



Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Work Plan for 2019

Adopted by the NDPHS Committee of Senior Representatives
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Abbreviations and acronyms used

AMR EG – Expert Group Antimicrobial Resistance
ASA EG – Expert Group on Alcohol and Substance Abuse
CSR – NDPHS Committee of Senior Representatives
EU – European Union
EUSBSR – EU Strategy for the Baltic Sea Region
HiAP – Health in All Policies
HIV, TB&AI EG – Expert Group on HIV, TB and Associated Infections
NCD EG – Expert Group on Non-Communicable Diseases
ND – Northern Dimension
NDPHS – Northern Dimension Partnership in Public Health and Social Well-being
OSH EG – Expert Group on Occupational Safety and Health
PAC (in relation to the NDPHS) – Partnership Annual Conference
PH EG – Expert Group on Prison Health
PHC EG – Expert Group on Primary Health Care
SDG – Sustainable Development Goal

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, continued or completed in 2019 by the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). It builds foremost on the Oslo Declaration from 2003¹ and the NDPHS Strategy 2020 and its Action Plan from 2015², as well as considers the NDPHS' role as the platform for elaboration of a common policy framework in the field of Health and Social Well-being in ND region. The relevant stipulations contained in the *Political Declaration on the Northern Dimension Policy* and the *Northern Dimension Policy Framework Document* describing the renewed Northern Dimension Policy from 2007 have been taken into account, too.

All relevant stakeholders have key roles to play in the improvement of health and social well-being. 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 organisations, 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 2020 and its Action Plan

The focus of this Work Plan is on the implementation of the NDPHS Strategy 2020 and its Action Plan. By implementing the Work Plan the Partnership will move toward its mid-term vision, which it will strive to achieve during the coming years of the NDPHS development and action:

The NDPHS, as a highly valued and innovative regional network, significantly contributes to the improvement of people's health and social well-being in the Northern Dimension area.

III. Action lines

During 2019, the Partnership will continue efforts to contribute to intensified cooperation in health and social well-being in the Northern Dimension area through:

1. Working toward implementing the NDPHS Strategy 2020.
2. Implementing new approaches for collaboration within the NDPHS.
3. Coordinating and promoting synergies between Health priorities of NDPHS-members' strategies.
4. Increasing the Partnership's visibility.

1. Working toward implementing the NDPHS Strategy 2020

In 2015 the NDPHS adopted its Strategy 2020 – a guiding instrument assisting the Partner Countries and Organisations in their joint efforts to achieve improvements in the six chosen priority areas. The Action Plan, which accompanies the NDPHS Strategy 2020, contains detailed information on the planned activities and expected results of the joint work. Progress in achieving the expected results for each of the six objectives is measured through quantified indicators, with the baseline, target, data source and responsible organisation indicated. NDPHS evaluation process was launched in 2018 and will continue in 2019. It will provide an independent assessment

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: http://www.ndphs.org/?about_ndphs#New_NDPHS_Strategy.

of the past performance of the NDPHS, its organisational set-up, key lessons and recommendations in order to improve current and future actions.

Specific actions

1.1 Expert Groups: continue/initiate new efforts consistent with their Terms of Reference.

The Expert Groups shall continue/initiate new efforts consistent with their Terms of Reference. The Expert Groups' individual work plans for 2019 are included in Annexes 1 through 7. The groups will report on the progress they achieved in 2018 in their individual annual progress reports to be submitted to and discussed during the CSR 31 meeting (spring 2019). The update of the progress report template will be discussed during the 26th EG Chairs and ITAs meeting.

1.2 Continue efforts towards achieving the horizontal results through horizontal activities listed in the Action Plan.

The horizontal results listed in the Action Plan aim to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It is a responsibility of all Partners and NDPHS structures to be active in producing these results. The activities towards achieving the horizontal results include:

- Disseminating information regarding health and social well-being and HiAP approaches to relevant policy- and decision makers and other stakeholders;
- Continuing efforts to include provisions regarding health and social well-being on the regional cooperation agenda in the Northern Dimension area and in relevant high-level and other documents;
- Working with other relevant stakeholders in implementing the activities listed in the Action Plan;
- Identifying networks and experts with co-operation potential and inviting them to support/engage in the Partnership's activities;
- Using the CSR and PAC meetings to communicate the results of relevant projects (external and NDPHS-facilitated) to the policy level (see also Action Line 2);
- Making the NDPHS more visible in the Partner Countries (see also Action Line 4);
- Facilitating the development and implementation of actions and flagship projects defined in the "Health" Policy Area in the EUSBSR Action Plan.

1.3 Continue efforts towards ensuring adequate funding for the implementation of the NDPHS Strategy 2020 and the Action Plan accompanying it.

In accordance with the Oslo Declaration, the Partners recognize that in order to meet the objectives of the organisation, 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 Expert Groups, the Secretariat and Partners shall actively seek and ensure that funding is available for the **NDPHS Expert Groups' activities** as well as for other activities decided upon by the CSR or the PAC. The NDPHS Activity Fund, along with financing instruments such as the Seed Money of the Baltic Sea region Programme 2014-2020 and those offered by the Swedish Institute, are useful tools, which may provide micro-financing for initiating a larger project or facilitating some project-based regional activities of the Partnership.

The NDPHS Secretariat shall keep up-to-date information about **funding opportunities for regional health and social well-being projects** presented on the NDPHS website and shall disseminate the information actively to the relevant stakeholders.

1.4 NDPHS Evaluation will be financed by the European Union and conducted according to the

Terms of Reference of the evaluation (ToR) developed by the NDPHS Evaluation Steering Group (ESG). It will cover the period since the last med-term evaluation of NDPHS in 2013. The evaluation will serve the purpose of understanding the performance of the NDPHS when implementing the NDPHS Strategy 2020 and its Action Plan and inform the planning of the NDPHS strategy for the next term.

2. Implementing new approaches for collaboration within the NDPHS

The Partnership's evaluation conducted in 2013 and the following strategy development process have led to discussions on new approaches for future collaboration within the NDPHS and novel approaches to ensure that the relevant results from the Expert Groups' work are conveyed to the policy level. Efforts to implement these new approaches will continue in 2019.

