Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Work Plan for 2013

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30 October 2012, Berlin, Germany

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Abbreviations and acronyms used

- ADPY TG – NDPHS Task Group on Alcohol and Drug Prevention among Youth.
- AMR TG – NDPHS Task Group on Antimicrobial Resistance.
- ASA EG – NDPHS Expert Group on Alcohol and Substance Abuse.
- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group).
- CSR – NDPHS Committee of Senior Representatives.
- ET – NDPHS Evaluation Team.
- 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 2013 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 Strategy, 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. These goals and operational targets were revised in 2011 and 2012 in response to changing circumstances

[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.

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 2013 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 2013, 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 and 2012, 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 and complete the implementation of 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 in order to ensure the successful achievement of the operational targets by the end of 2013 as foreseen in the NDPHS Strategy;

- (1.2) The Expert Groups and Task Groups: consistent with the Terms of Reference develop final reports and submit them to the PAC in 2013. Draft reports should be submitted to the CSR 22 Meeting in autumn 2013. These reports shall reflect activities undertaken by the groups towards achieving the respective goals and their operational targets;

- (1.3) CSR: examine the presented draft reports submitted by the Expert Groups and Task Groups and, while taking into account the Evaluation Team's report (cf. specific 7.1) propose to the PAC a future set-up of the expert-level structures.

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

Since the beginning of the EUSBSR 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. It is foreseen that in early 2013 a revised EUSBSR Action Plan will enter into life and, following request by the NDPHS, Health will be made a self-standing Priority Area with the NDPHS being its Priority Area Coordinator.

The health-related actions included in the EUSBSR Action Plan (both its current version and, presumably, the forthcoming revised one), 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/priority area;

- (2.2) Work with other relevant stakeholders towards the achievement of the targets as spelled out in the forthcoming version of the EUSBSR Action Plan;

- (2.3) 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;

- (2.4) NDPHS Secretariat, with involvement of the Expert Groups and Task Groups: develop a Lead Partner report on progress in the Health (sub-)area in the EUSBSR Action Plan and submit it to the European Commission, as requested;
- (2.5) Plan the implementation process beyond 2013.

  NDPHS Expert Groups and Task Groups to be in operation beyond 2013: develop annual work plans for 2014. These plans will be elaborated consistent with the *Elements for the development of NDPHS EG/TG Annual Work Plans* and shall specify the methods, milestones and resources with which the respective objectives will be pursued and achieved during 2014.

Action Line 3. Continuing 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 will continue during 2013. 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 by the PAC 8. 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. Several efforts were taken by the NDPHS during 2012 to achieve this aim.

Furthermore, since 2011, the Partnership has been collaborating with the Baltic Sea Network of the European Social Fund (BSN-ESF) to encourage that more resources would be granted for joint regional activities in the field of public health and social well-being.

➢ **Specific actions**

- (3.1) Continue actions to publicize and promote among relevant stakeholders the ideas and messages contained in the position paper;
- (3.2) Continue 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.

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) 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;

  - (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 are 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*. Several signatories have, during 2012, completed their national legal procedures necessary for the Agreement to enter into force and notified the Depositary of it.

- **Specific actions**

  - (6.1) Partner Countries signatories to the Agreement, which had not yet completed national legal procedures necessary for the Agreement to enter into force: take appropriate steps nationally to ensure the rapid ratification of the Agreement;

- (6.2) Partner Countries signatories to the Agreement which have completed national legal procedures necessary for the Agreement to enter into force but have not notified the Depositary of it: take appropriate steps to notify the Depositary of the ratification of the Agreement;

- (6.3) The Host Country Sweden and the NDPHS Secretariat: finalize and sign the Host Country Agreement (unless done in 2012);

- (6.4) The Secretariat: in cooperation with the respective parties, ensure smooth commencement of the NDPHS Secretariat's operations immediately after the entry into force of the *Agreement on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being* and the Host Country Agreement.

Action Line 7. Evaluating the Partnership

In line with the NDPHS Strategy, the NDPHS will perform an evaluation of the Partnership. It will be performed by a NDPHS Evaluation Team aided by an external consultant. Terms of Reference for each of them have been adopted by the Partnership Annual Conference in October 2012. The final outcome of the evaluation shall be presented by the CSR to the Partnership Annual Conference in the autumn of 2013 for consideration and decision.

