countries organized.

Indicator 6.2B: Successful compilation and completion of the documentation and distribution among the relevant professionals in the ND area.

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

Indicator 6.3A: A report on policies and practices on health services for migrants kept in places of detention developed and disseminated.

Indicator 6.3B: Consultations in/within the ND Region held and a workshop organized.

Required expertise on the NDPHS side: Expertise currently available in the PPHS EG is required.

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

Unequal socio-economic conditions and lack of empowerment among disadvantaged population groups play major roles in the development of non-communicable diseases (NCD). These circumstances contribute to increasing health inequities. However, policies and actions directed towards "vectors" of NCD will mitigate such health inequities. Hence, the NDPHS will have contributed to the development of comprehensive policies and actions in the entire region to prevent and minimize harm from tobacco smoking, alcohol and drug-use to individuals, families and society (especially young people) through the achievement of the following:

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

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

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

Operational target 7.2: By 2014, the above-mentioned project will have been implemented in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.

Indicators 7.2A: Indicators agreed by donors and implementing agencies will be used.

Required expertise on the NDPHS side: Expertise currently available in the ADPY TG, the ASA EG and the NCD EG is required.

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

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

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

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

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

Indicator 8.2A: Number of countries in which BSPC parliamentarians have addressed national parliaments to limit the impact of alcohol on society.

Required expertise on the NDPHS side: Expertise currently available in the ASA EG and the NCD EG is required.

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

The Goal, operational target(s) and linked to them indicator(s) are under revision. The proposal shall be submitted by ASA EG in due time to the CSR 20 Meeting to be held in 2012 for adoption.

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

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

Indicator 10.1A: A report on the implementation of the Declaration is in place.

Indicator 10.1B: Actions included in the Strategy are evaluated country by country.

Required expertise on the NDPHS side: Expertise currently available in the OSH TG is required.

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

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

Indicator 11.1A: A jointly-developed work plan addressing the above issues is in place.

Required expertise on the NDPHS side: Expertise currently available in the IMHAP TG is required. It should also be carefully coordinated with the Arctic Human Health Expert Group (AHHEG).

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

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

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

Indicator 12.1: Project application(s) submitted to financing agencies for funding.

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

Indicator(s) 12.2: Relevant indicator(s) developed by WHO and accepted by financing and implementing agencies will be used.

Required expertise on the NDPHS side: Expertise currently available in the NCD EG, ASA EG, PPHS EG, ADPY TG, IMHAP TG and OSH TG is required.

Annex 2

Expert Group on Alcohol and Substance Abuse

Work Plan for 2012

1. Objectives

The main role of the ASA EG is to act as the focal point for national inputs from the Partner Countries and Organizations on issues concerning alcohol and other substances. The Group works towards containment of the alcohol and substance abuse related harm and, in accordance with the NDPHS Strategy, aims to contribute to the achievement of the three following goals: (i) reduction of the impact on society and individuals of hazardous and harmful use of alcohol and illicit drugs in the Northern Dimension countries; (ii) change in pricing, access to and advertising of alcoholic beverages to direction, which supports the reduction of use of alcohol, and (iii) prevention and reduction of tobacco use and exposure to tobacco smoke in the Northern Dimension area.

The following three goals have been agreed for the ASA EG:

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

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

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

The Expert Group aims to contribute for **the EU Strategy for the Baltic Sea Region, Thematic area 3:** Prevent lifestyle-related non-communicable diseases and ensure good social and work environments*, through* supporting actions by developing comprehensive policies and actions in the entire region to prevent and minimise harm from Tobacco Smoking, alcohol and drugs use to individuals, families and society

2. Resources

Norway ensures the financing of the Chairman of the EG. Funding for ITA activities (60% of working time) is provided on the basis of an annual contract between the Ministry of Health and Care Services and the ITA.

Each partner provides the funding for the participation costs of its representative in the EG meetings.

3. Working principles

The ASA EG will continue its work based on a political mandate from the stakeholders of the partnership. The working concept will continue with new activities and new members. Regional collaborative networks and projects will be activated. Meetings twice a year will include not only evaluation of progress and new initiatives but also thematic sessions or meetings.

4. Activities to implement the Goals

The Expert Group developed a thematic report on the Alcohol Policies in the Northern Dimension area. This report provides a review of the current status of national strategies and programmes that are directed to influence alcohol availability, demand and consumption behavior of people. That included regulations of availability, license system for production and sale, education policy, research and prevention. On the basis of this report the group will continue to identify the current needs and most appropriate areas of common interest for international collaboration.

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

The ASA EG in collaboration with WHO will participate in EU Survey on Alcohol and Health. The WHO EURO will share questionnaire with the ASA EG, in order to prepare a Russian version of this questionnaire and collect data there. The data from NDPHS Partner countries will be collected by WHO office in close collaboration with ASA EG. At the last stage of the activities data from all ND countries including Russia will analysed in order to prepare and include it in the report prepared by NDPHS ASA EG.

Expected outputs

- Generation and dissemination of internationally agreed indicators for monitoring and evaluation of level of alcohol consumption, alcohol drinking patterns, health consequences and policy responses in NDPHS Partner Countries.
- Manage national and regional coordination of actors in the field of prevention of harmful use of alcohol through the WHO Euro and ASA EG
- Quality and strategic information concerning the implementation of interventions
- Report is entered and disseminated through the NDPHS and WHO data base
- Publications and other materials available.

A new project proposal related to the Reducing the public health impact of illicit alcohol and informally produced alcohol will be developed under this goal. The planning process will start in the beginning of 2012 and continue in summer 2012. Financing of the planning phase will come from DG Regio.

- Planning seminar in Moscow, Russian Federation (2 days). Six sponsored participants, and 5 participants who cover travel costs themselves.
- Planning seminar at WHO in Copenhagen, Denmark (2 days). Six sponsored participants, and 5 participants who cover travel costs themselves.

Those actions will be financed by DG Regio

Timeline: January - November 2012

The ASA EG will establish contacts with lead organization of Project European Minimum Quality Standards (EQUS), in the Prevention, Treatment and Harm Reduction of Drugs. This project is carried out by the Swiss Research Institute for Public Health and Addiction at Zürich University (ISGF) in collaboration with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and in contact with the World Health Organisation (WHO).

The ASA EG will facilitate the process of discussions with representatives from policy, practice and science to take forward the development of minimum quality standards, to share

good practice in the field of quality standards in drug demand reduction and to encourage and guide good practices in accordance with national and local circumstances.

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

The Baltic Sea Region Project on Reducing Alcohol and Drug Related Harm among Young People (BADY), targeted at young people in the Baltic Sea Region. The communities involved in the project will build a base for concrete actions by assessing the local alcohol and drug situation among young people and community readiness both in terms of structural and cultural possibilities for mobilizing and implementing future preventive interventions. Throughout the project period the participating municipalities will support each other by exchanging knowledge, ideas and practices.

The project is divided into six different Working Packages (WP), that will run parallel during various time periods. Each WP will implement its project plan in collaboration with an allocated Community Coordinator.

The intention is to start the project in January 2012. The first year of the project, the assessment of needs and mapping of the current situation among young people, and the community readiness as to organisational development and political structures (WP1-2), will be carried out in the participating communities. In late 2012 the policy and strategic prevention work development and implementation (WP3) are to be developed. In the beginning of 2012 the dissemination and communication (WP5) will accelerate as the project results intensify, and the evaluation and analysis of the project process (WP4) will take shape during the same start-up period**.**

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

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

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

In General the targets for the Goal 8 were successfully reached in 2011. In 2012, the ASA EG will continue collaboration with BCPS through the BCPS Secretariat and to follow up on BSPC resolution aiming the limit of the impact of Alcohol on Society. Possibilities to establish contact with other International bodies related to the **Pricing, access to and advertising of alcoholic beverages** will be investigated and analyzed.

