



Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Work Plan for 2014

Adopted by the Committee of Senior Representatives
on 3 December 2013

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Abbreviations and acronyms used

- ADPY TG – NDPHS Task Group on Alcohol and Drug Prevention among Youth.
- AMR TG – NDPHS Task Group on Antimicrobial Resistance.
- ASA EG – NDPHS Expert Group on Alcohol and Substance Abuse.
- BSN – Baltic Sea Network on Occupational Safety and Health (a NDPHS' associated expert group).
- CSR – NDPHS Committee of Senior Representatives.
- EUSBSR – EU Strategy for the Baltic Sea Region.
- HIV/AIDS&AI EG – NDPHS Expert Group on HIV/AIDS and Associated Infections.
- ITA – International Technical Adviser.
- IMHAP TG – NDPHS Task Group on Indigenous Mental Health, Addictions and Parenting.
- NCD EG – NDPHS Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments.
- ND – Northern Dimension.

- 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 2014 by the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). It builds foremost on the 2003 Oslo Declaration¹ and takes into account the NDPHS' role as the Priority Area Coordinator in the EU Strategy for the Baltic Sea Region². 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 in cooperation in the Partnership.

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

The focus of this Work Plan is on the implementation of the Oslo Declaration and coordination of the Health Priority Area of the EU Strategy for the Baltic Sea Region (EUSBSR) Action Plan.

The Partnership shall continue to 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.

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/?eusbsr_introduction.

By implementing the Work Plan the Partnership will continue working toward implementing the priorities of the Oslo Declaration, namely:

- **Reduction of the spread of major communicable diseases and prevention of life-style related non-communicable diseases.** These diseases include HIV/AIDS, tuberculosis, sexually transmitted infections, cardiovascular diseases, resistance to antibiotics, as well as other major public health problems that arise from the use of illicit drugs and socially distressing conditions.
- **Enhancement of peoples' levels of social well-being and promotion of socially rewarding lifestyles.** Here, an emphasis is placed on encouraging proper nutrition, physical exercise, safe sexual behavior, ensuring good social and work environments, as well as supporting alcohol, drug and smoke-free leisure activities. Within this priority field, special attention is placed on youth as the primary target group.

III. Action lines

During 2014, the Partnership will continue efforts to promote the sustainable development of the Northern Dimension area by improving peoples' health and social well-being and coordinate the health-related actions in the EUSBSR Action Plan by taking actions along the following lines.

Action Line 1. Development of the NDPHS Strategy beyond 2013

The first NDPHS Strategy expired with the end of 2013. As revealed during the five-year evaluation of the NDPHS performed in 2013, the NDPHS' mid-term strategy, which was adopted in 2009 and continued until the end of 2013, provided as a common definition of goals and targets, has helped to focus the attention of everyone that achievements are important and that a number of member-states are primarily involved because they are interested in tangible results. A new mid-term strategy needs to be developed for the next mid-term.

➤ Specific actions

- (1.1) NDPHS Strategy Working Group (SWG): develop and submit outputs consistent with the SWG ToR as well as discussions on the future focus and priorities of the NDPHS held during the CSR 22 and the PAC 10;
- (1.2) NDPHS Partners, Participant and all Partnership structures: actively contribute to the development of the NDPHS Strategy beyond 2013 and, to that end, provide the SWG with a quality input in accordance with the timeline of the process;
- (1.3) CSR and PAC: examine the documents, findings, conclusions and recommendations presented by the SWG and provide a political and strategic guidance and support, and decide, as required;
- (1.4) PAC: adopt the new mid-term NDPHS Strategy, if available, and decide on future set-up of the NDPHS expert-level structures.

Action Line 2. Follow-up of the Partnership evaluation

In line with the NDPHS Strategy until 2013, the NDPHS performed an evaluation of the Partnership in 2013. The final outcome of the evaluation was presented by the CSR to the ministerial-level 10th Partnership Annual Conference for consideration. The latter requested to ensure a follow-up of the recommendations and conclusions from the Partnership evaluation process.

➤ Specific actions

- (2.1) NDPHS Partners, Participant and all Partnership structures: consistent with the conclusions of the CSR 22 and the PAC 10, work towards implementation of the evaluation's recommendations related to issues other than the development of the NDPHS Strategy beyond 2013 covered by the Action Line 1 above;
- (2.2) CSR and PAC: monitor progress in the implementation of the recommendations referred to in point 2.1, provide a political and strategic guidance and support, and decide, as required.

Action Line 3. Development and facilitation of policies, strategies and projects

The Partnership was created first and foremost as a forum for development of strategies and policies, and coordination of activities on health and social well-being in the Northern Dimension area. 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.