- **Specific actions**

  - (7.1) NDPHS Evaluation Team (ET):
    - With assistance of the external consultant, develop an evaluation progress report consistent with the ET ToR and submit it to the CSR 21 Meeting in spring 2013;
    - With assistance of the external consultant, develop a final report consistent with the ET ToR and submit it to the CSR 22 Meeting in autumn 2013;
  - (7.2) NDPHS Partners, Participant and all Partnership structures: actively contribute to the evaluation and, to that end, provide the ET and the external consultant with requested information;
  - (7.3) CSR: examine the findings, conclusions and recommendations presented by the ET and finalize, assisted by the NDPHS Secretariat, the evaluation report to be submitted to the Partnership Annual Conference.

* * *

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,
as well as the CSR's written procedure in June 2012

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, as well as the CSR's written procedure in June 2012. 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[4] 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 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.

[4] 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.

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.

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

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

Indicator 9.1A: Models of regional good practices with regard to the implementation of the WHO FCTC within the ND area collected and analysed; a report developed and disseminated.

Indicator 9.1B: Number of workshops organized on experience exchange connected to the implementation of the FCTC, including exchange between the alcohol and tobacco fields.

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

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 2013

Submitted by: Expert Group on Alcohol and Substance Abuse (ASA EG)

Year covered: 2013

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

The Expert Group's work is led by the Lead Partner (Norway), supported by the Co-Lead Partner (Russia)

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

Mr.Bernt Bull (Norway) is the Chair of the ASA EG. Ms.Eugenia Koshkina (Russia) is the Co-Chair of the ASA EG. Zaza Tsereteli, is an International Technical Advisor for the ASA EG.

1.3 Financial resources for leadership

Funding for ITA activities (70% of working time) is planned to be covered by the Norwegian Ministry of Health and Care Services.

Each partner will fund the participation costs of its representative in the EG meetings

2. Meetings of the Group

Two ASA EG meetings (tentatively March 2013 and September 2013)

3. Activities

The ASA EG intends in 2013 to pay special attention to the review of the nature and extent of the problems caused by alcohol in the populations of the partner countries. The EG will participate in collecting and dissemination of information on existing consumption trends including pattern of consumption,, policies, laws, regulations and the effectiveness of policies and programmes, in order to improve the policy implementation.

The ASA EG will promote and facilitate research development in order to: a) to reveal the existence or magnitude of a problem, b) to facilitate the evaluation of policy options and its effectiveness c) to develop possible policy recommendations for the PAC

On the basis of the results of the policy reviews the group will continue to identify the current needs and most appropriate areas of common interest for international collaboration.

3.1 Activities to implement the NDPHS Operational Target(s) within the remit of the Group

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

While discussing how to tackle challenges to reduce the major health burden that alcohol places on ND country citizens, the ASA EG decided that the group will focuses on priority themes within Alcohol Policy, that are relevant for all partner Countries and for which actions and coordination at ND level has an added value.

The ASA EG established a special sub-working group to analyse and prioritize several topics from Alcohol Policy measures. The following Policy measures will be reviewed and assessed in order to outline possible policy advises:

- Public attitudes to alcohol policy across ND
- Harm to others
- Unrecorded and illicit Alcohol
- Fetal Alcohol Syndrome Disease (FASD)
- Alcohol consumption and patterns of drinking

Expected outputs

The key findings and recommendations will be presented for discussion at the Partnership Annual Conference, and published in the annual report

A new project proposal related to the development of standardized comparative survey methodology on heavy drinking, binge drinking (episodic heavy drinking), drunkenness, context of drinking, alcohol dependence and unrecorded consumption, as well as public support for alcohol policy measures, will be developed under this goal (SMART project). The aim of this project will be to standardize approaches in the ND area for more informed and evidence based policy making in the field of reduction of Harmful use of Alcohol and to establish common understanding and common picture, on alcohol use and patterns of drinking, within the ND area.

The ASA EG will continue to seek funds for the project proposal - Research Project on Fetal Alcohol Spectrum Disorder (FASD). The objectives of this project proposal are to estimate the prevalence of fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD) in order to generate policy and program support for services required by those affected by FASD.

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.