The ASA EG will continue work on development of possible project proposal related to the sharing of Country experiences on the implementation of Global Strategy to reduce the Harmful use of Alcohol. The ASA EG will set up a small working group with the participation of Chair, Co-Chair and some country representatives, in order to start excessive discussions on preparation of policy recommendations by end of 2013. Internal preparations for identification of areas for joint activities already started.

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

Operational target 9.1: By 2012, experiences, legislation and best practices in tobacco control are exchanged through a series of actions organized by the WHO EURO with the participation of partners, including interested NDPHS Partners. Among the issues to be addressed are (i) the strengthening of the national tobacco control policies; and (ii) industry strategies targeting women and tobacco control strategies counteracting such strategies in the Region. Actions to be taken will be consistent with and contribute to the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and will be implemented in close cooperation with the FCTC Secretariat.

In 2012 WHO EURO will organize a so called counterparts meeting to discuss other issues not directly related to the implementation of the WHO FCTC in the region. The ASA EG will be involved in this work together with other partners of WHO

The draft of Best Practices will be distributed among the ASA EG members for their comments and possible inputs.

The ASA EG will develop project proposal to organize joint seminars for the representatives from Alcohol and Tobacco fields. The aim of the seminars will be to discuss and share experiences of development of Tobacco Convention, in order to strengthen the implementation of Global alcohol strategy and give stronger legitimacy to the alcohol Policy in the Partner Countries. Those trainings will also cover issues related to the better usage of available data for Policy development. These trainings/seminars can be seen as another step towards increased cooperation and strengthen comprehensiveness between the institutions from Alcohol and Tobacco fields.

5. Other activities

- Coordinate its work in relation to implementation processes of Global Strategy to Reduce the Harmful Use of Alcohol by WHO, and particularly at regional level within WHO-EURO. Advocate and lobby for the improvement of public health and social well-being, provide and communicate “collective knowledge”;
- Organizing of ***two Expert Group meetings*** in 2012
- Develop close contact to global and regional intergovernmental cooperation on substance abuse
- Collaboration with other NDPHS expert groups, especially with the NCD EG
- Monitor the progress of the Task Group on Alcohol and Drug Prevention among Youth and advise it, as appropriate.
- Contribution to PAC, CSR, EG chairs and ITAs and other relevant NDPHS meetings
- Other additional activities according to the needs during 2012.

Annex 3

Expert Group on HIV/AIDS and Associated Infections

Work Plan for 2012

1. Objectives

The main role of the Expert Group is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the Expert Group works towards the achievement of Goals 2 and 3 as specified in the NDPHS Strategy through the implementation of the Operational Targets 2.1, 2.2., 2.3 and 3.1, included within these Goals. Further, the Expert Group will contribute to the implementation of the Operational Targets specified within Goal 1 and other relevant thematic Goals.

Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved
Goal 3: Social and health care for HIV infected individuals in the ND area is integrated

The objectives of the NDPHS HIV/AIDS and Associated Infections EG include promotion of regional collaboration around the Baltic and Barents Seas, involving partners through activating joint projects and creating networks of experts, NGO's and other relevant bodies. Another objective is to enhance harmonization of procedures when it comes to primary and secondary prevention, surveillance and case management.

The Expert Group aims to contribute for **the EU Strategy for the Baltic Sea Region, Thematic area 1:** *Containing the spread of HIV/AIDS and tuberculosis through partnerships and international collaboration in prompt and quality care for all, focusing on Tuberculosis / HIV co-infection and ensuring early diagnosis of HIV infections, providing access to treatment and strengthening interventions to reduce vulnerability especially for Injecting Drug Users (IDU), prisoners, etc.*

2. Resources

Finland ensures the financing of the Chairman of the EG on the basis of an annual contract between the Ministry of Social Affairs and Health and the EG Chair. Funding for ITA activities (60% of working time) is planned to be covered through a project financed by the Ministry for Foreign Affairs and implemented by National Institute for Health and Welfare (THL). (A new application has been submitted for 2012.)

Each partner provides the funding for the participation costs of its representative in the EG meetings.

3. Working principles

The HIV/AIDS and Associated Infections EG of NDPHS will continue its work based on a political mandate from the stakeholders of the partnership. The working concept will continue with new activities and new members. Regional collaborative networks and projects will be activated. Meetings twice a year will include not only evaluation of progress and new initiatives but also thematic sessions or meetings. The group will also provide support to updating national HIV-policies and enhance development of clinical training and

harmonisation of case-management. In the coming years, proper implementation of ARV and its connection with effective preventive work will be a great challenge. Equally important will be the challenge posed by dual infections by HIV and Tb, both affecting the same population groups.

The work of the Expert Group has been based on Recommendations for priorities which were presented in the Thematic report (HIV/AIDS in the Baltic Sea Region and Northwest Russia, http://www.ndphs.org/?database,view,paper,20).

The recommended priorities are the following:

- Regional collaboration
- Integration of social and health care for HIV-infected individuals
- Prevention of HIV among drug users
- Enhancing cross-border bilateral activities
- Promoting harm reduction policies among drug users
- Prevention of HIV/TB dual infections
- Prevention of HIV among MSM
- Prevention of MTCT
- Enhancing implementation of common best practices

4. Activities to implement the Goals

The Expert Group will provide a review of the current status of the HIV/AIDS epidemic and associated infections (tuberculosis, viral hepatitis, STIs), in the geographic region of interest of the Expert Group (around the Baltic and Barents Seas). On the basis of the results of this review the group will continue to identify the current needs and most appropriate areas of common interest for international collaboration.

Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved
"As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a project by 2011 that involves relevant stakeholders in the region and pays proper attention to the penitentiary system. This project will be implemented by 2014…"

The Expert Group will follow up and support the implementation of the project **Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast.**

- The purpose of the project is: Services to contain HIV and TB among IDUs are developed.
- Partners and associated partners of the project are: NGO YLA (Kaliningrad) - lead partner, Monar Association (Poland), Deutsche AIDS-Hilfe, Ministry of Health of the Kaliningrad Oblast, NCM Kaliningrad office, National AIDS Centre (Poland) and the Centre for Communicable Diseases and AIDS (Lithuania).
- Financing will come from the Non-State Actors and Local Authorities Programme for the Baltic Sea Region, EU. Contract negotiations will start in autumn 2011.

A new project proposal/several proposals will be developed under this goal. The planning process will start in December 2011 and continue in spring 2012. Financing of the planning phase will come from DG Regio.

- Planning seminar in Rovaniemi, Finland (2 days). Five sponsored participants, and 5 participants who cover travel costs themselves. March 2012
- Planning seminar in Sopot, Poland (2 days). Five sponsored participants, and 5 participants who cover travel costs themselves. June 2012.

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

Operational target 2.2. Geographical areas in urgent need of further local or regional projects are identified, and partners to be involved in these projects are recommended

Several Expert Group members will be involved in the project ***"Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups (TUBIDU)"***. The project aims at prevention of IDU- and HIV-related TB epidemic. 13 organisations from 12 countries participate. Financing comes from EU.