➤ Specific actions

- (3.1) Expert and Task Groups: in accordance with the mandates given by the CSR 22, continue (i) policy and strategy development as well as 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;
- (3.2) NDPHS Partners, Participant and all Partnership structures: where appropriate, become also 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;
- (3.3) NDPHS Secretariat: with input from the Project Partners, prepare and submit to the EU Delegation in Russia final narrative and financial reports on the implementation of project "Alcohol and Drug Prevention among Youth (ADPY); situation analysis for evidence based policies," as required by the Grant Agreement;
- (3.4) NDPHS Secretariat: continue leading the "Building capacity in HIV prevention targeted at youth at risk in the Northern Dimension area" project.
- (3.5) NDPHS Secretariat: continue supporting Expert and Task Groups in project management, provided capacity allows.

Action Line 4. Leading and coordinating the Health Priority 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 Priority of the EUSBSR Action Plan. 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 EUSBSR Priority Area Health. The revision of the EUSBSR Action Plan in 2012 and the inclusion of Health as a separate Priority Area in the revised plan has created a new momentum for the Partnership and provided additional tools which would enable the Partnership to pursue its goals. At the same time, it also requires the NDPHS to act more strategically in order to fulfill the leadership role expected of a Priority Area Coordinator, in particular, as regards involving other stakeholders in regional cooperation.

➤ **Specific actions**

- (4.1) NDPHS Secretariat, Expert and Task Groups: take the necessary actions to ensure successful discharging of the Partnership's role as the Priority Area Coordinator for Health 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 Priority Area;
- (4.2) NDPHS Secretariat, Expert and Task Groups: work with other relevant stakeholders towards the achievement of the targets as spelled out in the forthcoming version of the EUSBSR Action Plan;
- (4.3) NDPHS Secretariat, with involvement of the Expert and Task Groups: develop a report on progress in the Health Priority area in the EUSBSR Action Plan and submit it to the European Commission, as requested;
- (4.4) NDPHS Secretariat: prepare and submit to the DG REGIO the final narrative and financial reports on the implementation of project Support to coordination of activities within the Health Priority Area of the EU Strategy for the Baltic Sea Region Action Plan, as required by the Grant Agreement;
- (4.5) NDPHS Secretariat with support from the Expert Groups: continue issuing support letters to the EUSBSR Seed Money Facility applicants in accordance with the "NDPHS criteria and procedure for issuing letters of support for Priority Area Health project applications for submission to the EUSBSR Seed Money Facility."

Action Line 5. 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 Activity Account, which are among the tools that the Partnership will use to finance relevant activities and projects.

➤ **Specific actions**

- (5.1) 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 Activity Account, along with financing instruments such

as the EUSBSR Seed Money Facility and those offered by the Swedish Institute, are useful tools, 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;

- (5.2) Partner Countries: ensure payment of own contributions to the NDPHS Secretariat's annual budget on time.

* * *

Expert Group on Alcohol and Substance Abuse

Work Plan for 2014

Submitted by: ASA EG

Year covered: 2014

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

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

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

The Lead Partner of the ASA EG has employed Mr. Zaza Tseretelli as the ITA of the ASA EG from 1 January 2011

1.3 Financial resources for leadership

The Lead Partner has sufficient funding in place for the leadership and for employment of an ITA (70% work time)

2. Meetings of the Group

Not decided yet

3. Activities

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

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.

In 2014 the ASA EG will continue to pay special attention to the review of the nature and extent of the problems caused by alcohol and illegal drugs in the populations of the partner countries. Because alcohol and drug dependence are likely to co-occur (poly drug use), exploring how alcohol addiction may relate to and interact with other addictions is important. The ASA EG will promote and facilitate research development in order to explore the magnitude of this problem in order to facilitate the evaluation of policy options and measures taken to improve the situation.

The special sub-working group established by the ASA EG in order to analyze and prioritize several topics from Alcohol Policy measures, will continue its work in 2014. The following Policy measures will be reviewed and assessed in order to develop a special report with outline of 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.

In case of getting funds by the end of the 2013, for the development of such a report, the ASA EG foreseen to develop and present above mentioned report (with National policy and research evidence) by end of the 2014.

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, is developed by the ASA EG and will be submitted for the seed money facility. In case of successful application, the ASA EG is planning to start the implementation of this project in 2014.