Specific actions

2.1 Development of a common horizontal flagship project involving all NDPHS Expert Groups.

The Partnership will continue working towards developing a common horizontal framework project involving all NDPHS Expert Groups and will explore suitable funding opportunities to develop it into a flagship. The NDPHS Secretariat will facilitate the work and apply for Seed funding for cooperation projects in the Baltic Sea Region for development of Flagship project on ageing. The horizontal framework on ageing will strive to feature also social-wellbeing aspects in addition to health issues.

2.2 Identifying and implementing new approaches to transfer the results of experts' work and regional projects to the policy level.

The Partnership will continue identifying and implementing new approaches to achieve a bigger visibility of the experts' work and strengthen its impact on policymaking and strategic decisions. In order to improve communication between experts and policy makers exchange of views will be facilitated at the CSR meetings.

3. Coordinating and promoting synergies between Health priorities of NDPHS-members' strategies.

The Partnership will strive to design joint strategy with a view to foster development of the regional cooperation framework acceptable to all, considering that regional interests are reflected in/covered by the national strategy papers too. Alignment of health and social policy priorities of all parties and intensification of the policy dialogue are of particular importance taking into account the **NDPHS evaluation process** that has already been launched.

Health priorities of the NDPHS member-countries, health and social well-being strategy papers constitute the priorities of the NDPHS. Their objectives are coherent with the NDPHS main goals. Thus, the NDPHS coordinating role in "Health" Policy Area in the EU Strategy for the Baltic Sea Region Action Plan (refers to EU NDPHS member-states), the Strategy for Socio-Economic Development of the North-West Federal District for the period up to 2020 in combination with the Objectives of the State Program and Priorities of the state policy on Health of the Russian Federation, other regional strategic documents shall be used for formulating the NDPHS Strategy after 2020. It will allow for making health more integrated and inclusive in the regional cooperation.

The NDPHS role as a "Health" Policy Area Coordinator within the EUSBSR (refers to the EU NDPHS member-countries), as well as Norwegian and Russian efforts to develop the cooperation within the framework will facilitate and stimulate NDPHS interaction with such regional mechanisms as the INTERREG Baltic Sea Region Programme 2014-2020 (priority 1 "Capacity for innovation") and other cross-border and trans-border cooperation programmes in the ND region.

This will contribute to the achievement of such NDPHS strategic aims as increased visibility and better influence in processes related to allocation of funding for regional cooperation. Involving regional and national private partners into the Partnership's project activities would become another tool of diversification and enlargement of opportunities for implementation of the NDPHS goals.

Specific actions

3.1 NDPHS Secretariat continues the implementation of an EU co-financed project "Support to coordination and implementation of activities within the EUSBSR Policy Area 'Health'.

3.2 NDPHS Secretariat with the Expert Groups: continue, when requested, issuing letters of support for the Interreg Baltic Sea Region Programme 2014-2020 applicants in accordance with the "NDPHS procedure for issuing letters of support to projects applying for Interreg Baltic Sea Region Programme 2014-2020."³

3.3 NDPHS Secretariat with involvement of the interested Expert Groups and with possible collaboration with other Policy Areas and Horizontal Actions: prepare an intersectoral workshop at the 10th Annual EUSBSR Forum.

4. Increasing the Partnership's visibility

Whereas the implementation of the activities foreseen in the Action Plan accompanying the NDPHS Strategy 2020 will contribute to increasing the Partnership's visibility within and beyond the Northern Dimension area, further efforts are needed to raise the awareness about the Partnership, its achievements and possibilities for the Partner Countries to benefit from the cooperation within the NDPHS framework.

Specific actions

4.1 NDPHS Partner Countries and Organisations, which have not done so yet: Include the links to the NDPHS website on their own websites.

4.2 Continue including provisions regarding the NDPHS in relevant high-level and other documents and statements.

4.3 Continue organizing thematic workshops and making presentations at national and international conferences and other events. Participation (probably in combination with preparation of the thematic round-table) of the Head of the Secretariat, interested CSR Members and representatives of the Expert Groups in the Northern Dimension Forum organized by ND Business Council and Association of European Business.

4.4 Continue producing and disseminating information and communications materials. NDPHS Secretariat and Expert Groups are encouraged to produce both on-line and hard copy information materials.

4.5 NDPHS Chair Country: Continue consultations with the NDPHS Partners to: improve the visibility of the Partnership in the Partner Countries and Organisations; and advance the implementation of the NDPHS Strategy and Action Plan.

³ Available at:

http://www.ndphs.org/internalfiles/File/EUSBSR/NDPHS_procedure_for_issuing_letters_of_support_to_projects_applying_for_Interreg_BSR_Programme_2014-2020.pdf.

4.6 Consider using social media to promote the Partnership's work, to enhance networking and increase outreach to new stakeholders.

4.7 Consider renewing the NDPHS website and bring it to a new up to date platform.

Expert Group on Antimicrobial Resistance

Work Plan for 2019

1. Leadership and coordination

1.1. Lead Partner: Johan Struwe, Public Health Agency of Sweden, Sweden
Co-Lead Partner: Tim Eckmanns, Robert Koch Institute, Germany

1.2 International Technical Advisor
Emily Sellström, Public Health Agency of Sweden, Sweden

1.3 Financial resources for leadership
The Lead partner provides funding for leadership and coordination of EG AMR.

2. Meetings of the Expert Group

First meeting 2019 will be a physical meeting which preliminary will take place in Stockholm early February. Since partners have difficulties to engage in additional physical meetings, teleconferences will be scheduled in May, August and November. Additional meetings will be held according to needs.

3. Activities

3.1 Activities to achieve the expected results laid down in the NDPHS Action Plan, which are within the remit of the Expert Group

According to the action plan accompanying the NDPHS strategy 2015-2020, the expert group's work has been divided into three workstreams.

Workstream 1: More representative and comparable AMR surveillance systems developed for implementation in the NDPHS Partner Countries.

The focus will be to continue the collaboration within and between partners on early implementation of the WHO global AMR surveillance system "GLASS".

Method/ Sub-activities during 2019:

Progress on implementation and delivery of AMR data will be reported to WHO according to their data calls.

Continued delivery of AMR data to EARS-Net by EU and EES countries.

Continued delivery of AMR data and expansion of coverage in CAESAR by the Russian Federation

- Planned activity to achieve this: the situation in each country will be updated by partners according to the progress indicators.
- Planned deliverables: report on agreed progress indicators.
- External actors planned to be engaged: a continuous dialogue is kept by partner countries with WHO Euro and the ECDC.