A seminar/ workshop for NGOs and other actors on project development will be organized, if financing will be identified and available. One of the main tasks of this workshop will be in providing further information and views for the finalization of the operational planning of the Expert Group concerning needs, problems, challenges etc., especially from the point of view of the civil societies. Proposed time: May 2012.

NDPHS labelled projects

The long-term priority of the Expert Group in promoting low threshold services for drug users, sex workers and bridging populations will be implemented in the project ***Development of low threshold services in Leningrad Region*** *(2010-2012*). The project replicates, in a modified way, the activities of the earlier projects in Murmansk and Kandalaksha. The project focuses on training for health professionals and outreach workers. Lobbying of low threshold services will be continued. An application for 2012 is submitted.

The project ***HIV prevention among reproductive-aged women in the Republic of Karelia*** (2010–2012) In 2012 the training programme will be completed; a survey on knowledge, awareness and attitudes among health workers and patients will be conducted; information and education materials will be printed. An application for 2012 is submitted.

Strengthening of municipal anti-drug networking in the Murmansk Region (2010–2012)***.***
Plans for 2012 include completing training of municipal authorities and other actors, incorporation of the developed operations model into municipal anti-drug work, as well as further development of the web site www.narkopolitika.ru. An application for 2012 is submitted.

Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Regions (Phase III); Technical Assistance and Coordination (2011–2013). Coordination of the Barents HIV/AIDS Programme and the HIV/AIDS&AI Expert Group of NDPHS is financed through this project. Application for 2012 is submitted.

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

Financing will be searched to prepare a review of best practices documents on above mentioned items.

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

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

Preparation of a review on best practices of integration of social and health care for HIV-infected individuals.

A review of evidence-based experiences and best practices on integration of social and health care services for HIV-infected individuals will be shared among Partner Countries. Special emphasis will be placed on coverage of the most vulnerable population groups. Based on the review, policy recommendations will be produced.

Specific actions to be financed by DG Regio are:

- Desk-study.
- Interviews of the experts in the NDPHS HIV/AIDS&AI Expert Group and other relevant experts. (Three country visits, other interviews by e-mail or phone.)
- Writing of the preliminary review on best practices of integration of social and health care for HIV-infected individuals. Sending it out to the interviewed experts.
- Collecting of comments on the preliminary review.
- Finalization of the review and its dissemination.

Use and dissemination of results:

1) Based on the review, policy recommendations will be produced.
2) The policy recommendations will contribute to the development of national policies.
3) The results will be disseminated through the NDPHS network. The tools include, but are not limited to the NDPHS website, NDPHS Database, NDPHS e-newsletter, NDPHS e-news, NDPHS press releases and hard copy materials.

Timeline: February - September 2012

Barents region collaboration

There is a close link between the activities of HIV/AIDS&AI EG and the Barents HIV/AIDS programme Steering Committee. A large number of HIV-related projects have been and are being implemented in the Barents Sea Region (covering such areas as Murmansk region, Archangelsk region, Karelia and Komi) in collaboration with the EG. ITA of the EG is financed through a project that includes activities in the Barents Sea Region further promoting the collaboration and coordination between these two programmes.

A new Barents Tuberculosis Programme has been approved in the beginning of 2011 The Tuberculosis Programme is planned to work under the JWGHS and to have contacts with HIV/AIDS&AI EG and PPHS EG through ITAs, as well as Scandinavian and Russian participants.

5. Other activities

- To share among experts inside the Group the knowledge on what is going on in other expert and political fora thematically related to the area of interest of the Group
- To collect information on all opportunities of collaboration and possible financing in the area of interest of the group
- Organising of ***two Expert Group meetings*** in 2012 (one of them in Sweden, another one in some other country)

- As the Expert Group was renamed in June 2010 and it includes also "Associated Infections", there is a need to extend activities to deal also viral hepatitis and STI:s in addition to tuberculosis.
- Carrying out and finalizing a planning process, based on the Logical Framework Approach, with the intention to involve and consult large variety of stakeholders in partner countries in identifying current challenges, setting practical objectives and identifying concrete activities and project ideas for further support. Through this process LFA-based tools can be applied and, hence, more added value can be produced to partner countries and organizations.
- Contribution to PAC, CSR, EG chairs and ITAs and other relevant NDPHS meetings
- To benefit from the recommendations of EU HIV Think Tank expert group and to disseminate conclusions from other international fora, like PCB UNAIDS.
- Collaboration with other NDPHS expert groups, especially with the Expert Group on Primary Health and Prison Health Systems (PPHS)
- Other additional activities according to the needs during 2012.

Annex 4

Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments

Work Plan for 2012

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[N.B.: Change of ITA is likely in 2012]

1. Introduction
Following the recommendation made by the CSR-17/ NDPHS, new Expert Group on **"Non-Communicable Diseases Related to Lifestyles and Social and Work Environments**" **("NCD EG")** was established in June 2010. Hence, year 2012 will be the second full year of operation for NCD EG and its methods of work are well established in 2012.

We know already a lot about the epidemiological changes of unhealthy lifestyles and what will be the consequences to population health. The message is clear: We urgently need to scale up public health policies and action due to hazardous and harmful lifestyle of our populations leading into worsening epidemic of obesity, mental un-health, alcohol and tobacco related problems. Unhealthy lifestyles are not a natural catastrophe but a man-created societal problem. The WHO Director General Dr Margaret Chan describes it as a

“slow-motion catastrophe”. which due to the fact that it hits people every day, every month , and every year by thoudands of victims, we have grown numb of this outrageous situation contrary to the “fast-motion catastrophes” like tsunamis, terrorist attacs and earth-quakes for which immediate action is made effectively.

Yet, experience shows that also the NCD-trend can be reversed to the better by man-made policies, practical measures, and evidence based interventions. It will require strong political commitment and determined courageus action supported by integrated programmes by health-, social-, education- and other sectors. New innovation, holistic approach, and international collaboration will be needed, where the NDPHS NCD EG will act as catalyst through:

- *Facilitating lifestyle and social wellbeing and work environment related WHO and ILO Declarations and Conventions such as, e.g., on obesity/nutrition, mental health, accidents & violence, and NCDs in general.*
- *Advocating and lobbying for the improvement of public health and social well-being, provide and communicate “collective knowledge;”*
- *Improving general awareness and increasing positive attitudes towards NCD prevention, care and rehabilitation,*
- *Promoting healthy lifestyles and non-communicable disease prevention oriented service systems and health sector reforms with attention to populations at risk and to take into account response capacity in rural and remote locations;*
- *Contributing to the development of national policies that respond to the needs and requirements of the Partner Countries;*
- *Mapping and identifying Member Countries’ needs for technical and financial support to scale-up national programmes, and encouraging requests for assistance;*
- *With assistance from the NDPHS Secretariat, facilitating practical and project oriented activity and support efforts to provide technical assistance and disseminating best practices among the public and private stakeholders in terms of planning, implementing and monitoring various projects and programmes in the field of the Expert Group;*
- *In collaboration with suitable implementing agencies, formulating and developing ideas for project proposals (including flagship projects), facilitating the project application, and if funding is available following-up on their implementation.*

The time is now very opprtune –probably better than ever - to move forward the NCD prevention and control and healthy lifestyle agenda, as in 2011 landmarks in the healthy lifestyle promotion and non-communicable disease prevention and control in the form of following action of the World Health Organization and UN were adopted, among others by all Northern Dimension Partnership countries’ governments. These were:

- **The report of the 1st Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases Control including the Moscow Declaration** of the above mentioned Conference http://www.euro.who.int/moscow-declaration-of-healthy-lifestyles-and-ncds
- **Action plan for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012-2016** http://www.euro.who.int/ncd-actionplan
- **Political declaration adopted at the UN General Assembly - 18 September 2011 on the Prevention and Control of Non-communicable Diseases** http://www.un.org/ga/search/view/ doc.asp?symbol=A%2F66%2FL.1&Lang=E

Additional momentum for promotion of healthy lifesyles and NCD prevention and control was provided by the 8th NDPHS Partnership Annual Conference in November 2011 adopting the NDPHS Action Statement for Non-communicable Disease Prevention and

Control 2012-2016 after discussions during PAC-8 Side-Event "Healthy lifestyle - the corner stone of public health"
hosted by NDPHS Chairing country Russian Federation , financialy supported by Germany, and jointly organized by NDPHS EGs and TGs.