The project purpose is to support preparation of population survey on alcohol consumption, which will be implemented in ND countries to reinforce the Joint Action on Alcohol launched by European Union. The project will consist in small scale qualitative study in the ND countries with focus on providing information needed for developing survey questions specific for ND countries. It needs to be mentioned that the Russian Federation is involved as one of the partners of this project and analyzing alcohol situation in this country will have vital role for the prevention of harmful use of alcohol both for Russia and for the whole ND Region.

The ASA EG has developed and will continue to seek funds for the project proposal – **“Identifying Patients with Alcohol-Related Problems in General Medical Network and Analysis of Forms and Methods of Medical Care Provided to Them in Russia and in Norway”**. The aim of this project is to develop methodology for identification of alcohol abuse as a risk factor among patients who seek care at somatic profile treatment facilities, in order to develop recommendations to improve early detection of alcohol related problems and delivery of medical care to those patients. It is expected that other partner countries of the NDPHS will also join this project to investigate the situation in their respective countries.

The ASA EG will start to develop project proposal in order to assess needs for improvement of response to problem use of cannabis and cannabis dependence in ND countries. Cannabis is by far the most frequently used illicit drug in all European countries including ND Region. Although dependency potential of cannabis is lower than most of illegal drugs, the long history of abuse lead to increase of prevalence of problem cannabis users and dependents, what constitute challenge for treatment system and early intervention service. The project will consist of: in-depth epidemiological analyses; analyses of treatment and early intervention offers; sharing the experiences looking for best practices and finally formulation of policy recommendations for improving treatment and early intervention offers

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

In General the targets for the Goal 8 were successfully reached in 2011. In 2014, 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.

Contacts with the Nordic Alcohol and Drug Policy Network (NordAN) and the European Alcohol Policy Alliance (Eurocare) will be strengthened and possible joint activities related to the access to and advertising of alcoholic beverages will be investigated and analyzed.

Operational target 9.1: By 2012, experiences, legislation and best practices in tobacco control are exchanged through a series of seminars organized by the WHO EURO with the participation of other interested NDPHS Partners. Among the issues to be addressed are (i) the strengthening of the national tobacco control surveillance systems in view of making them internationally comparable; and (ii) the strengthening of the use of data for the policy making. Actions to be taken will be consistent with and contribute to the implementation of the Framework Convention on Tobacco Control (FCTC) and will be run in close cooperation with the FCTC Secretariat.

The ASA EG has developed project proposal to organize the Conference for the representatives from Alcohol and Tobacco fields. The aim of the Conference is 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. It was planned that during this conference special seminar will be organized to cover issues related to the better usage of available data for Policy development. Estonia has expressed its willingness to host this event. Unfortunately two attempts of the ASA EG to get funding for this project were unsuccessful. However it is planned to submit this proposal again in 2014, as the conference and seminar is seeing by experts as important step towards increased cooperation and strengthen comprehensiveness between the institutions from Alcohol and Tobacco fields.

In addition to all above mentioned the ASA EG will continue its close collaboration with WHO to ensure coordination of the NDPHS work in this field with other relevant WHO activities, especially those of the Global Strategy on Prevention of Harmful use of Alcohol, International drug control Conventions and Tobacco Conventions. The ASA EG is presented now as a member of the WHO National Focal Points for Alcohol Policy in the WHO European Region, and will continue active participation in that network. The ASA EG is planning (through the NDPHS bodies) to draw more attention to the NDPHS activities in this area and to attract additional support for the programme.

While recognize the negative impact of harmful use of alcohol and drugs on adherence to HIV/AIDS and TB treatment regimens, the ASA EG is planning to seek further collaboration in this area both with the HIV/AIDS & AI Expert Group of the NDPHS and within the United Nations system.

At the end of 2013, the ASA EG has applied and became a collaborative partner for the EU Joint action on Alcohol working package 4 (Population Survey). The action itself is planned to start implement in 2014 and the ASA EG will be involved in the important EU activity and development of the recommendations for future steps to improve comparability of survey data on alcohol across EU Member States.

The ASA EG will continue its close collaboration with the Joint Working Group on Health and Social issues (JWGHS) of the BEAC, which started in 2012. Joint meetings with this group and

development of project proposal related to the prevention of Harmful use of Alcohol in the Barents Region of the Russian Federation is within the plans of the ASA EG for the 2014.

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

Alcohol and drug prevention among youth. Project aims to reduce hazardous and harmful alcohol use and alcohol and substance use in general among young people, through the community-based capacity building. Now the ADPY project, which is implemented through the ADPY TG, in its' present form is almost at an end. The interest is to develop and expand the project to more and other municipalities. However, the discussions on those issues and the future of the project are going to take place only after the report is due for the submission to the NDPHS. More information will be then available at the action plan developed by the ADPY TG.