In general the targets for the Goal 8 were reached in 2011. In 2013, the ASA EG will continue collaboration with BSPC through the BSPC Secretariat and to follow up on BSPC resolution aiming the limit of the impact of Alcohol on Society. The ASA EG will work to develop possible policy advises to share with the representatives of Partner Countries and continue networking with other International bodies related to the Pricing, access to and advertising of alcoholic beverages

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

The ASA EG will continue work in order to organize Conference for the representatives from Alcohol and Tobacco fields. The aim of the Conference will be to discuss and share experiences of specialists working in the field of Tobacco and Alcohol in order to give

stronger legitimacy to the alcohol Policy in the Partner Countries. The ASA EG will also try to hire a researcher to develop the report that will give the latest development on tobacco use, related harm and the policy response at national level. Data will be compared between the 8 involved countries and especially consumption/use will be associated to harm and the policy response/legal framework in Partner States.

For the implementation of above mentioned activities the ASA EG will be looking for possible funding opportunities.

3.2 Activities to implement the EU Strategy for the BSR priority actions and/or flagship projects within the remit of the Group

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 overall BADY project concept has been divided into smaller projects (content and geographically) to adapt to the requirements of available and relevant funding programmes. The funding for one project is provided by the Ministry of Health and Care Services, Norway, through the NDPHS Pipeline.

The Second application has been developed by the NDPHS Secretariat together with the ADPY TG team and the PPHS EG team and submitted for the funding provided by the European Neighbourhood and Partnership Instrument (ENPI) through the EU Delegation to Russia. The project implementation begins on 1 October 2012 and will continue for 14 months.

In November-December, preparations for the school survey and study of the community readiness will be done and in early 2013 the surveys will be sent out to schools and key people in each community within the prevention field will be interviewed. During spring and summer 2013, surveys and prevention models will be analyzed and strategies will be developed in the communities.

3.3 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.
    - Organizing of two Expert Group meetings in 2013
    - Organizing of one meeting of Sub-group on Policy advise development
    - Collaboration with other NDPHS expert groups
    - 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
    - Develop close contact to global and regional intergovernmental cooperation on substance abuse
    - Other additional activities according to the needs during 2013

4. Assumptions, enabling factors and possible obstacles

All the Partners of the NDPHS represented in the ASA EG and members are committed and involved (assumption).

Partners, organizations, institutions are interested in engaging in discussions with ASA EG (enabling factor)

The financial basis for running activities proposed by the ASA EG guaranteed (possible obstacle).

Discrepancy between the demands and resources of EGs (possible obstacle)

5. Other information

The reality with the financial situation and lack of resource brings to the agenda of the NDPHS to consider the possibilities of regrouping the work of the EGs from project oriented to the research and Policy development activities. It needs to be underlined that policy development is as important as project developments in the ASA policy field.

More resources are needed for the project planning and application process. The final application preparation needs to be financed in order to get professional support from teams specializing in EU applications.

Annex 3

Expert Group on HIV/AIDS and Associated Infections

Work Plan for 2013

Submitted by: EG HIV/AIDS & AI, ITA Ms. Outi Karvonen

Year covered: 2013

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

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Chairperson

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Co-Lead partner: Poland

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1.2 International Technical Advisor

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1.3 Financial resources for leadership

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 contract between the Ministry of Social Affairs and Health and National Institute for Health and Welfare (THL).

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

2. Meetings of the Group

Regular Expert Group meetings will be organised in March 2013 in Estonia and October 2013 in Finland or another partner country (to be specified later).
Additional working meetings for detailed planning of activities (see point 3).

3. Activities

3.1 Activities to implement the NDPHS Operational Targets within the remit of the Group

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

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

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.***

Several Expert Group members will continue involvement 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. EG Chair is a member of the TUBIDU Advisory Board.

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.*

Continuation of the development and provision of support to HIV and TB related projects which have been under planning process during 2012. Financing will be searched for **the draft project proposals** developed during autumn 2012.

Finalisation of the internal Work Plan with integration of the results from the NGO Forum, organised in St Petersburg in November 2012.

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.*

Dissemination and follow-up of the document on "Review on best practises on integration of social and health care services for HIV-infected individuals", produced in 2012.

3.2 Activities to implement the EU Strategy for the BSR priority actions and/or flagship projects within the remit of the Group

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.*

The EG will take the main responsibility of organising the ministerial PAC side-event in 2013, if CSR so decide. The precise themes are to be discussed at the small working group chosen by the EG meeting and proposed to CSR at latest early 2013.