1. NCD-EG Meetings:

1.1 Two NCD EG meetings (tentatively NCD-4 in March and NCD-5 in September 2012). One of these meetings is planned to take place back-to-back with OSH and IMHAP TGs (if mutually agrees), and one of these meetings to take place back-to-back with ASA EG (if mutually agreed).

1.2 Ad hoc meetings, workshops, seminars and conferences: the overall purpose of seminars and conferences in 2012 should be to support the scaling up of NCD flagship-projects. One project planning meeting thentatively in March is still planned on finalization of Flagship A and Flagship-B project and on identification of interested implementing partners. with the financial support of the European Commission DG for Regional Policy.

2. Projects
As part of the implementation of NDPHS Action Plan 2011, the NCD EG plans to promote the grant application and start up of two Flagship-projects in the NCD-prevention area:

- NCD EG Flagship-A Project : Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area (project concept available on www.ndphs.org → NCD EG)
- NCD EG Flagship-B Project: Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area (project concept available on www.ndphs.org → NCD EG)

These project concepts have been elaborated during 2011 in an intensive process in 3 Flag-Pro planning meetings and they are in 2012 ready for real grant application process and competition aiming at EU funding. This process will also require from the NCD Secretariat and members intensive negotiations with EU DG SANCO, DG REGIO and others. Partnership discussions with participating countries and potential implementing partner agencies likewise will require vigourous effort. NCD Flagship project planning process will need urgently (preferably already in late 2011) a project coordination consultant /group to become operational in the final project proposal process. NDPHS secretariat at NCD-3 meeting has committed to assist in the identification and funding of such agency.

- Call for projects in January 2011 by Delegation of the European Union to the Russian Federation to Non-State Actors and Local Authorities Programme for the Baltic Sea Region (within the framework of priorities of the Northern Dimension) and participation of NCD EG organized project consortium team in the competition has lead to preparation of full Project Application submitted in June 2011. [This project proposal's scope is € 250.000 focusing on Saint Petersburg selected rayons. The grant was successfully awarded and the project was launched 1 December 2011. This project is expected to serve as a useful pilot for the full NCD Flagship-B project. (project document available on www.ndphs.org → NCD EG). In 2012 the task of NCD EG will be to assist in the start-up of the project and participate actively in the project steering group.

- Re-formulated NCD new Goal 12 adopted by the CSR-19 in October 2011 states that "the impact in the ND countries of all main causes /risk factors of lifestyle related NCDs (in addition to alcohol and tobacco) are addressed: overweight, low fruit and vegetable intake, high salt-intake, trans-fat avoidance, insufficient vitamin-D intake,

high blood pressure, high blood cholesterol, low physical inactivity (sedentary lifestyle) and factors related to mental health problems ." As in 2012 WHO-EURO is aiming to elaborate and endorse a European Mental Health Action Plan, in 2012 it will be timely to follow up the process together with the unit of Mental Health. After WHO-EURO Regional Committee 62 the NCD EG will assess the possibilities towards preparation of a NDPHS Flagship-Project on mental health. during 2013.

3. Planned activities based on new NDPHS Action Plan on NCD prevention and control (adopted by PAC-8 in November)

Based on the new challenges put forward by the above mentioned document, NCD EG aims to start up the process for following action:

- To assess and monitor the public health burden imposed by non-communicable diseases and their determinants, NCD EG aims to work actively for the establishment of a system on "Northern Dimension Partnership Health Monitor: Social Determinants of Health Behaviours in Northern Dimension Partnership Area". This can be done by using the experience of the FINBALT Health Monitor project since 1994. The results have been reported and published at the 10th Nordic Public Health Conference in 2011. The work so far includes 4 Northern Dimension area countries, namely Estonia, Finland, Latvia and Lithuania. Although EU, WHO, OECD and other data-bases provide ample information on social determinants of health behaviours leading into non-communicable diseases, we need an easily digestable, practical tool to systematically follow up and disseminate such comparable information for all ND Partnership Countries. (see Report 25/2011 National Institute for Health and Welfare/ Finland: Social Determinants of Health Behaviours. FINBALT Health Monitor 1998 – 2008.

- To develop and disseminate a practical method to assess the impact of premature, preventable causes of loss of human capital due to lifestyle related non-communicable diseases and causes (= PYLL):
  The potential years of life lost (PYLL) rate describes the number years lost due to premature death in a population. From a social and national economic point of view, this is equal to loss of human capital/resources. The rate is calculated on the basis of the difference between the age at death and the expected length of life, and it is determined by the cause of death according to the ICD-10. The method reviews the time of death in relation to pre-defined life expectancy. The rate is age-standardized and expressed as a sum of all deaths per 100,000 person- years. The analyses of Potential Years of Life Lost (PYLL) in target populations have been systematically used in Finland and in Canada for the last 10 years at municipal and regional levels, through process that aims at facilitating the "management of change" and monitoring of progress. The PYLL rate provides comparable information about the wellbeing of a population concerning all preventable premature causes of death. It provides supplementary information for planning and decision-making for health policies. The potential years of life lost rate is one of the most used indicators for the wellbeing of the population. The differences in wellbeing between countries and regions are affected by various different factors: genes, living habits and environment, catastrophes, health policies in a country or region, various functions of different sectors of the society and practiced social and health policies. The potential years of life lost rate offers the possibility to compare, monitor and evaluate the wellbeing of population internationally between municipalities, sub-regions, regions and countries. It has proven to be a practical and effective tool to motivate local decision makers to better implement health in all their policies and monitor the progress. .

4. Other NCD EG activities:

- Starting from PAC-8 thematic NCD paper to produce a more elaborated analytical "position paper" on NCDs jointly with ASA EG, PPHS EG, ADPY TG, OSH TG and IMHAP TG (their agreement must be consulted) in collaboration with WHO-EURO (their agreement must be consulted)
- Continued work on strengthening links with main partners (especially WHO-EURO, ILO/Russia, Nordic School of Public Heallth in Gothenburg/ Sweden, Northern Dimemsion Institute (NDI) in Lappeenranta/ Finland, Baltic Region Healthy Cities Association in Turku Finland, and national actors on NCDs and healthy lifestyles in ND countries, especially those who have nominated their members to NCD EG.
- Strengthened collaboration with NDPHS Secretariat in Stockholm.
- Strengthening collaboration with Nordic Council of Ministers offices in St. Petersburg, Kaliningrad, and Petrozavodsk.
- Based on our previous experience, NCD EG secretariat and members will need to respond to *ad hoc* requests from our partnership countries and organizations to bring the NDPHS experience and expertise to discussion for dealing with NCD priorities. These requests are always seriously considered and responded to if possible. However, in 2011 the project preparation action will be our priority and therefore only responding to requests that would support this process could be responded to.