As the potential flagship Project, the action plan of the EU strategy for BSR includes the project developed by the ASA EG - "***Implementation and further development of a standardized, comparative methodology for population survey of drinking habits and alcohol related harm in BSR/ND countries***". This project and plans for the 2014th, were discussed in the section 3.1

3.3 Other activities *Specify any other activities the group will be engaged in, which are not linked to the NDPHS Strategy or to the EUSBSR.*

4. Assumptions, enabling factors and possible obstacles

The good working relations were established within the leadership of ASA EG (Chair and Co-chair), which was strengthened with several meetings between the country representatives. Most of the partner countries had now nominated the members to the ASA E, and all of them were actively involved in the work of the EG. The group is getting strong support from the representatives of WHO, both from EURO office in Copenhagen and HQ office in Geneva. The ASA EG members were several times contacted for the consultations and inputs, both from the International bodies and Country representatives working in the field of Alcohol and Substance Abuse.

The main obstacle is lack of financial resources and instruments available to support the projects developed by the ASA EG and its partner organizations. Alcohol is on high political agenda in all Partner Countries and lack of support towards the work of the ASA EG is not allowing the group to be more actively involved in the country specific activities and to allow the NDPHS be more visible and strong partner in this field. This situation does not support to maintain the optimism which is now in the group.

As a result the main assumption is, that finances will be available for the work of the ASA EG and plans developed for the 2014 will be possible to implement.

5. Other information

Expert Group on HIV/AIDS and Associated Infections

Work Plan for 2014

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

Year covered: 2014

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead: Finland

Chairperson

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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 (70% 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 February 2014 in Germany and September 2014 in another partner country (to be specified later). Additional working meetings may be organised.

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***. The project will be completed in February 2014, and special attention will be paid to the sustainability of results. It is possible that the project should be continued by developing the second phase. If needed, the EG will provide support to the planning of the new phase as relevant. One aim of a supported planning process would be further development of the planning capacity of the concerned NGOs.

The new ENPI project ***Building capacity in prevention of HIV and associated infections among youth at high risk*** was started in September 2013 and will be implemented in close collaboration with the EG under the leadership of the NDPHS Secretariat.

The EUSBSR seed money project ***Strengthening prevention and reduction of impacts of HIV/AIDS and associated infections in the Baltic Sea Region by joint international activities (HATBAI)*** is lead by the Polish member of the EG and was launched in September 2013. It will enable planning of a comprehensive EU project which in turn can involve several EG members and cover several objectives of the Group Strategy.

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 project proposals on HIV, TB and associated infections which have been under planning process during 2013, including those to be identified at the Vilnius round table in November 2013.

Implementation of the ***long-term strategy of the Expert Group*** by advocating its objectives as well as searching financing for project proposals covering its themes. The problem and objective analysis of the strategy will be updated. The strategy will be used also in identification of priorities, key populations, actual thematic areas, development of policy recommendations etc.

Possibilities to contribute to the 11th Annual Conference of the Baltic Network Against Life-threatening Viral Infections in Vilnius, as well as to organising a conference on Clinical and Social Research on AIDS and other life-threatening viral infections in Vilnius will be searched.

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.*

If feasible, financing will be searched to prepare a review of best practices documents on above mentioned items.

A best practices document concerning HIV prevention among youth at high risk will be produced within the project *Building capacity in prevention of HIV and associated infections among youth at high risk*.

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.*

Advocacy of recommendations given in the document on “Review on best practises on integration of social and health care services for HIV-infected individuals” (2012) will be continued.

Project proponents will be encouraged to enhance integrating of social and health care services for HIV-infected and other vulnerable populations in their project’s action plans.

3.2 Activities to coordinate 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 EUSBSR seed money project ***Strengthening prevention and reduction of impacts of HIV/AIDS and associated infections in the Baltic Sea Region by joint international activities (HATBAI)*** is led by the Polish member of the EG and was launched in September 2013. It will enable planning of a comprehensive proposal for an EUSBSR flagship project which would contribute to the above mentioned Thematic area.

3.3 Other activities

Participation in the planning process of the new strategy of the NDPHS. The Expert Group leadership wishes that the Group could participate in the work of the Strategy Working Group.

The EG will prepare a new version of its operational plan for the period until 2020, taking into account substantial updates and expectations from the NDPHS evaluation and new NDPHS strategy.

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.

These assumptions are continuously valid. They should be carefully analysed by the CSR, followed by necessary decisions or given guidelines for the EG's operational activities. This includes also CSR and partner countries' views on expectations to EGs.