Workstream 2: Improved measurement and monitoring of antibiotic consumption and use in the Northern Dimension area

Methods/Sub-activities during 2019: a protocol will be developed by Norwegian partners at the WHO collaborating centre for drug statistics methodology in order to map:

A) National reporting of antimicrobial use to ESAC-Net (EU-countries), CAESAR (Russian federation and the WHO (according to the WHO Global database for antimicrobial resistance country self-assessment)

B) The application of indicators proposed by the ECDC in national surveillance

The target is to start collection of information 2019.

- Planned activity to achieve this: the situation in each country will be updated by partners according to the progress indicators.
- Planned deliverables: report on agreed progress indicators. Project plan and working group for the mapping project defined. A draft questionnaire will be developed
- External actors planned to be engaged: Not an external actor maybe but a specific body: WHO Collaborating Centre for Drug Statistics Methodology at the Norwegian Institute of Public Health

Workstream 3: Increased awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension.

Methods/Sub-activities during 2019: A project will be developed by the German co-chair to map the specific structures and policy frameworks to address appropriate antibiotic use, incorporation of antimicrobial resistance data in infectious diseases treatment guidelines and implementation process in the NDPHS partner countries.

- Planned activity to achieve this: provided that funding is obtained, the main activity for the mapping project 2019 will be a kick-off meeting to present and discuss forthcoming activities and suggested workplan. An application for funding has been submitted to JPIAMR. The situation in each country will also be updated by partners according to the progress indicators.
- Planned deliverables: Report on agreed progress indicators. Project plan and working group for the mapping project are defined and discussed at a kick-off workshop. A draft questionnaire will be developed.
- External actors planned to be engaged: if funding is obtained, relevant bodies in additional countries (UK, Moldova, Georgia and Mongolia) and additional organizations (EUCAST Development Laboratory, Strama, NORM, DGHM, DGI and Swedish WHO Collaborating Centre for AMR Containment) will be engaged,

3.2 Activities to achieve the horizontal results laid down in the NDPHS Action Plan

Horizontal result 2. Strengthened support and involvement of other stakeholders in the NDPHS-activities.

Planned activities towards the expected result:

- Continued implementation of harmonized surveillance of AMR according to GLASS standards
- Improved and expanded harmonized surveillance of antimicrobial use.
- Map the specific structures and policy frameworks to address and implement appropriate antibiotic use based on data on surveillance of antimicrobial resistance in infectious disease guidelines development and implementation process
- Other stakeholders will actively be involved in all our projects in the different work-streams.

4. Assumptions, enabling factors and possible obstacles

The projects described above were developed with the aim to help achieving the 1st and 3rd results listed under objective 2 in NDPHS Action Plan accompanying the strategy 2020 (“Contained antimicrobial resistance – through inter-sectoral efforts supporting the implementation of regional and global strategies and/or action plans” and “3. Increased

awareness of prescribers and policymakers on the antibiotic resistance situation in the Northern Dimension area and on specific measures to be taken”, respectively).

The plan is to continue to move from previous projects on AMR surveillance (WS 1) to focusing on mapping existing surveillance of antibiotic use (WS 2) and frameworks for the development of national treatment guidelines (WS 3).

The allocation of national resources to pursue the work outlined in the NDPHS action plan, including physical meetings, is a constant challenge for the AMR-EG. Most appointed participants have many other assignments at national and international levels and are already overwhelmed. Several national bodies face cut-downs and are being re-organized, which adds to lack of capacity in this field. Furthermore, some countries do not have budgeted travel expenses and other costs for physical meetings. For these reasons, activities will be depending on additional funding and it is not yet feasible to apply a true “one health approach” involving other sectors in the framework for the NDPHS collaboration until a common understanding and methodology is implemented in the human sector.

Expert Group on Alcohol and Substance Abuse

Work Plan for 2019

1. Leadership and coordination

1.1 Lead Partner: Bernt Bull, Ministry of Health and Care Services, Norway
Co-Lead partner: Eugeniya Koshkina, Moscow Research and Practical Center on Addictions, Russia

1.2 International Technical Advisor
Zaza Tseretelli, Ministry of Health and Care Services, Norway

1.3 Financial resources for leadership
The Lead partner provides funding for leadership and coordination of EG ASA (ITA employment 50% of work time)

2. Meetings of the Group

The first meeting of the ASA EG, in 2019, will take place in Helsinki on 21-22 March and the second meeting will be held in Copenhagen (invitation by WHO NCD office in Moscow) (September).

3. Activities

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

Objective 4: Reduced social and health harm from alcohol, tobacco and illicit use of drugs - through strengthening and promotion of multi-sectoral approaches

Expected result: 1. Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco, and drugs among local level policy makers and authorities

ASA EG participant countries (Estonia, Lithuania, Poland, Sweden, and Norway) will continue the work on the development of the project proposal "Prevention Approaches-learning, experience, training – PALET." The primary objective of the project is to improve the capacities of different public sector organisations operating at local level to reduce harm caused by alcohol or drugs through strengthening the quality of prevention work at local level. The main concept of the project is to use systematic proven methods to improve cooperation between the many authorities involved in prevention at local level. This involves different prevention programmes, mobilization of the local community including politicians for successful implementation of long-term prevention policies on alcohol and drugs abuse.

The methods and resources with which the particular results will be pursued: workshop or seminar to discuss the possible project proposal, an e-mail exchange between the participants. Resources to be sought both within the member countries and outside.

- Planned deliverables: project concept paper and project proposal
- External actors planned to be engaged: WHO, C.A.N, Norwegian municipalities, municipalities from Romania and Moldova

Expected result: 2. Improved implementation of early identification and brief intervention programs/measures to reduce alcohol- and drug use-related harm

The Oslo University Hospital and Moscow Research Centre for addiction will finalise and publish the report of the project – “Identifying Patients with Alcohol-Related Problems in General Medical Network and Analysis of Forms and Methods of Medical Care Provided to them by Russia and Norway,” which was initiated by the ASA EG. ASA EG will begin to disseminate the results of the study.