4. NCD EG representatives:

NCD EG Nominated Representatives and alternates as per 29 September 2011

Country/ Organization	Family name	First name	Representative status	Phone(s)	E-mail
FINLAND	**VIENONEN**	Mikko	Chair of the EG	+358 50 4421877	m.vienonen@kolumbus.fi
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WHO	**TSOUROS**	Agis	Main rep.	+45 39 171 509	ATS@euro.who.int
WHO	**MAUER-STENDER**	Kristina	Alternate 1	+45 39 171 603	KMS@euro.who.int
WHO	**BREDA**	Joao	Alternate 2 (nomination in process)	+45 39171302	JBR@euro.who.int

Annex 5

Expert Group on Primary Health and Prison Health Systems

Work Plan for 2012

Background and Rationale

Policy makers in all countries of the Northern Dimension Region try to find solutions about how to cope with an increasing demand and the costs of overall health care. International evidence proved that strengthening of primary health care is considered a very important component the reforms of health care systems to assure more equity and better health of population and more appropriate and efficient use of overall health care resources. Health systems strengthening, in order to improve the health outcomes and reduce the burden of major communicable and non-communicable diseases is one of the areas of the Partnership Strategy. Proposed thematic areas for the Partnership's action are accessibility and quality of Primary Health Care, including health promotion at community level and integration of individual and public health. EU Baltic Sea Region Strategy within area 12 "To maintain and reinforce attractiveness of the Baltic Sea Region in particular through education, tourism and health" among other proposed cooperative actions calls countries for action ***"Fight health inequalities through the improvement of primary healthcare"*** by assessing differences in the accessibility and quality of primary health care in the region, by reviewing the situation of patients and health professionals including their deployment, mobility and training and by promoting e-health technology as a means for closing gaps in healthcare access and quality. Qualified primary health care should be equally accessible for all population groups, including those confined to imprisonment. Therefore improved cooperation and coordination between the Primary and Prison Health systems is vital.

The following two goals have been agreed for those areas:

- **Goal 5:**Inequality in access to qualified primary health care in the ND area is reduced;
- **Goal 6:** Prison policy in the ND area provides for that the health and other needs of inmates are readily met and easily accessed, and that gender specific needs of women and the needs of children accompanying their mothers are addressed.

Thus, pursuant to the following provision for the Committee of Senior Representatives (CSR) as spelled out in the "Declaration Concerning the Establishment of a Northern Dimension Partnership in Public Health and Social Well-being," adopted by the Ministerial Meeting in Oslo, Norway, on 27 October 2003:

- "In order to carry out its tasks, the Committee of Senior Representatives may establish Expert Groups, consisting of experts from interested Partners and Participants and other international experts, as appropriate,"

the CSR decided at its 17th meeting in Moscow, Russia, on 29-30 June 2010 to transform the Expert Groups on Primary Health Care and on Prison Health to one single expert group **on Primary Health and Prison Health Systems (PPHS EG)**aiming at pursuing the above-mentioned goals.

Objectives

The main role of the Expert Group is to act as the focal point for national inputs from the Partner Countries and Organisations. In this capacity, the Expert Group has the overall objectives to: work towards the achievement of Goals 5 and 6 as specified in the NDPHS Strategy through the implementation of all Operational Targets included within these Goals. Further, the Expert Group will contribute to the implementation of the Operational Targets specified within Goal 1 and other relevant thematic Goals.

The Expert Group also contribute to the EU Strategy for the Baltic Sea Region, by coordinating prioritized in the strategy cooperative action for health: *Fight health inequalities through the improvement of primary healthcare.*

Scope of Responsibilities

According to the abovementioned Oslo Declaration, under the guidance of the CSR, an Expert Group may have an advisory role and/or provide professional input to the preparation and implementation of joint activities carried out within the framework of the Partnership. Also, the Declaration permits Expert Groups to "facilitate professional exchanges, increase co-ordination among Partners and Participants and monitor joint activities within their area of expertise."

Consistent with these provisions, the Expert Group has the following scope of responsibilities:

- Promote the principles and objectives of the Partnership in the field of health systems development with a special emphasis on primary health care and community health promotion for all citizens including those confined to imprisonment and develop strong partnerships with a wide variety of stakeholders to ensure that the Partnership achieves maximum results;
- Establish and maintain relations within the Partner Countries and Organisations as well as with international and national organisations, and other institutions as appropriate;
- Establish connections and co-operation with other NDPHS Expert Groups and Task Groups especially with regard to the cross-cutting Operational Targets;
- Promote general awareness concerning the role and significance of comprehensive primary health care, including health issues related to penitentiary institutions, as one of the cornerstones of a well-functioning health care system;
- Specifically focus on health promotion with a community perspective;
- Ensure that ethics and citizens´ and patients' perspectives continue to be fundamental in all its work;
- Work towards the development of positive attitudes towards professionals in health care, social and penitentiary services;
- Take into account the equity perspective, the needs of vulnerable groups, the threats of communicable diseases, public health perspectives, the situation for children with parents confined to prison sentences, and gender questions as cross cutting issues;
- Promote environmentally sustainable development in the Expert Group's actions;
- Contribute to the development of national policies that respond to the needs and requirements of Partner Countries;
- Map and identify Partner Countries' needs for technical and financial support to scale-up national programmes, encourage requests for assistance;

- In collaboration with suitable implementing agencies, formulate and develop ideas for project proposals (including flagship project), facilitate the project application, and if funding is available follow-up on their implementation;
- Monitor the progress of the Task Group on Antimicrobial Resistance and advise it, as appropriate;
- In association with Partners, and with assistance from the NDPHS Secretariat, support efforts to provide technical and other forms of assistance to governmental and national partners in planning, implementing and monitoring programs to scale up Primary and Prison Health Care systems for all citizens;
- Provide the Partnership website/database with information concerning the Expert Group's work;
- Provide feedback and report on progress to the CSR, and provide the NDPHS Secretariat with updated information, when appropriate;
- Co-ordinate its activities with other Partnership programmes in areas of mutual interest, as well as with related activities of other international organisations, to avoid the duplication of activities;
- Take any other appropriate actions to contribute to proper discharging of the Partnership's responsibilities as the Lead Partner for the health priority sub-area in the Action Plan of the EU Strategy for the Baltic Sea Region;
- Other responsibilities, as approved by the CSR or the Partnership Annual Conference (PAC).

The official language of the Expert Group is English.

IV. Resources

Sweden ensures the financing of the Chairman of the EG and ITA on primary health care issues (15% of working time). Funding of another ITA, on prison health issues, activities (20% of working time) is planned to be covered by Government of Norway.

Each partner provides the funding for the participation costs of its representative in the EG meetings.

Activities to implement the goals

Thematic area 2: Accessibility and quality of primary health care

Goal 5: Inequality in access to qualified primary health care in the ND area is reduced. As part of efforts to contribute to the above-mentioned goal, the NDPHS have initiated a regional flagship project ***Improvement of public health by promotion ofequitably distributed high quality primary health care systems*** (IMPRIM) which is implemented by 11 Partners from 6 countries under EU BSR Programme 2007 -2013. This project will be implemented until the end of 2012. Project activities are limited within 6 countries and do not include such countries like Russia and Poland, where development of quality of primary health care it is also very actual. Therefore special efforts of PPHS EG in year 2012 should be devoted to facilitate projects targeted to NW Region of Russia and Poland.