Preparation of a publication and statement based on key messages of presentations and conclusions of the PAC side event.

The EG will search for the possibility to apply funding for one of the project proposals developed in 2012 under auspices of "the EUSBSR flagship project", if it is feasible.

3.3 Other activities

Participation in the evaluation of the NDPHS.

Contribution to PAC, CSR, EG chairs and ITAs and other relevant NDPHS meetings.

Participation on relevant governing activities within the framework of ***Barents HIV and TB programmes.***

4. Assumptions, enabling factors and possible obstacles

Assumptions below are external factors and conditions that are, from the point of view of the EG, completely outside the strict control of the EG itself. However, they are indispensable factors and preconditions for producing desired impacts and sustainable results.

1. Political situation continues to favour the implementation of relevant activities related to HIV and TB
2. CSR will provide necessary support to the work of NDPHS and its Expert Groups
3. The governments continue nominating professional and motivated members for the EG as representatives of respective countries

4. The nominated EG members have resources to function as effective contact points and actors in their own countries
5. Necessary financial resources are available
6. Functioning and constructive collaboration between the NDPHS Secretariat and the EGs will continue.

5. Other information

EG Chair and ITA will participate in meetings organised by the Ministry of Social Affairs and Health, Finland, for all Finnish experts involved in NDPHS expert groups.

Inputs will also be provided to develop collaboration between all the EGs/TGs and NDPHS Secretariat and the Chair Country as decided in the Chairs and ITAs meeting in Helsinki, September, 2012.

Annex 4

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

Work Plan for 2013

Submitted by: NCD EG Secretariat

Year covered: 2013

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Finland as Lead Partner and Lithuania as Co-Lead Partner

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

Dr. Mikko Vienonen, Chair of the NCD EG
Dmitry Titkov, ITA for NCD EG

1.3 Financial resources for leadership

Ministry of Social Affairs and Health of Finland
(estimated financial input approximately 100.000 Euro per year)

2. Meetings of the Group

2 meetings in 2013 - the first in late February-early March, the second in autumn

3. Activities

3.1 Activities to implement the NDPHS Operational Target(s)[5] within the remit of the Group

3.1.1 **In 2013 NCD EG meetings will analyse and discuss the situation in the countries that participate in the NCD-EG's work, and jointly will see solutions how positive development could be facilitated**. NCD EG members are all nominated by their respective national Senior Representatives in the partnership and in case of organizations their decision making bodies, they are strategically placed in key positions when it comes to implementing NCD policies and activities to fight NCDs as indicated in NDPHS Goal 12.

3.1.2. **NCD-EG will in 2013 through its Flagship- and other projects specifically focus on operationalizing the start of implementation of Health 2020 in our region**. Close links with the EG and WHO EURO provide a good platform with mutual feedback possibilities. Health 2020: The European policy for health and

[5] See ANNEX 1.

well-being is the new European health policy framework endorsed by all 53 WHO-EURO Member States, including all the partners in NDPHS. It aims to support action across government and society to: "significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality". Its strategic objectives are: 1) Reducing inequalities, 2) Better governance. Its priority areas: 1) Life-course approach, 2) Burden of disease, 3) Health systems, 4) Resilient communities.

The guiding document for NCD-EG work will be the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases (2012-2016) / WHO-EURO deriving from the European Strategy for the Prevention and Control of Noncommunicable Diseases (resolution EUR/RC56/R2). It identifies specific action areas and deliverables to which Member States and partners can commit themselves until the year 2016. NDPHS/NCD-EG plans to start monitoring the implementation of this process in ND-area, and use it as benchmarking the progress. An essential component will be keeping a close eye on the WHO comprehensive monitoring framework, including indicators and set of voluntary global targets for the prevention and control of NCDs, which continues to be developed in 2013.

3.1.3. NCD monitoring and indicator development. **NCD-EG will in 2013 closely follow the NCD-indicator development in WHO-EURO**. It is understood that most of national vital statistics (morbidity, mortality, underlying risk factors) will be monitored by WHO, EU and OECD. However, NCD-EG is well advanced in methodologies for monitoring "potential years of life lost" (PYLL) of premature (under 70 yrs) deaths. As Latvia and Lithuania are not yet part of the OECD-data in this respect, **a separate process will be started to be able to calculate PYLL-data** in these countries. **In St-Petersburg, in 2013, the PYLL indicator based on latest available data (2011) will be analysed** (following the analysis of 2010 PYLL-data in 2012).