The project results are discussed with the ASA EG member countries, and the work will continue to define the possibility of developing a more extensive project replicating the pilot project in other countries, and adapting it to the local systems as needed

- The methods and resources with which the particular results will be pursued: the Royal Norwegian Ministry of Health and Care Services finances the project.
- Planned deliverables: Delivering of the final report, scientific articles in the international magazines.
- External actors planned to be engaged: not at this stage. However, the project and the final results will be presented to the members of the ASA EG, and they will be asked to invite possible key-persons from their countries to the presentation of the pilot study and to discuss the interest of other partner countries to introduce the same survey, or laboratory analyses methodology.

Expected Result: 3. Strengthened knowledge base for the planning of public health policies on alcohol and drugs

The ASA EG will continue, with the assistance of Poland, to finalise the report on response to problem use of cannabis and cannabis dependence in ND countries. Cannabis remains the most widely used illicit drug in Europe including ND Region. It is foreseen that the report will cover five areas: supply reduction, prevention, treatment, public debate, and policy management. The methodological difficulties in this area must be acknowledged. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. The aim of the report is to provide the accurate and impartial information necessary for an informed debate on this challenging policy topic. Target group of the report is the Member State decision makers.

- The methods and resources with which the particular results will be pursued: The questionnaire developed by the Polish member of the ASA EG. Answers from the ASA EG partner countries will be analyzed, ASA EG report drafted and a workshop will be organized to discuss the draft.
- Planned deliverables: The report.
- External actors planned to be engaged: WHO, EMCDDA

The ASA EG has contracted two young researchers (Poland and Russia) in order to develop a third thematic report on Alcohol Policies, as a follow-up on PAC side event declaration on Alcohol. The new report will cover issues related to the prevention at the work place, prevention among the pregnant women and prevention among the elderly. The special questionnaire has been developed by the researchers and distributed among the ASA EG member countries. In addition, the questionnaire on the prevention at the work place was shared with the OSH group, so that part of the report will be developed in cooperation with the OSH EG.

- The methods and resources with which the respective results will be pursued: The questionnaire developed by the researchers and the ITA of the ASA EG. The answers will be analyzed, and ASA EG report drafted. The questionnaire shared with the OSH EG. Preparation of the report financed by the Royal Norwegian Ministry of Health and Care Services.

- Planned deliverables: The report (one part in cooperation with the OSH EG)
- External actors planned to be engaged: WHO Europe.

Expected Result: 4. Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages

The ASA EG will work together with the NDPHS Secretariat to develop the monitoring tool for follow up on the implementation of the Tallinn PAC side-event Declaration on Alcohol

- The methods and resources with which the respective results will be pursued: The questionnaire will be developed in order to assess the activities introduced based on the PAC side event declaration.
- Planned deliverables: draft of the questionnaire

3.2 Activities to achieve the horizontal results laid down in the NDPHS Action Plan

Expected result 3.2 - Strengthened support and involvement of external stakeholders in the NDPHS-facilitated activities

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 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 will maintain a well-established tradition to invite the representatives of the host country institutions/organizations to the meetings of the ASA EG, to discuss some specific topics of interest of the EG.

Expected result 3.3 Increased and strengthened project-to-policy cycle approach in regional cooperation in the area of health and social well-being

The ASA EG will participate in the NDPHS evaluation, to be implemented in 2019. The EG will be also involved in the discussions related to the planning of the NDPHS strategy for the next term.

The ASA EG will present, at the CSR meeting, the issues related to the Community Based Prevention Interventions, and other topics discussed at the EG meeting, to be considered by the Partner countries and the respective Ministries.

Expected result 3.4 Increased visibility of the NDPHS in the Partner Countries

Share information about the NDPHS' and EG's activity at relevant seminars, conferences, and meetings and look for possible synergies. Establish collaboration links with the networks concerned (e.g., CNAPA, WHO, EMCDDA)

ASA EG will continue work with the other EGs in developing the NDPHS possible flagship project on elderly, initiated by the ASA EG.

Expected result 3.5 Ensured coherence and mutual support in addressing regional challenges and opportunities in the area of health and social well-being through a successful leadership of the EU Strategy for the Baltic Sea Region's Health Policy Area

The ASA EG will continue to prepare its inputs to the progress reports for the implementation of the EU Strategy for the Baltic Sea Region's Health Policy Area.

4. Assumptions, enabling factors and possible obstacles

It is assumed that the NDPHS Partner Countries and Organizations remain committed and nominate experts to respective EGs. Currently, all partner countries (including Iceland) except Germany, had now designated the members to the ASA EG, and all of them were actively involved in the work of the EG.

Expert Group on HIV, TB and Associated Infections

Work Plan for 2019

1. Leadership and coordination

1.1 Lead Partner: Ali Arsalo, Kevi Consulting Pvt Ltd, Finland
Co-Lead partner: Anna Marzec-Boguslawska, National AIDS Centre, Poland

1.2 International Technical Advisor
Dmitry Titkov, National Institute for Health and Welfare, Finland

1.3 Financial resources for leadership
The Lead partner provides funding for leadership and coordination of EG HIV, TB and AI (Chairperson and ITA).

2. Meetings of the Expert Group

As before, two meetings will be held in 2019, one in spring and one in autumn. The places and dates will be decided in due time.

3. Activities

3.1 Activities to achieve the expected results laid down in the NDPHS Action Plan, which are within the remit of the Expert Group

Expected results	Methods	Deliverables	Resources	External actors planned to be engaged
1. Increased awareness and knowledge among relevant decision makers and other actors in the Northern Dimension area about the complexity of the epidemiological situation of HIV, TB, and AI and their consequences	The EG experts will prepare a paper regarding the complexity of the hepatitis situation in certain ND countries with particular focus on co-infection, diagnosis, therapy and care. The basis for the paper will be the autumn 2018 meeting of the Expert Group where hepatitis will be a special theme.	A paper and, possibly, an article	EG leadership and members	No
2. Enhanced international and multi-sectoral stakeholder cooperation on HIV, TB and AI-related issues in the Northern Dimension area	The EG will contribute to the 2 nd International Conference 'End TB Strategy: Problems and Opportunities in the Arctic Region' which is due in later half of 2019 in Yakutsk (Sakha Republic) as part of the Northern Forum network	Participation at events; presentations and other lecturing material; reporting at EG meetings	EG leadership and members as relevant	No
	The EG will continue cooperation with the Consulate General of Finland to St. Petersburg in organizing workshops on communicable disease control for NW Russian regions			
	The Chair of the EG will attend HIV/AIDS Think Tank meetings and report as required			
	The EG will support the development of the new Barents HIV-TB Programme			
	The EG leadership will collect information from EG members about events of relevance (conferences, seminars, workshops, etc.) in their respective countries and contribute with expert input if deemed feasible			