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

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

Differences in the accessibility of qualified primary health care to some extend are addressed by Imprim project activities. ITA of EG Arnoldas Jurgutis, Finnish EG member Ms Paula Vainomaki and Latvian EG Member Aigars Meizitis contributed to the development of operational system of evidence based and widely recognised quality indicators. In year 2012 selected indicators will be set to monitor differences in the accessibility of qualified primary health care in Estonia, Latvia, Lithuania and Belarus. Improvement of primary health care is considered as high priority of health care system development in Russian Federation. PPHS EG in year 2012 have to facilitate project proposals in NW Russia, with the aim to assess and to address differences in the accessibility of qualified primary health care.

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

Indicator 5.2A: A jointly developed paper presenting population health care needs in the ND region is in place.

Documents, developed by Imprim project activities, also by other recently implemented projects in ND region, and which are related with population health care need assessment should be considered by EG Members and discussed during PPHS Autumn meeting 2012. Decisions on objective and outline of such jointly developed paper, presenting population health care needs should be made by the end of 2012.

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

Materials for the position paper already have been partly collected since year 2009. Some additional resources is needed to finalise this report during 2012. It is agreed that Finnish member Paula Vainiomaki could lead a process of further development of this report.

Indicators 5.2C: Jointly developed conclusions for education and professional development of primary health care teams with particular attention to PHC nurses and patient empowerment are in place.

The outline of the policy document *Strategy for professional development of PHC in the BSR with a focus on interaction between doctors- nurses and continuous professional development* have been presented and discussed during PPHS EG Meeting in Moscow. Document will be developed by the end of 2012 in the frame of Imprim project.

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

Following activities well contributing to OT5.2 and resulting in policy conclusions (through piloting of new tools, models) is planned for 2012:

- Imprim project activities: In year 2011 new PHC quality indicators and new payment schemes have been introduced in Latvia and in year 2012 are planned to be introduced in Klaipeda region (Lithuania) and Gomel region (Belarus). Intermediate result of these pilots will be ready autumn 2012. Transnational conclusions for providing cost effective financial incentives for better quality of primary health care should be formulated by the end of 2012.
- Activities funded by DR Regio: Expert Group in year 2012 contributes to the NDPHS project funded by DG REGIO with activity on *Development of Transnational Policy Conclusions on Best Model Solutions for Local Hospitals to support High Quality Primary Care in the Baltic Sea Region.* Activities of this subproject start Dec 2011 and will be

implemented till the end of 2012. The EG plan to collect and prepare background material for a future project on the future role of local (district, rayon, etc.) hospitals as a structure covering the interface between primary health care and specialist care. Transnational policy conclusions on how the local hospital's capacity could be used more efficiently in addressing changing health needs of the community are particularly actual for Baltic countries, Finland, Russia.

- Project funded through NDPHS pipeline (Norwegian Funds): Project implemented by Tromso University (Norway) in cooperation with Kaliningrad partners - E. Kant University and Association of Family Doctors since 2011. Objectives of the project: To give advise of how to develop a well functional integrated care (collaboration between the primary health care and the specialized care) and providing health care in rural and remote districts in Kaliningrad. Project activities should be finalised in year 2012 and project results planned to be disseminated.

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

Indicator 5.3A: Pilot project on tele-mentoring for career development of health professionals in remote primary health care.

Assesment the regional needs and strategic opportunities of tele-mentoring to avoid professional isolation of health professionals in remote primary care. It counteracts brain drain and professional isolation in sparsely populated areas for more equal access to primary health care in BSR.

Indicator 5.3B: Pilot Project on tele-consultation for improved Professional cooperation and quality in remote primary health care.

To ensure that population in pilot project area can access the same quality services not depending of their location (urban or rural).

Indicator 5.3B: Pilot Project on tele-consultation for improved Professional cooperation and quality in remote primary health care.

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

New operational target should be adopted by PAC in November. If adopted, activities will start year 2012.

Indicator 5.4A: A report on policies and practices for primary health services for migrants developed and disseminated

Indicator 5.4B: Consultations in/within the ND Region held and a workshop organized

Thematic area 3: Prison health care policy and services

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

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

Operational target 6.1: By 2012, through the series of actions organized by international organizations including the WHO Regional Office for Europe's Health in Prisons Programme, policy guidance on the provision of health care services in the penitentiary system, which are equivalent to the standard available in the general community, are developed. Preliminary assessment of organizational structures of Prison Health services and their influence on access to health care institutions in different Partner countries has been carried out and best practices and challenges are identified. International experiences on Prison Health and examples of evidence-based practice have been disseminated.

The stewardship work starting with the Moscow Declaration on Prison Health as part of Public Health of 2003 which encouraged close working between the Ministries of Health and Justice in providing health care to prisoners. The Oslo Declaration of NDPHS on Prison Health, adopted in 2008 underlined that Governments cannot ignore prison health issues, as they constitute a fundamental component of public health, *emphasizing* that the health and well-being of prisoners are beneficial to the society as a whole, including, but not limited to social and economic development the importance. The Expert Group has been established to help WHO to develop a toolkit which could be used to assist States who wished to assess their stewardship for prison health achieve this.

Specific actions:

1. to participate in drafting a paper on equivalence and circulate to Expert Group members for comments to work on developing a checklist
2. WHO to circulate updated draft framework and checklist to Expert Group members for comment.
3. To draft the guidance suggestions and recommendations
4. To draft the Outline of all relevant issues related to the stewardship for prison health

Timeline: January – August 2012

Operational target 6.2: By 2013, a documentation of lessons learned and good practices regarding gender- and group-specific health needs in Prisons are shared at national and international seminars. Actions will be undertaken following up to the WHO/UNODC Declaration on Women's Health and will be implemented in close collaboration with WHO Regional Office for Europe's Health in Prisons Programme.

The checklist was developed in order to follow-up to the *Declaration on women's health in prison: correcting gender inequity in prison health* and are designed to be used to review the present position regarding women's health and health care in prison.

The PPHS EG will develop project proposal and will seek funding to carry pout review of national policies regarding women's health in prisons, while using the first checklist which is aimed at *decision- and policy-makers* responsible for policies relating to women in prison, to assist in assessing their current policies and services. The responses from several Countries will be collected, analysed and suggestions to decision- and policy-makers will be made in order to better plan criminal justice policies that have an impact on women's health in prison.

Timeline: January – November, 2012

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

This is a new operational target, developed by PPHS EG, IOM and WHO HIPP. The proposal is submitted to the CSR 19th meeting to be held in October 2011 for an approval and subsequent submission to the ministerial-level PAC 8 for adoption. At this moment, while decision on acceptance of new target is not clear yet, the concrete discussions on possible actions were not taken.

However was what discussed and could be considered as a possible filed of activities are the following: a) Strengthen understanding of migrants' health issues, by facilitating and conducting research to ensure evidence-based programming, policy and dialogue. Disseminate information on migration health issues to inform and mobilize Partner Countries and other stakeholders on migrant health issues b) based on the assessment of situation to raise awareness and knowledge of governments, civil society and migrant groups on migrant health issues. Propose actions to strengthen technical, operational and coordination capacity of States and other stakeholders to develop and implement migrant health initiatives.