3.1.4. **In 2013, a NCD Thematic report update will be prepared**, jointly with other NDPHS EGs and TGs who find it relevant to collaborate. NCD-EG coordinated and finalised the NCD Thematic report for PAC-8 Side Event in 2011. The NCD EG has decided that the report will be repeated every 2 years.

3.1.5. **NCD-EG will in 2013 join the www.policydepot.org innovative social network created specifically for cardiovascular health policy professionals throughout the world**. Developed by the National Forum for Heart Disease and Stroke Prevention, the Policy Depot creates new opprtunities for policy professionals – like NCD-EG – to develop, implement, and share evidence based and best practices that will reduce the burden of disease within their communities. This new platform – launched 29 September 2012 at the IUHPE conference in Tallinn, is expected to provide the NCD-EG a long needed on-line platform allowing better contacts among ourselves also in-between our meetings.

3.1.6. **The 8th Global Conference on Health Promotion will be held in Helsinki 10th - 14th June 2013.** The NCD EG will participate in the Conference as will be agreed by organizers (the Ministry of Social Affairs and Health of Finland and WHO) through special workshops and poster presentations on NCD prevention elucidating NDPHS role and action in the fight of NCD epidemic in our region.

3.2 Activities to implement the EU Strategy for the BSR priority actions and/or flagship projects within the remit of the Group

3.2.1. Two Flagship-project proposals realised when/if a suitable funding facility will appear.

In the application of funds and implementation NCD-EG needs to be pro-active and innovative, as calls for project proposals specifically covering our objectives seldom appear. Therefore, NCD EG needs to be creative and flexible and have good links to implementing institutions, organizations and regions.

3.2.1.A. NCD Flagship-A project[6]: Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area.

- At NCD-5 Meeting (October 2012) it was decided that Flagship-A project will be on the second place in priority order in relation to Flagship-B. Nevertheless, NCD EG and Flagship-A project planning consortium will actively continue to update the draft project proposal and carefully follow-up the opportunities for funding.

- NCD-EG and its network of institutes and NGOs has joined a consortium for applying project funds through EU-FP7 on activity linking with goals of the NCD-Flagship-A project (Childhood overweight and obesity prevention through increased physical activity and healthy nutrition). NCD-EG through NDI has joined a consortium lead by Institute of Sport Science and Sport / FAU Erlangen-Nuremberg. The project concept application has been sent in 2 October 2012 and after the approval in November 2012 a full application will – if successful - allow to start the project in 2013 (first half). It is foreseen that from our NDPHS region Germany, Lithuania, Finland and Denmark would be involved with project activity. Other countries' involvement will continue to be on the agenda in 2013, should further funding for NCD-flagship-A-type project become available.

3.2.1.B. NCD Flagship-B project[7]: *Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.*

- At NCD-5 Meeting (October 2012) it was decided that Flagship-B project will be on the first place in priority order in relation to Flagship-A. Therefore, NCD EG and Flagship-B project planning consortium will vigorously search for funding opportunities for the finalized draft project proposal, and update it to fit donor's requirements. A project planning team will be nominated, and funding for a consultant to finalize the plan will be sought.

- The preparatory work in 2011 and 2012 have provided opportunity for 2013 to continue until the end of the year 2-year (2012- 2013) 250,000 Euro pilot project in Kalininsky district (470,000 inh.), which is a single site testing of NCD-Falgship-B type activity. In 2013 NCD-EG will be kept updated, and will provide feedback and advisory support to the project.

- NCD-EG Flagship-B WP-2 (situation analysis in selected countries) is in a process for funding decision in October – November 2012 through EU Regio. A relatively small funding opportunity could give a head-start for Flagship–B activity through reviewing the ongoing NCD situation and national strategies in several NDPHS partnership countries potentially interested in Flaghship-B project implementation (Finland, Germany, Estonia, Latvia, Lithuania, Poland).