Expected results	Methods	Deliverables	Resources	External actors planned to be engaged
	To contribute to planning of the NDPHS joint project proposal on ageing and senior population in terms of communicable disease control and other relevant topics of the draft plan	Elements of the project proposal related to communicable disease control Identification of the potential WP leader	EG leadership and members	
3. Improved effectiveness of HIV, TB and AI prevention actions in the Northern Dimension area	Development of methods and practices for the dissemination of the information and materials which are prepared for and presented in EG meetings	Collated files consisting of experts' presentations	EG leadership and members Experts visiting and giving presentations in EG meetings	Local non-member experts who are invited to give presentations in EG meetings about special topics
4. Improved evaluation of interventions, monitoring, data collection and reporting of the situation of HIV, TB and AI among key populations and policy/action response in the Northern Dimension area	Produce and disseminate (via the NDPHS website, newsletter and/or media events) analytical conclusions and action proposals towards the national authorities responsible for HIV, TB and AI <ul style="list-style-type: none"> - prepare material for the NDPHS newsletters - post documents to the information platforms of other relevant organizations/networks - press releases on websites of the EG members' organisations 	Materials for posting and dissemination prepared Channels used to disseminate materials Discuss the viability and alternatives of the topic with EG members	EG leadership and members	NDPHS Secretariat Relevant organisations and networks

3.2 Activities to achieve the horizontal results laid down in the NDPHS Action Plan

1. Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area

See actions under 2 above.

2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities

Identification of a potential work package leader for the NDPHS joint project on ageing through negotiations. This may be an external actor.

Involvement in the development of the new Barents HIV/TB cooperation programme will offer opportunities for closer practical collaboration. The Barents cooperation covers countries which are partners in the NDPHS.

3. Increased and strengthened policies to improve health and social wellbeing through regional cooperation

Participation in the planning process for the NDPHS Joint Flagship Program. The EG Chair will be chairing the NDPHS Evaluation Steering Group.

4. Increased visibility of the NDPHS in the Partner Countries

See actions under 2 above

Regular EG meetings give an opportunity for increased visibility in the Partner Countries

5. Ensured coherence and mutual support in addressing regional challenges and opportunities in the area of health and social well-being through a successful leadership of the EU Strategy for the Baltic Sea Region's Health Policy Area

EG's participation in the development of the NDPHS joint project proposal aims at addressing one of the region's common problems. The EG will participate in the project planning workshops. No external assistance.

4. Assumptions, enabling factors and possible obstacles

It is assumed that the NDPHS Partner Countries and Organisations remain committed and allocate experts to respective EGs.

It is to be kept in mind that the CSR members, by accepting the EGs work plans, display their full support to the planned activities, which may be held in their respective countries and/or with involvement of their countries' experts.

The experts engaged as EG members are competent in their respective fields, active and motivated, and have time to dedicate to the work in the EGs and resources to attend EG-initiated events.

It is assumed that the communication inside the EG, between EGs, with the NDPHS Secretariat and NDPHS governing bodies functions well. The interactions at all levels stay transparent.

It is assumed that suitable funding opportunities for project initiatives and ideas are available. Besides, it should be borne in mind that the EGs are not legal bodies and therefore cannot apply for funding. It is assumed that EG members' organisations can appear as lead partners/partners in project applications, or can help in identifying such in their respective countries.

Expert Group on Non-Communicable Diseases

Work Plan for 2019

1. Leadership and coordination

1.1 Lead Partner: Rafael Oganov (Chair), National Medical Research Centre for Preventive Medicine under the Ministry of Health of the Russian Federation, Russia
Galina Maslennikova (Vice-Chair), National Medical Research Centre for Preventive Medicine under the Ministry of Health of the Russian Federation
Co-Lead Partner: João Breda, WHO Regional Office for Europe

1.2 International Technical Advisor

Asiia Imaeva, National Medical Research Centre for Preventive Medicine under the Ministry of Health of the Russian Federation

1.3 Financial resources for leadership

The Lead partner provides funding for leadership and coordination of EG NCD.

2. Meetings of the Expert Group

Two NCD EG meetings will be held in 2019:

1) NCD EG 17th meeting is planned in April, 2019 (Moscow, Russian Federation)

2) NCD EG 18th meeting is planned in September or October, 2019 (Vilnius, Lithuania, tbc.).

The NCD EG 17th meeting will be hosted by WHO Country Office in Moscow, Russia (preliminary agreed).

3. Activities

NCD activities (see table 3.1)

NCD activities to achieve the 5 horizontal results laid down in the NDPHS Action Plan (see table 3.2).

Expected results	Methods	Planned deliverables	Resources	External actors planned to be involved
<p>3.1.1 Increase visibility of the NDPHS in the Partner Countries</p> <p>Strengthened national stakeholders', politicians', decision-making people's involvement in cost-effective NCD preventing and reducing measures</p>	<p>Further development of strategic policy documents and projects ideas proposed by the NCD EG members and their implementation within the NDPHS region</p>	<p>"A Healthy Boost – Urban Labs for Better Health for All in the Baltic Sea Region - boosting cross-sectoral cooperation for health and wellbeing in the cities": implementation within participating countries (2019-2021)</p>	<p>NCD EG leadership and members The project has been approved by the decision of the Monitoring Committee and received financing support from the Interreg Baltic Sea Region programme</p>	<p>FIN/ Baltic Region Healthy Cities Association FIN/ Metropolia University of Applied Sciences FIN/ City of Turku FIN/ City of Helsinki LTU/ Lithuanian University of Health Sciences LVA/ Riga Stradins University LVA/ Nofer Institute of Occupational Medicine, Jelgava Municipality POL/ Suwalki Municipality POL/ City of Poznan LTU/ Klaipeda Public Health Bureau EST/ City of Tartu SWE/ Västerbotten County Council RUS/ Russian Association of Healthy Cities, Districts and Settlements EST/ Tallinn Science Park Tehnopol and associated organisations in health/public health/NCD prevention, social services</p>
	<p>Promoting NCD prevention programs, such as Good practices through inter-sectorial collaboration towards the NCDs prevention;</p>	<p>Project idea "Toolkit to strengthen Health Literacy in the Baltic Sea Region"</p>	<p>Seeking for approval and funding support</p>	<p>SWE/ The Public Health Agency RUS/ National Medical Research Center for Preventive Medicine, Moscow POL/ Nofer Institute of Occupational Medicine LTU/ Institute of Hygiene, Public Health Technology Centre LVA/ Riga Stradins University, Institute of Public Health and associated organisations in health/public health/NCD prevention, social services</p>
	<p>Develop and integrate in the ND Partner Countries'</p>	<p>Implementation of PYLL-Study for</p>	<p>PYLL-Project team</p>	