VI . Other activities

- Two PPHS EG meetings are planned for 2012. Fourth PPHS EG Meeting is planned to be hosted in Berlin, on February 9-10, 2012. Fifth PPHS EG Meeting preliminary is planned to be in Sweden in September 2012 (dates should be specified).
- Joint activities with *European Forum on Primary Health Care* (EFPC). Cooperation with EFPC and possible joint future activities aimed to improve quality of PHC in the ND region have been discussed with coordinator of EFPC during PPHS EG September 2011. Preliminary have been agreed to hold joint workshop on PHC quality monitoring in connection with EFPC Annual Conference in Goteborg, September 2012.
- PPHS EG initiated project application *4 B for Health: Building Bridges, Breaking Borders involving* planned to be submitted to Lithuania- Poland Russia CBS Programme 2007-2013. This project application involves partner organisations from Kaliningrad, Poland (Bialystok) and Lithuania (Klaipeda).
- The PPHS EG will continue collaboration, in capacity of a partner with ACCESS Project. ACCESS project is a European initiative aimed at bringing together organisations from different EU member states to contribute to the knowledge base and practical implementation of harm reduction services, with the aim of improving access to treatment for drug users within the criminal justice system in European countries. Representatives from the partner countries will be recommended by PPHS EG to participate in the ACCESS study visits and work placement.
- The PPHS EG will continue collaboration with WHO Health in Prison Project (WHO HIPP), UNODC and EU HIV/AIDS Think Tank and will participate in Prison Health Network meeting and other Prison Health related activities and Conferences.

Annex 6

Task Group on Alcohol and Drug Prevention among Youth

Work Plan for 2012

1. Objectives

In accordance with the NDPHS Strategy, the group aims to help reduce the impact on society and individuals of hazardous and harmful use of alcohol and illicit drugs in the Northern Dimension countries. To that end, the ADPY TG has been tasked to develop a proposal of a project aimed at reducing the hazardous and harmful use of alcohol and hence reducing the negative health, social and economic impact to the population, especially young people in the Northern Dimension area.

Within this strategic goal, the ADPY TG has the following responsibilities:

- Developing, by 2012, a regional flagship project on alcohol and drug prevention among youth in cooperation with relevant actors and consistent with the provisions of the EU Strategy for the Baltic Sea Region's Action Plan (it is hoped that the project proposal shall be ready in early 2011 for submission to the donor community for funding);

- If the above-mentioned project has been approved for funding, implementing it by 2014, in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.

2. Resources

As from 1.12.2011 there is no financing for the Chairman of the TG or the coordinator of the TG. Financing is under discussion with the Swedish Ministry of Health and Social Affairs.

3. Working principles

A discussion on the contents of 2012 work plan will be discussed on the next TG meeting and is highly depending on if one or two more sub-projects have been approved for funding.

4. Activities to implement the Goals

During 2011 a number of 5 applications have been submitted to donors for funding. There will be few, if any, programmes available for funding in 2012. The TG is expecting notice from one donor this fall and another donor in the spring 2012. There has been a discussion in the TG to transform the project into a research project to fit the 7th Framework Programme, but no decisions have been made.

5. Other activities

- The sub-project(s) up and running will be monitored by the TG.

- Organising of ***two Task Group meetings*** in 2012 (one of them in Sweden, another one proposed in Lithuania)
- Contribution to PAC, CSR, EG chairs and ITAs and other relevant NDPHS meetings
- Other additional activities according to the needs during 2012.

Annex 7

Task Group on Antimicrobial Resistance

Work Plan for 2012

Based on the discussions in the AMR-TG and priorities agreed at the group meeting in Moscow, September 12-13, the following work plan was set up.
The work of the Task Group is focused on meeting the goal and operational targets in its terms of reference.

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

Through its partners, (including international organizations and national authorities) as well as its close links with health care bodies, the Partnership will contribute to policy formulation and strengthening coordination of activities aimed at counteracting the increasing resistance to antimicrobial agents. Where feasible, co-operation with the veterinary side should be sought.

Operational target 4.1: *By 2012, the existing networks working on the above-mentioned goal are strengthened (steps are also taken to encourage the creation of the efficient surveillance of antimicrobial resistance and antibiotic consumption, with comparability between countries).*

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

To address the target 4.1, the TG has decided to give priority to a multicentre study on the incidence of Extended Spectrum Beta-Lactamase (ESBL) in 2012 in the different countries in the region. There are good reasons for a focus on ESBL, since the problems of resistance due to ESBL are significant and increasing throughout the region at the same time as the more precise overall magnitude of the problem in the region is unclear.

Thus, the main focus of the AMR-TG in the coming year will be to finalize the planning of and initiate a first AMR-TG multicenter study on ESBL-carriage among surgical patients in the countries represented in the AMR-TG.

Also in line with the same target, efforts should be made to review and analyze how to best interact with other networks and ongoing initiatives within the AMR area in the region. Duplication and contradictory work must be avoided and synergies between the activities of different players achieved whenever possible. Thus, there is a need to continue and intensify discussion on collaboration with relevant NGOs and other organizations active within the AMR area. Examples of NGOs active in the AMR field are the Baltic Antibiotic Resistance collaborative Network – BARN and the ScanBalt project. It was decided to invite Dr. Olsson-Liljequist from Sweden to the next AMR TG meeting to discuss the synergy issues. Also representatives from the German-based ScanBalt initiative will be invited to the next meeting.

Also, the contacts with WHO and ECDC will be strengthened to analyze the ongoing and planned activities from these organizations in the field of AMR, and to ensure that, whenever possible, the activities of the AMR-TG are harmonized and will work synergistically with other AMR initiatives in the region. The aim is to complement each other rather than to duplicate each other's work. The TG hopes to have participants from both these organization at the next AMR-TG meeting.

The role of AMR in a broader microbiological perspective has been discussed and plans are under development to address some of these topics, one example being drug resistant tuberculosis.

The public health concern in our region is increasing regarding problems related to MDR-TB. The level of multidrug resistance in *M tuberculosis* in certain areas of our region is clearly worrisome. The idea of setting up a separate technical expert group on MDR-TB within the AMR TG was considered important. The chairperson will follow this topic and contact TB experts in the AMR-TG countries to come up with a suggestion to be presented at the next AMR-TG meeting.

Also antibiotic usage in veterinary medicine versus human use has been discussed in the group. Dr. Steinbakk, Norway, will investigate this topic and come up with suggestion on ways to collaborate in this field. Perhaps an expert group representing both human and veterinary medicine could be set up also in this field.

Dr. Dumpis, who presented a project that had looked at drug prescribing practices in three AMR-TG countries (Latvia, Lithuania, and Sweden), will investigate whether this type of approach could be applied as a broader project plan in the AMR-TG. He will report about the results and future ideas at the next AMR-TG meeting.

It was decided that AMR-TG will not focus on viral, parasitic and fungal resistance aspects at this moment; these issues can be addressed later, if considered important.

The milestones for this target can be given as:

- A complete plan for the ESBL study, with identified hospitals to take part and budget needs;
- Initiation of the ESBL study;
- A clear strategy developed for optimal collaboration with other actors in the AMR field in the region, such as NGOs, WHO and ECDC;
- A TB specific group established for addressing AMR aspects in tuberculosis;
- A clear strategy developed and possible a technical expert group created for collaboration with the veterinary medicine regarding AMR questions;
- A possible project plan for the study of drug description practices throughout the region.

How to best meet the operational target 4.2 related to training will be discussed at our next AMR-TG meeting. It is important to assess the needs and to identify the optimal way to organize such trainings to meet these needs in a cost effective and constructive way. If funding can be identified, the TG hopes to arrange at least one training in the autumn of 2012.