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 further develop collaboration between all the EGs/TGs and NDPHS Secretariat and the Chair Country as needed. The EG members will continue to participate in other relevant international activities and meetings as relevant, providing actual and additional information to the EG.

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

Work Plan for 2014

Submitted by: NCD EG Secretariat

Year covered: 2014

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 2014 - the first in early February, the second in autumn 2014

3. Activities

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

3.1.1 **In 2014 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 2014 through its Flagship- and other projects specifically focus on operationalizing the start 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 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.

New important guideline documents approved during 2013 are:

- Draft action plan for the prevention and control of noncommunicable diseases 2013–2020 (May 2013), including the approved WHO NCD monitoring framework (25 indicators, 9 goals)
- WHO Helsinki Statement on Health in All Policies (June 2013),
- Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (July 2013).

NDPHS/NCD-EG plans to continue 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 (see above), including indicators and set of voluntary global targets for the prevention and control of NCDs, which was developed in 2013. It is understood that most of national vital statistics (morbidity, mortality, underlying risk factors) will be monitored by WHO, EU and OECD. Potential Years of Life Lost (PYLL) as an indicator for the performance of EUSBSR's Priority Area Health was approved by the 21st meeting of NDPHS Committee of Senior Representatives and further moved for approval to the European Commission. The formal decision about the indicator is expected after consultation with the Priority Area Coordinator in November 2013 – February 2014. If approved, PYLL will be monitored in the ND area. As much as possible, national PYLL data will be retrieved from OECD databases.

3.1.3. In 2014, the new NCD Thematic report (prepared in 2013) will be disseminated.

3.2 Activities to coordinate and to contribute to 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 for funds and implementation, NCD-EG will increase its efforts to find appropriate funding. Downsizing the existing plans in 2014 will be our new strategy to make the plans less ambitious and more suitable for funding and implementation needs.

3.2.1.A. NCD Flagship-A project³: Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area.

- The Flagship-A project continues to be on the 2nd place in priority order in relation to Flagship-B. Following the conclusions of the EUSBSR Vilnius regional conference on preparing health initiatives 2014-2020, the work packages of Flagship A concept document will be downsized. Opportunities to apply for EUSBSR seed money facility will be explored.

³ Updated Project proposal available on request

3.2.1.B. NCD Flagship-B project⁴: *Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area.*

- Flagship-B project continues to be on the first place in priority order in relation to Flagship-A. Following the conclusions of the EUSBSR Vilnius regional conference on preparing health initiatives 2014-2020, the work packages of Flagship B concept document will be downsized. Opportunities to apply for EUSBSR seed money facility will be explored.
- The preparatory work in 2011 and 2012 have provided opportunity for 2014 to continue until the end of the year 2-year (2012- 2014) 250,000 Euro
- The pilot project (2012-2013) in Kalininsky district (470,000 inh.), which was a single site testing of NCD-Flagship-B type activity will seek for continuation in 2014. The possibilities for Russian federal and NCM funding look positive.

3.3 Other activities

- Participation of NCD EG for the future the strategy work of the NDPHS.
- 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;
- Serious effort to activate NDPHS partners from countries and organizations which have not been strong in participating in the NDHPS work in 2013 and 2014 (Poland, WHO EUR). Additionally, serious discussions on participation with countries, who have not nominated their representatives (Estonia, Germany, Sweden) in the NCD EG, will be conducted. Rapid developments in WHO NCD policies and strategies have created a new challenge for the ND area requiring participation of all partners.

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.).

⁴ Updated Project proposal available on request

- Health 2020 (WHO-EURO) as well as aforementioned declarations approved in 2013 provide 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

Expert Group on Primary Health and Prison Health Systems

Work Plan for 2014

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

Year covered: 2014

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead: Sweden

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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 6-7th 2014 in Turku, Finland and September 2014 in another partner country (to be specified later).

3. Activities

Following preliminary recommendations of the evaluation report during 2014 all Experts group will be involved in the development of new NDPHS Strategy. PPHS EG during 2013 already started to define actual for all ND countries priority problems in primary health care and prison health care, which have to be addressed through international cooperation and joint project activities. This process continues in spring 2014 and will be resulted in formulation of vision and general goals of the EG (and/or EGs).

When visions and goals of EG (EGs) will be accepted by Strategy working group and CSR, EG (EGs) further work on development of operational plan, including targets, indicators, resources and challenges. A logical Framework approach will be used as a method in the development plan for next period.