[6] Updated Project proposal available on request
[7] Updated Project proposal available on request

3.3 Other activities

- Dissemination of significant information related to NDPHS and NCD EG to the members of the NCD EG and other relevant parties;

- Dissemination of significant information to other NDPHS EGs and NDPHS Secretariat and contribution to their meetings as required;

4. Assumptions, enabling factors and possible obstacles

Enabling factors:

- The composition of the NCD EG is stable and ND Partnering Countries and Organisations are widely and actively represented.
- The governments of respective countries and organisations are committed financially to their representation at the NCD EG, i.e. that the experts they have nominated to the NCD EG are provided with necessary travel funding through their respective authorities. Additionally, when projects are budgeted, participating countries need to be prepared to allocate seed money as required by the main funding agency (usually in the range of 10-20% of total).
- The members of the NCD EG are committed to and engaged in NCD EG activities, both at and in-between the meetings.
- The everyday work of the NCD EG members is closely connected with non-communicable disease prevention and health promotion.
- There are available grant programmes/donors for project concepts developed by the NCD EG in response to acute problems of NCDs and their risk factors.
- The NCD EG exercises effective collaboration with key actors in the field of NCD response and development cooperation (WHO EURO, EU, Russia, etc.).
- Health 2020 (WHO-EURO) provides a strong booster on NCD preventive work in our region.

Possible obstacles:

- Although most of our partnership countries are committed to NCD prevention work, we still do not have officially nominated representation from all NDPHS partnership countries.
- NCD-EG members still struggle to get funding to participate 2 times per year in NCD EG meetings. Still after almost 10 years of operation this issue is not solved.

5. Other information: none

ATTACHMENT: NCD EG representatives:

NCD EG Nominated Representatives and alternates as per 01 January 2013

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Annex 5

Expert Group on Primary Health and Prison Health Systems

Work Plan for 2013

Submitted by: Chair and ITA of Expert Group on Primary Health and Prison Health Systems (PPHS EG)

Year covered: 2013

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead: Sweden

Chairperson

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1.2 International Technical Advisor

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1.3 Financial resources for leadership

Swedish Ministry of Health and Social Affairs ensures the financing of the ITA (10 percent of

working time) as it ensures the financing of the Chair of the EG.

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

2. Meetings of the Group

Regular Expert Group meetings will be organised in March 2013 in Lithuania (to be confirmed) and September 2013 in another partner country (to be specified later).

3. Activities

3.1 Activities to implement the NDPHS Operational Targets within the remit of the Group

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. NDPHS a regional flagship project ***Improvement of public health by promotion of equitably distributed high quality primary health care systems*** (IMPRIM) is implemented by 11 Partners from 6 countries under EU BSR Programme 2007 -2013. This project will be implemented until March 2013.

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

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

NDPHS flagship project IMPRIM till the end of 2012 will deliver reports which are related to these OT:s

- Transnational synthesis report on PHC in BSR countries
- Incentive payments for high quality PHC performance. Towards disease prevention and health promotion in the community.
- Quality indicators for high quality PHC performance. Operational and tested system of evidence-based quality indicators.
- Professional development of PHC in the BSR. Strategy for continued professional development of PHC for better response to changing health needs of the society.
- Strengthening PHC in remote areas: A pilot project in Gomel Region, Belarus.
- Multiprofessional teamwork to gain better community health. Developing the potential of high quality PHC.
- Changing Brain drain to Brain circulation. How to secure enough PHC resources in the BSR
- Incorporating PHC in regional development plans. A basis for quality health for all.
- Health Synergy - a future model for health promotion. How to joint PHC and Public Health activities

In 2013 PPHS EG plan to contribute to dissemination through NDPHS network main conclusions and recommendations of these reports. Based on the Imprim reports should be defined further priority actions for distribution of high quality primary health care and initiated projects on how better address changing society needs through high quality PHC. PPHS EG

also consider in 2013 to develop policy statements based on key findings and recommendations of the Imprim projects.

PPHS Expert Group in year 2012 contributed 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.* This activity in 2012 results in the development of draft project proposal: *Integrated care for older people with multiple illnesses*. In year 2013 PPHS EG will search for funding needed to develop project application to EU BSR Programme 2014-2020.

If funding will be available PPHS EG in 2013 plan to develop draft project proposal on *Improvement of community based health promotion, prevention and management of chronic non-communicable diseases (NCD) through strengthening competences of primary health care (PHC) nurses and other PHC team members with particular focus on vulnerable population groups and patients with high comorbidity*

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

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

As agreed during round table discussion on migrants health and accessibility to health care which took place during PPHS EG Meeting in Stockholm, September 2012, one of priority activities of PPHS EG in 2013 will be in cooperation with IOM development of a project proposal for review on policies and practices for health services for migrants.