The milestone for this target can be given as:

- Performance of training(s).

Financial resources

The progress of the AMR-TG was in 2011 clearly hampered by lack of financial support to cover costs related to the work of the group. The funding for the chair person was covered by his employer, the Swedish Institute for Communicable Disease Control, and also for the other members of the group there costs for participation in the meetings and work of the AMR-TG had to be covered by their nominating countries/organizations. The group intends to actively seek support for its activities, including applying to the ENPI Regional East Indicative Program 2010-2013.

Other AMR-TG activities planned includes:

- NDPHS Newsletter. Drs. Vuopio, Steinbakk and Blad will draft a short article on the AMR TG to the NDPHS e-Newsletter. Dr. Hoffner will add a part on TB;
- The 3rd meeting of the AMR-TG will be held in Oslo, Norway in March/April 2012. Dr. Steinbakk will host the meeting. Topics for the program of the 3rd meeting of the AMR-TG include:
    1) Brief updates from all countries on the AMR situation;
    2) Quality issues on laboratory diagnostics of AMR; BARN collaboration (as invited guest Dr. Barbro Olsson-Liljequist);
    3) ESBL project update and report from the project planning meeting in December;
    4) MDR-TB and role of expert group;
    5) Veterinary issues on AMR, including use of antibiotics;
    6) Outpatient usage of antibiotics and report on the ongoing project;
    7) Training needs in the AMR field and plans to organize such trainings.

Annex 8

Task Group on Occupational Safety and Health

Work Plan for 2012

Objective

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

On-going activities from 2011 and earlier

1. Implementation of the ILO NW Russia OSH project

2. Implementation of the FIOH Occupational Health project in NW Russia

3. Continual review of the implementation of the NDPHS Strategy "Health at Work"

Substantial progress towards the objectives has been achieved, both according to replies from the Member states and indicated by the informal reviews and surveys done in the BSN Annual Meeting in Oct 2011 in Tartu, Estonia.

New projects started in 2011

The continual and in-depth review of the implementation of the "Health at Work" strategy by OSH TG and the BSN OSH professionals has revealed gaps in the effective implementation of the strategy, which require actions. As a result, OSH TG has launched two projects in 2011, which will continue in 2012:

1. Analysis of the national occupational health services. The data collection is used to share information and best practices between the Member States and to provide information of the present status.

2. Review and upgrading training for occupational health specialists. The aim of the project is to share latest best practice and provide upgrading training for specialists in selected countries.

The TG OSH and BSN aim to continue the close cooperation.

The theme and tentative plans for 2012: Mainstreaming OSH into public health

- Training social partners: needs and benefits of effective OSH systems (including occ health services) (to be based on requests from Estonia, Lithuania)
    - Baltic states (Latvia: sharing its experience), Poland, Russia
    - Coop with BSLN, using their social dialogue structures, Social Forum (inclusion of OSH in Forum for Social Dialogue in BSR (Nov 2012) www.bslabour.net

- Creation/reviving of national OSH networks (Kari Kurppa/FIOH)
    - Estonia: coop FIOH-Estonia to revive OSH network agreed
    - Developing a larger activities for strengthening a tri-partite OSH system
- Knowledge sharing/expert evaluation/assistance ➔ to define OSH priorities/solutions (upon country request)
    - Small workshops/meetings at national level; BSN/TG OSH experts invited to analyse/assist to set priorites and find solutions
- OSH profile Conference, Riga, April (tentatively) 2012 (Ivars Vanadziņš/Latvia)
    - Impact of occ health in general practice
    - Combined with TG OSH meeting, linked to 28 April (World OSH Day)
    - Follow-up to the Dresden Conference 2011, Espoo OSH Forum 2011
- Professional training of new OH specialists (tbc)
    - Replacing ageing OH specialists (Estonia), training OSH specialists (Lithuania)
    - Sharing member state experience; Swedish example (Peter Westerholm)
    - Translation/preparation of OH training material (English/Russian?)
    - Training primary health care (PHC) service providers on prevention and diagnosis of occupational diseases

Funding needs

The TG OSH and BSN OSH Network specialists are working on a voluntary basis, covering the cost of activities and participation in meetings (except for the small grants received from EU Delegation in Russia in 2011). The TG does not have any funds for Chair nor ITA.

The ILO and FIOH executed projects in NW Russia received separate funding targeted to the objectives of the projects.

The two new projects are executed by the voluntary work of the BSN specialists; the funding received is covering absolutely minimum costs of the projects. The projects are prolonged to 2012 due to late decision on and reduced level of funding.

However, although the received funding is less than planned for, it has enabled TG OSH to start the new projects and work is continuing at a slower pace than planned. The EU Delegation funding for travel costs has enabled crucial TG OSH members to participate in meetings.

Task Group on Indigenous Mental Health, Addictions and Parenting

Work Plan for 2012

Objectives

The main role of the Task Group (TG) is to act as the focal point for national inputs from the Partner Countries and Organizations. The IMHAP TG contributes to policy formulation and strengthened coordination of activities to facilitate and promote improved public health and social well-being among indigenous peoples in the Northern Dimension area. This work will be carried out through NDPHS Partners (including international organizations and national authorities) as well as through close links with governmental and non-governmental health care organizations. The IMHAP TG works towards the achievement of Goal 11 as specified in the NDPHS Strategy:

Public Health and social well-being among indigenous peoples in the ND area is improved.

The IMHAP TG will pursue this Goal through the implementation of the Operational Target 11.1:

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

In addition to this specific Goal and Operational Target, the IMHAP TG will contribute to the implementation of the NDPHS Operational Targets specified within Goal 1 of the overall NDPHS Strategy.

Resources

The Task Group is led by Canada and co-led by the Nordic Council of Ministers. Both Canada (through the federal department Health Canada) and the Nordic Council ensure that the participation of these representatives is financially supported. Moreover, each member country of the TG provides the funding for the participation costs of its representative in TG meetings.

Working principles

The IMHAP TG of the NDPHS will continue its work based on a political mandate from the stakeholders of the partnership. The TG's work and activities will evolve as the TG membership and work of each individual member adapts to changing priorities with respect to indigenous mental health, addictions and parenting.

Activities to Implement the Goals

The members of the IMHAP TG will continue to collaborate with each other, and engage relevant external experts as needed, in order to identify current needs and most appropriate areas of common interest for international collaboration with respect to indigenous mental health, addictions and parenting issues.

An IMHAP TG workshop and project planning session is planned for November 2011. Experts on Indigenous peoples, parenting skills and families, mental health services and telemedicine/e-health will be invited to the workshop to exchange information and promising practices.

Based on this discussion and the expertise of each TG member, the IMHAP TG will work to identify a joint project for 2012. It is expected that the joint project will advance the TGs work with respect to:

1. **Parenting skills and families** - including addiction and alcohol related problems as there seems to be no special treatment services for parents with substance abuse. The idea is to develop indicators and guidelines from sharing best practices.
2. **Mental health services** with a focus on indicators.

The TG began internal discussions to lay the groundwork for a joint project in September 2011. This work will continue through to spring 2012 and will include the development of a joint work plan. Financing of the planning phase will come from the supporting country for each member of the IMHAP TG.

Milestones

- Joint project identified: February 28, 2012.
- Work plan for joint project developed and implemented: April 30, 2012.
- Adjustments to overall work plan for IMHAP TG: November 2011- December 2012
- Implementation of final IMHAP TG work plan: December 2012