PPHS Expert Group in the year 2012 and 2013 have developed project concept on *Integrated care for older people with multiple illnesses*. PPHS EG will search for funding sources (EU BSR Seed money, or other alternatives) and will develop project application to be submitted EU BSR Programme 2014-2020. PPHS Expert Group has discussed also project concept Ny Health Coach that is oriented on health promotion activities for low-income young people by ICT applications

In case the application to the Swedish Institute seed money facility by PPHS EG in cooperation with IOM in 2013 will be successful, PPHS EG in 2014 will develop the report on review on policies and practices for health services for migrants and ex-prisoners in ND region and will organize a workshop for dissemination of key findings and for setting priorities in this area. In case SI seed money facilities do not provide funding other donors for this activity will be investigated and application submitted.

PPHS EG in spring 2014 plan to develop PHC development policy recommendations based on key findings of the Imprim project and workshops organised by PPHS EG in Lithuania (March 2013) and Latvia (September 2013).

If funding will be available PPHS EG in 2014 plan to develop a 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.

During PPHS EG Meeting in Riga and satellite workshop on prison health issues it was agreed that in spite of differences of possible organizational models of the Prison health care, the main thing is to ensure the equivalence of care, emphasizing the “through care” aspect. Also some common problems were identified, such as increase of TB cases in Germany and Latvia. Prison health experts agreed to work on the increasing problem with HIV and TB in prisons. TB is the leading cause of death among HIV infected persons. It is of utmost importance to isolate active TB patients from HIV positive individuals. The expert group will work to establish common guidelines/routines for an efficient screening of all at admission to prison and isolation of the active TB cases from the HIV cases. After diagnosis of TB and/or HIV all patients in need should receive adequate treatment.

PPHS EG continue the cooperation with international organizations working in the field of primary care and prison health and plan joint activities aimed in development better quality systems of PHC and PH in the ND region. European Forum of Primary Health Care is planning a biannual international conference in Riga in 2016. PPHS EG will continue cooperation with this EFPC to start organisation of this important event. PPHS Expert Group also will make presentation on EFPC biannual conference in Barcelona September, 2014.

PPHS EG will collaborate with eHealth for Regions Network regarding the development of ICT applications for elderly patients.

4. Assumptions, enabling factors and possible obstacles

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

Task Group on Alcohol and Drug Prevention among Youth

Work Plan for 2014

Submitted by: ADPY TG coordinator Mia Sundelin

Year covered: 2014

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 the ADPY TG and Ms Elena Scvortsova was elected as Vice-Chair of the 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

A project application will be developed.

2. Meetings of the Group

The Task Group will have two meetings, one in March 2014, another in October 2014. The exact dates are not set yet. Depending on circumstances, i.e. the development of a planned phase two within the ongoing ADPY-project, more meetings may be held.

3. Activities

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

The following Operational Targets in the NDPHS Strategy 2009-2013 are within the remit of the ADPY TG:

- **Goal 7:** reduce the impact in the ND countries on society and individuals of hazardous and harmful use of alcohol and illicit drugs.
- **Operational target 7.1:** by 2012, the Partnership will have developed regional flagship project alcohol and drug prevention among youth.
- **Operational Target 7.2:** by 2014, the above-mentioned project, if it has been approved for funding, will have been implemented in coordination with other international actors active in this thematic area, such as the EU, the Council of Europe Pompidou Group and the WHO/EURO.

The two parallel one-year projects will be completed by the end of 2013. The main aim of the projects is to strengthen the municipalities in their capacity to embrace successfully and implement future prevention work and interventions on a long-term basis. This has been done by making assessments of the actual alcohol and drug situation among young people and how prevention work is organized and structured today.

Recommendations on improved infrastructure for prevention work, the development of measurable and concrete indicators, and the development of prevention activities and methods to be implemented have been presented in municipality-specific reports. All in all, this capacity building phase (phase 1) is necessary to support the development of sustainable prevention activities in the future. However, more support is needed. A natural next step (phase 2) would be the implementation of these community specific recommendations to ensure the recommendations developed through these projects resulted in concrete actions.

The following activities are proposed for 2014:

1. Continuing the two parallel projects while focusing on the implementation of the recommendations for improvements of prevention work in the participating municipalities. The activities should be coordinated by the ADPY project group (project leader) and decided upon within the frame of the ADPY Task Group. External experts on implementation and for specific programs/methods should be consulted. Bi-monthly municipality specific meetings should be held, including meetings of the local steering group, the ADPY project group, and, when appropriate, external experts. At the end of 2014, a follow-up assessment should be developed using more or less the same indicators as in the baseline data assessment.
2. Testing the results from phase 1 of the ADPY project in 3-4 other cities/municipalities within the Baltic Sea Region, preferably in other neighboring countries, before a broader dissemination could take place. The experiences from the ADPY projects from 2013 are crucial and should be incorporated in the further development of a *new* phase 1. The activities would, in broad terms, be the same as in the 2013 projects. However, additional formal and informal meetings with the local stakeholders are necessary. Some changes of items in the questionnaires are also necessary. More focus should be put on involving local/regional experts in the assessment and in supporting the communities in their capacity building.
 - The methods - measure ANT-habits among youth, educate and train staff to use available relevant statistics, and implement recommendations according to a timetable
 - Resources with which the respective OT will be pursued: costs for mapping, costs for education and training, costs for data interpretation, costs for travelling and meeting venues. Milestones: letter of intent, letter of agreement including financial issues, data collection, training , agreed timetable
 - External actors planned to be engaged: new, interested municipalities in BSR-region

3.2 Activities to coordinate the EU Strategy for the BSR priority actions and/or flagship

- The methods - Measure ANT-habits among youth, educate and train staff to use available relevant statistics. Implement recommendations according to a timetable
- Resources with which the respective activity will be pursued: ASA EG and the NDPHS network
- Milestones - written reports
- External actors planned to be engaged - See 3.1.

3.3 Other activities

4. Assumptions, enabling factors and possible obstacles

The work plan is dependent on acceptance of funding. If phase two in the above project does not receive funding, the work plan will be reduced to informal network.

5. Other information

There are discussions with actors in the BSR about broadening the project by including more partners and wider a perspective. These discussions will continue in 2014.

Task Group on Antimicrobial Resistance

Work Plan for 2014

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead Partner: Sweden as represented by Mrs Karin Tegmark Wisell

Co-Lead Partner: Germany as represented by Mr Tim Eckmans.

New lead and co-lead representatives were recently elected on the 3d Meeting of the AMR TG held in Berlin, Germany on 29 April 2013. There are no current plans to change the Lead or Co-Lead Partner.

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

Coordinator: Sweden as represented by Ms Emily Sellström

The coordinator was elected on the 3d Meeting of the AMR TG held in Berlin, Germany on 29 April 2013.

1.3 Financial resources for leadership

The Swedish Institute for Communicable Disease Control (from January 1st 2014 The Swedish Public Health Agency) will provide resources for lead representative and coordinator during 2014.

The German Robert Koch Institute will provide resources for co-lead representative.

2. Meetings of the Group

Spring meeting: Will be held in Barcelona, Spain May 12, 2014 (during the ECCMID conference). The meeting will be jointly hosted by the lead and co-lead partners.

Fall meeting: Date has not been set.

3. Activities

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

- 1. Finalize compilation and analysis the results of the AMR-TG survey regarding structural components important for the containment of ABR that was performed in the member states during 2013.**

Method: Qualitative compilation of structural data.

Resources: Lead and Co-lead representatives will together with the Coordinator perform the compilation of data. All national representatives will read, correct and approve the data compiled for its respective nation. Resources for the latter will be covered by the respective nation.

Milestone: Approval of compiled data from all member representatives

- 2. Write report of structural components important for the containment of ABR for publication in scientific journal**

Method: Analysis of compiled and approved data.

Resources: Lead and Co-lead representatives will together with the Coordinator perform the initial analysis of data and write a first tentative version of report/manuscript. All national representatives will read, correct and approve the analysis and written manuscript.

Milestone: Publication of report

3. GAP analysis regarding presence of structural components in the member states in order to identify prioritized projects for the AMR-TG

Method: Workshop at 5th AMR-TG meeting to be held in Barcelona, May 12, 2014.

Resources: Lead and Co-lead representatives will together with the Coordinator be responsible for the workshop. All national representatives will participate. Lead and Co-lead representatives will together with the Coordinator take notes from the workshop and summarize the results in a report. All national representatives will read, correct and approve the report.

Milestone: Publication of report

4. In order to estimate the establishment and burden of resistance on the societies and healthcare in the respective member nations perform a study of the prevalence of ESBL- and carbapenemase producing Enterobacteriaceae in invasive infections and the general public.

Method: All member states have diagnostics for ESBL and CRE implemented. ESBL- and CRE-producing Enterobacteriaceae from invasive infections will be characterized and compared with the corresponding present in the general public.

Resources: Lead and Co-lead representatives will together with the Coordinator be responsible for applying for resources to perform the study. All national representatives will take responsibility for identifying a nodal person in the respective nations.

Milestone: 1. Identification and approval of funding. 2. Nomination of project group. 3. Implementation of project.