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

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

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

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

Priority planning in year 2013: As agreed during round table discussion on migrants health and accessibility to health care which took place during PPHS EG Meeting in Stockholm, September 2012, one of priority activities of PPHS EG in 2013 will be in cooperation with

IOM development of aproject proposal for review on policies and practices for health services for migrants and ex-prisoners.

3.2 Activities to implement the EU Strategy for the BSR priority actions and/or flagship projects within the remit of the Group

PPHS EG contributes to the coordination and implementation of EU BSR priority cooperative 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.*

If funding will be available PPHS EG contribute to the development of project application *Integrated care for older people with multiple illnesses* (to be funded within EU BSR Programme 2014-2020).

3.3 Other activities

Participation in the evaluation of the NDPHS.

Contribution to PAC, CSR, EG chairs and ITAs and other relevant NDPHS meetings.

Participation in 18th Nordic Congress of General Practice in 2013 in Tampere, Finland and other conferences (will be planned) promoting tools on how better address society health needs at primary health care level.

4. Assumptions, enabling factors and possible obstacles

7. All Members of PPHS EG will be committed and actively involved in the activities
8. Will be solved by CSR on continuation of Prison Health related activities (separate expert group, task group?)
9. Swedish MoH&SA appoint PPHS EG (or primary health care EG) Chair and continue support to PPHS EG.
10. CSR will provide necessary support to the work of NDPS and its Expert Groups
11. Seed money and necessary financial resources will be available for the development of planned project proposals.

5. Other information

None.

Annex 6

Task Group on Alcohol and Drug Prevention among Youth

Work Plan for 2013

Submitted by: ADPY TG coordinator Mia Sundelin

Year covered: 2013

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

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

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

Ms Mia Sundelin, Coordinator, ADPY TG

1.3 Financial resources for leadership

There are two parallel projects, herein called 1 and 2

1. **Situation analysis for evidence based policies** - European Neighbourhood and Partnership Instrument (ENPI) and the EU Delegation to Russia through NDPHS Secretariat. 20 % of the budget is financed by the contributing partners (the total budget is 375,085.25 EUR)

2. **Setting the Scene** - Norwegian Ministry of Health and Care Services (100,182 EUR) Project Partners (46 582 EUR).

2. Meetings of the Group

1. The task group and the project group will meet together. Date for 2013 is not yet set but there will be 2 meetings during 2013

2. The project group will meet in august

3. Activities

3.1 Activities to implement the NDPHS Operational Target(s) within the remit of the Group

1. Mapping of (i) the alcohol and drug situation among young people and (ii) the local ADPY community readiness. Analysis of (i) the alcohol and drug situation among young people and (ii) the local ADPY community.
Based on these, descriptive reports will be produced for each participating community and one general for other communities'.
Community reports to be developed and disseminated

2. 15th of February to 1st of March data collection in schools
March and April data entry.
May the survey report is written by ISCRA.
August - preliminary results will be presented at a second project meeting with focus on indicators for policy
September - Based on the survey report a policy report will be written by CAN and the participating municipalities
October - community reports to be developed and disseminated

3.2 Activities to implement the EU Strategy for the BSR priority actions and/or flagship projects within the remit of the Group

Flagship project

3.3 Other activities

4. Assumptions, enabling factors and possible obstacles

A list of schools in which surveys were performed and for each school the number of participating pupils. The data material from the interviews with local key people within the thematic field. Quantitative analysis (a report) describing the level of community readiness for action.
The evaluation questionnaire will be filled-out by key actors in each community according to key items in community readiness measurements/scale
Those key items will also be assessed at the baseline mapping. Additional information from Terms of Reference for local networks and Letters of Commitment to action signed by local communities

5. Other information

The whole project was called BADY but is now divided in two parallel projects.

Annex 7

Task Group on Antimicrobial Resistance

Work Plan for 2013

Annex 8

Task Group on Occupational Safety and Health

Work Plan for 2013

To be agreed upon during the OSH TG and the BSN meeting on 1-2 November 2012.

Annex 9

Task Group on Indigenous Mental Health, Addictions and Parenting

Work Plan for 2013