Expected results	Methods	Planned deliverables	Resources	External actors planned to be involved
	National action plans, comprehensive, sustainable and transparently monitored measures, including, if appropriate, cross-sectorial measures, tackling NCDs; Preventable premature deaths (PYLL) in Northern Dimension partnership countries.	evaluation of the effectiveness of the NCD EG activity as well as the EU Health Strategy.		
3.1.2 Work together with all stakeholders, under the leadership of public health authorities, to prepare, strengthen and review initiatives in preventing lifestyle-related risk factors through integrated and multisectoral activities.	<p>Identifying structures and agencies to be involved in an integrated and multi-sectoral activity for preventing lifestyle-related RFs (harmful use of alcohol, tobacco use, low physical activity and unhealthy nutrition) in various target groups of population;</p> <p>Discussion on legislative and other regulative initiatives (advertising, prices, taxes, age and time limits for sales, etc.) on reducing harmful use of alcohol, and promoting adequate health-enhancing physical activity and a nutritionally balanced diet in various target groups of population as well as instruments for monitoring of their effectiveness within the ND region;</p>	<p>At least 3 more evidence based measures in preventing NCDs involving stakeholders in the project pilot sites in addition to national action:</p> <p>Agreement on joint actions for stronger involvement of stakeholders, NGOs and private sector (non-state actors) in preventing lifestyle-related NCD RFs. Elaborated common indicators for monitoring of the effectiveness of stronger involvement of stakeholders, NGOs and private sector</p>	Expert group leadership and members supplemented by project funding as possible.	Stakeholders in each ND Partner Country: EST/ to be identified FIN/ National Institute for Health and Welfare/ Helsinki FIN/ BRHCA – Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities & Urban Health) / Turku FIN/ University of Eastern Finland/ Joensuu FIN/ FCG Ltd/ Finnish Consulting Group/ Helsinki GER/ to be identified LTU/ Institute of Hygiene/ Vilnius LVA/ Centre for Disease Prevention and Control/ Riga NOR/ to be identified POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Research Center for Preventive Medicine/ Moscow SWE/ Public Health Agency of Sweden (PHAS) / Solna

Expected results	Methods	Planned deliverables	Resources	External actors planned to be involved
	<p>Discussion on the role and contribution of professional organizations and private sector (non-state actors) in the adequate advice, counselling and monitoring along the life course and prevention of life-style NCD RFs, focusing on elderly and old population.</p> <p>Active discussion on the development of the instrument for the evaluation of Health Literacy in general population</p>	<p>(non-state actors) in preventing lifestyle-related NCD RFs. Dissemination of the above mentioned agreement via the NDPHS website, newsletter and media events at regional, national or local level.</p>		
<p>3.1.3 Better comprehensive national health care system to respond to reduce NCD burden in the ND area</p>	<p>Active discussion of challenges for needed resources (professionals, structures, agencies, funds), their distribution and use for primary and secondary NCD prevention (including the use of evidence-based high-tech and digital applications) in primary health care and social rehabilitation services. Primary health care should receive more emphasis.</p>	<p>At least 3 more NDPHS partner countries with assessed health system response to NCD outcomes based on the 2014 WHO EURO assessment guide principles;</p>	<p>Expert group leadership and members supplemented by project funding</p>	<p>Stakeholders in each ND Partner Country: EST/ to be identified FIN/ National Institute for Health and Welfare/ Helsinki FIN/BRHCA – Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities & Urban Health) / Turku FIN/ University of Eastern Finland/ Joensuu FIN/ FCG Ltd/ Finnish Consulting Group/ Helsinki GER/ to be identified LTU/ Institute of Hygiene/ Vilnius LVA/ Centre for Disease Prevention and Control/ Riga NOR/ to be identified POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Research Center for Preventive Medicine/ Moscow</p>
	<p>Elaboration of a common instrument for monitoring of national health care system's effectiveness in addressing NCD prevention and control</p>	<p>NCD EG discussion on needed resources (structures, professional, technical, financial), their</p>	<p>Expert group leadership and members supplemented by project funding</p>	

Expected results	Methods	Planned deliverables	Resources	External actors planned to be involved
	in elderly and old population	distribution and effective use for primary and secondary NCDs' and their risk factors' prevention among elderly and old population (the use of evidence-based high-tech and digital applications) in health care settings		SWE/ Public Health Agency of Sweden (PHAS) / Solna
3.1.4 Obtaining and promoting mutual interests for collaboration with other NDPHS Expert Groups	Obtaining mutual interested areas for effective preventive measures to reduce NCDs and NCD RFs; Identifying the best structures, agencies, funds within and outside of the health care systems for interagency, cross-sectoral cooperation;	TARGET: Agreeing on mutual interested areas for effective preventive measures to reduce NCD and NCD RFs in collaboration with PHC EG and ASA EG, OSH EG.	EG leadership and members	Other EGs leadership and members
	Determining and searching for financial and personnel resources for operational activities; Agreeing on mutual interested areas for effective preventive measures to reduce NCD and NCD RFs;	Collaboration with at least 3 other NDPHS EGs in development of the Flagship NDPHS EG Joint Project on aging.		
3.1.5 Streamlining the adjustment of NCD	Continue discussion of project ideas for 2019-2021;	Agreed draft on the NCD EG Action Plan	Discussion of the future activity:	Stakeholders in each ND Partner Country: EST/ to be identified