5. Write a report of the prevalence of carriers of ESBL- and carbapenemase producing Enterobacteriaceae in the general public to be compared with rates present in invasive infections, to be published in scientific journal

Method: Scientific report.

Resources: Project group will in dialogue with lead and co-lead representatives write report. All national representatives will be informed of the process and approve the report before publication

Milestone: Publication of scientific report.

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

All the above mentioned activities are being conducted with the overarching aim to support the development of public health in the Baltic Sea Region and can thus be regarded as in agreement with the EUSBSR priority actions *increasing prosperity – health*

3.3 Other activities

The Swedish Institute for Communicable Disease Control is coordinating BARN – The Baltic Antibiotic Resistance Collaborative Network (see <http://www.smittskyddsinstitutet.se/barn/>). In the work with AMR-TG possible synergies in the activities performed by BARN and AMR-TG will be sought.

4. Assumptions, enabling factors and possible obstacles

Assumption for the success of the work plan is that all member representatives are supported by their respective nations to participate in meetings and planned activities.

Factors critical for successful implementation of the work plan is

1. Participation of all member representatives in meetings and activities
2. Identification and allocation of resources for activity 4 and 5.

Possible obstacles that can hinder the implementation process.

1. Lack of participation of member representatives in meetings and activities
2. Failure in identification and allocation of resources for activity 4 and 5

5. Other information

1. Since the major challenge in the future is the antibiotic resistance AMR-TG suggests that the group should be renamed to the Antibiotic Resistance Task Group/Expert group
2. The ToR is suggested to be reformed in order to be more credible and relevant for the work of the group. The group suggests the following revised scope of responsibilities:
 1. Contributing to policy formulation and strengthening coordination of activities aimed at counteracting the increasing resistance to antibacterial agents in the Northern Dimension area;
 2. Compile, compare and analyze data regarding structural systems for the work on the containment of antibiotic resistance as well as actual information on resistance levels and antibiotic use from the member states and feed these back to the scientific community, professionals and policymakers.
 3. From above in b) identify knowledge gaps with importance for the work on the containment of antibiotic resistance in the region and pursue project with the aim at filling these gaps.

Task Group on Occupational Safety and Health

Work Plan for 2014

Jointly with BSN OSH network

Task Group on Occupational Safety and health TG OSH	
Overall objective	Policy formulation on occupational safety and health systems and occupational health services
Immediate objectives	Developing policies, programmes and activities for health, safety and wellbeing at work Peer-to-peer networking Monitoring NDPHS "Health at Work" Strategy
Immediate & ultimate beneficiaries	OSH specialists & men and women at work
Project area/countries	Member states
Implementing organisation	TG OSH: Lead ILO; Co-lead Lithuania; ITA none
Essential partners	ILO, WHO, EU OSHA, BSN/OSH, FIOH
Budget euro none so far	Financing agency:

Reporting period:

Results (description and indicators)	Planned target/ achievements	Progress (on-going, partly achieved, completed)	Action required, obstacles Sustainability and expected long-term impact
1. NDPHS "Health at Work" Strategy implemented (8 indicators, see Strategy)	1.1 annual informal update by OSH specialists	1.1 update 20 Nov 2013	
	1.2 final external evaluation	1.2 planned for 2014	
2. OHS Part 3: Recording of occupational accidents	2.1 PAC Conclusions on importance of accidents statistics	2.1 22 Nov 2013	
	2.2 Analysis and comparison of national recording system	2.2 planned for 2014	
	2.3 Summary report and conclusions	2.3 planned for 2014-15	
3. Development of policy paper "Healthy lifestyles in Healthy Working Conditions"	3.1 project outline	3.1 presented on 20 Nov 2013	
	3.2 project proposal, country commitments	3.2 on-going	
	3.3 pilot study	3.3 planned for 2014	
	3.4 status report	3.4 planned for 2015	
4. TG OSH and BSN meetings	4.1 TG OSH meeting and OSH symposium	4.1 3-4 June, in connection with NOFER 60 years Anniversary	
	4.2 BSN Annual meeting jointly with TG OSH	4.2 24-25 Sept, Vilnius	
	4.3 PAC OSH side-event	4.3 in St Petersburg, 2014	
5. Communication and visibility	5.1 Barents Newsletters	5.1 Three editions in 2014	
	5.2 Participation in OSH conferences	5.2 XX World Congress on Safety and Health, 24-27 Aug, Frankfurt; oral presentations	
6. Preparation of five year work plan	6.1 Health Initiative conference	6.1 Vilnius 12 Nov 2013	
	6.2 Outline of five year plan	6.2 draft discussed in BSN Meeting 20 Nov 13, further development in first part 2014	