Expected results	Methods	Planned deliverables	Resources	External actors planned to be involved
EG Action Plan for 2019-2020 according to suggestions and additions issued by Partner Countries	adoption of the Progress Report for 2018, Action Plan for 2019 Discussion of a structure of the NCD EG Action Plan for 2019-2021; Define NCD EG Action Plan priority objectives for 2019-2020 that are agreed between the NDPHS Country Partners;	for 2019 – 2020 is adopted	projects, agreed strategic documents (guidelines, recommendations, policy declarations, other education materials); Identify target groups, populations for interventions; or interventions;	FIN/ National Institute for Health and Welfare/ Helsinki FIN/BRHCA – Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities & Urban Health) / Turku FIN/ University of Eastern Finland/ Joensuu FIN/ FCG Ltd/ Finnish Consulting Group/ Helsinki GER/ to be identified LTU/ Institute of Hygiene/ Vilnius LVA/ Centre for Disease Prevention and Control/ Riga NOR/ to be identified POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Research Center for Preventive Medicine/ Moscow SWE/ Public Health Agency of Sweden (PHAS) / Solna

Horizontal result	Method	Planned deliverable	External actors planned to be engaged
1. Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area	<p>To elaborate and implement the agreed NCDs prevention strategy documents, programs and different projects developed by the members of NCD and other NDPHS EGs</p> <p>To elaborate and implement NCD and the RF monitoring, cross-sectoral measures on NCDs prevention into the national action plans of ND partner countries.</p>	<p>The agreed documents within NDPHS Partner Countries: strategy documents, project ideas, projects of cross-sectoral cooperation</p> <p>The implementation of the PYLL-Study for evaluation of the effectiveness of the NCD EG activity as well as the EU Health Strategy.</p>	<p>NCD members from respective countries</p> <p>Associated organisations in health/public health/NCD prevention, social services</p>
2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities	<p>Dissemination of NDPHS requests among members of EGs</p> <p>Promote cooperation with relevant NCD experts through inviting to EG meetings</p> <p>Share information about the NDPHS' and EG's activity at relevant seminars, conferences and meetings, including national meetings of NDPHS actors, and look for possible synergies</p> <p>Establish collaboration links with relevant health and social networks</p>	<p>Dissemination of the messages</p> <p>Expert group meetings with experts in the field of NCDs</p> <p>Participation of NCD EG in relevant meetings</p>	<p>NCD members from respective countries</p> <p>Associated organisations in health/public health/NCD prevention, social services</p>
3. Increased and strengthened policies to improve health and social wellbeing through regional cooperation	<p>To elaborate and integrate the common instrument for monitoring of national health care system's effectiveness in addressing NCD prevention and control among elderly and old population</p>	<p>Search for opportunities for application of the NDPHS Flagship Project on aging in Partner countries</p>	<p>NCD members, policy makers, funds from relevant countries</p>

Horizontal result	Method	Planned deliverable	External actors planned to be engaged
4. Increased visibility of the NDPHS in the Partner Countries	<p>Strengthen collaboration links with relevant networks (e.g Healthy Cities/WHO)</p> <p>Prepare a list of relevant NGOs and other stakeholders and networks within partner countries and regionally</p> <p>Produce and disseminate via the NDPHS website, newsletter and/or media events analytical conclusions and strategic action proposals towards the national authorities responsible for NCD</p>	<p>Participation in the relevant events</p> <p>Development by NCD Experts of the list of relevant NGOs and other stakeholders and networks</p> <p>Preparation of leaflets, other publications for media events of the NDPHS and other relevant organizations/networks</p>	NCD members, policy makers, funds from relevant countries
5. Ensured coherence and mutual support in addressing regional challenges and opportunities in health and social well-being areas through a successful leadership of the EU Strategy for the Baltic Sea Region's Health Policy Area	<p>To contribute to and plan a project(s) with possible participation of all EGs</p> <p>From a NCD EG perspective the most relevant EGs are :</p> <ul style="list-style-type: none"> • ASA EG • OSH EG • PHC EG 	<p>Joint meeting organized in 2019</p> <p>Project(s) ideas, project(s) proposals</p>	NDPHS EGs, policy makers, funds from relevant countries

4. Assumptions, enabling factors and possible obstacles

Enabling factors:

- The composition of the NCD EG is stable and NDPHS Partner Countries and Organizations are widely and actively represented;
- The governments of the respective NDPHS Partner Countries and organizations 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);
- NCD EG members are committed to and engaged in NCD EG activities, both at and in-between the meetings;
- NCD EG members everyday work is closely connected with NCDs prevention and health promotion activity;
- There are available grant programs/donors for project concepts developed by the NCD EG in response to problems of NCDs and their risk factors;
- NCD EG runs collaboration with key actors in the field of NCD response and development cooperation (WHO EURO, EU, Russia, Norway, etc.)
- NCD EG activity is closely related to WHO-EURO.

Possible obstacles:

- Although most of NDPHS Partner Countries are interested in health promotion and NCDs prevention, not all of them have their representatives in the NCD EG;
- NGOs, other sectors outside the health care systems and private sectors are not enough involved in solving the NCD health, social and economic burden;
- Lack of demand of policy documents on health promotion and NCDs prevention within and outside of state and private law and regulation settings, health care systems, that are common for all NDPHS Partner Countries.

Expert Group on Occupational Safety and Health

Work Plan for 2019

1. Leadership and coordination

1.1 Lead Partner: Riitta Sauni, Ministry of Social Affairs and Health, Finland
Co-Lead Partner: Remigijus Jankauskas, Institute of Hygiene, Lithuania

1.2 International Technical Advisor

International Technical Advisor is Ms., Senior Specialist; D.Sc. (Tech.) Päivi Hämäläinen from Ministry of Social Affairs and Health, Department for Work and Gender Equality.

1.3 Financial resources for leadership

The Ministry of Social Affairs and Health, Department for Work and Gender Equality supports OSH EG by allowing chairperson and ITA to use their work time for the OSH EG work. The Ministry's international office finance meetings' travel costs. The Baltic Sea Network on OSH is providing professional support to OSH EG.

2. Meetings of the Expert Group

The first meeting of the OSH EG will be held in March or April 2019 in Stockholm Sweden. The meeting will be hosted by Mr. Ingemar Rodin from Swedish Work Environment Authority, Department of Regulations. The second meeting will be held jointly with BSN on OSH and will take place in September or October 2019. The day will be agreed in the OSH EG meeting in Riga Latvia on 16th October 2018.

3. Activities

3.1 Activities to achieve the expected results laid down in the NDPHS Action Plan, which are within the remit of the Expert Group

The Expert Group's activities follow the priorities set out in the NDPHS Strategy 2020 and the Action Plan accompanying it. The OSH EG developed the group's activities in parallel with the development of the new NDPHS Strategy 2020 and the Action Plan to best meet the objectives mentioned above. Activities were agreed in the OSH EG and Baltic Sea Network (BSN) joint meeting in Tallinn September 2015 and confirmed in the PAC meeting in November 2015. The activities for year 2018 are based on the long-term action plan of OSH EG and confirmed in the joint OSH EG and BSN meeting 21-22 Sept 2015.

Objective 1: Tripartite situational OSH analysis for better decision-making basis for addressing OSH challenges in the Northern Dimension area

The mapping of the present state will continue.

The OSH EG made the inquiry in 2018 to map the situation of member countries in relation to the expected results. During the year 2019, OSH EG will continue the mapping by analyzing the results based on them to take next steps. The transformation of OSH knowledge into political decisions leading to legislative and practical changes takes time.

Objective 3: Coordinated special national programmes for the development of occupational health services for all working people.

Objective 5: Strengthened training framework for OHS staff in the Northern Dimension area

Objective 3 and 5 both are concerning the projects mentioned below

Better prevention, identification and reporting of work-related and occupational diseases and emerging risks – project funded by the European Neighbourhood Instrument (ENI). The project will end 31st December 2018. In 2019 the project results are disseminated and distributed internationally and nationally in member countries and Belarus. The project leader will write scientific peer review article(s) about the issue.

Project “Developing a methodology to assess country needs for competencies and skills in occupational health and safety” is seeking the best funding sources. It has been developed during the year 2018 by doing the questionnaire and concept note concerning the issue. The project has started slowly, but the expert group sees it very important and all group members support it. The project leaders are Claude Loiselle from ILO and Eda Merisalu from Tartu University.

Objective 6: Better practical implementation of policies by improved information dissemination.

Ensure the present level of information dissemination in the NDPHS e-Newsletter. Better prevention projects’ results will still be disseminated and promoted in suitable occasions.

3.2 Activities to achieve the horizontal results laid down in the NDPHS Action Plan

Horizontal result 1. Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area

Better prevention, identification and reporting of work-related and occupational diseases and emerging risks -project will increase cooperation in the NDPHS member countries and the visibility of the NDPHS by involving international and EU level counterparts. The results have interested several organisations already so far.

Horizontal result 2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities

OSH EG has close cooperation with WHO, ILO, the International Commission on Occupational Health (ICOH), EU OSHA and Eurostat. The OSH EG works also closely with the Arctic knowledge network on working environment. Working jointly with BSN on OSH guarantees that policy, research and implementation are merged.

Horizontal result 3. Increased and strengthened policies to improve health and social well-being through regional cooperation

See above 1 and 2. OSH EG sees cooperation with other EGs very important. The NDPHS’s flagship project concerning aging is important in this scene. OSH EG is open to future development.

Horizontal result 4. Increased visibility of the NDPHS in the Partner Countries
See Objective 6.

Horizontal results 5. Ensured coherence and mutual support in addressing regional challenges and opportunities in the area of health and social well-being through a successful leadership of the EU Strategy for the Baltic Sea Region’s Health Policy Area
OSH EG takes an active role in raising the initiatives from individual members to a regional (EU and EU Baltic Sea) and international level, exploring the national situations and

developing methodologies and recommendations, which can be adapted and implemented in the Baltic Sea region and beyond.

4. Assumptions, enabling factors and possible obstacles

All partner countries have nominated their members to the OSH EG as well as the International Organisation for Migration (IOM), International Labour Organization (ILO), World Health Organisation (WHO), and The European Agency for Safety and Health at Work (EU-OSHA).

The OSH EG strength is also the close cooperation with Baltic Sea Network on OSH, which provides for a “policy to practice to policy” view.

The biggest obstacle is a lack of financial and human resources. Many countries have allocated only time needed for meetings and its issues. Nominated persons cannot use time for example for project planning and preparation.

5. Other information

The OSH EG supports the ASA EG’s proposal for a horizontal flagship project of NDPHS’s expert groups and is willing to contribute to it.

Expert Group on Primary Healthcare

Work Plan for 2019

1. Leadership and coordination

1.1 Lead Partner: Yulia Mikhaylova (Chair), Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation, Russia
Anna Korotkova, (Vice-Chair), Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation
Co-Lead Partner: Irene Nilsson Carlsson, National Board for health and welfare, Sweden

1.2 International Technical Advisor
Maria Lisitsyna, Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation, Russia

1.3 Financial resources for leadership
Ministry of Health of the Russian Federation ensures the financing of the ITA (30 percent of working time) as well as financing of the Chair of the EG. The National Board of Health and Welfare in Sweden ensures the financing of the Co-Chair of the EG.

2. Meetings of the Group

	Meetings	Preliminary date	Place
1	7th PHC EG Meeting	Apr 2019	To be confirmed
2	8th PHC EG Meeting	Sept/Oct 2019	To be confirmed

3. Activities

PHC EG was established in accordance with the CSR decision on October 21, 2015. In accordance with NDPHS Action Plan 2020 the Expert Group has been working on implementation of Objective 5: Adequately addressed health and social needs related to chronic conditions and demographic changes – through strengthened integration and co-ordination of care and prevention throughout the life course at the primary care level».

For the realization of this objective, the Expert Group provides input in implementation of crosscutting themes and makes a professional contribution to the relevant activities within the Partnership of the NDPHS.

In 2014-2015 priority problems for all NDPHS Partner Countries were defined, which were proposed to be solved in the Project on International cooperation and joint activities.

In 2015, the Project Concept changed, in accordance with the Action Plan for the implementation Objective 5 to “InnoHealth: Preventable Hospitalization in the Baltic Sea Region: Organizational and technical innovations in primary healthcare for more cost-effective health systems performance”. With EU financial support, two project seminars were organized in 2016 and 2017 and a draft of project proposal was prepared. In March 2018, the InnoHealth Project Proposal was submitted under the INTERREG Baltic Sea Region Programme’s call for proposals 2018.

Implementation of the project “Assessment and development of recommendations to improve medical and social outpatient care for patients with chronic noncommunicable comorbidity in Northwest Federal District of the Russian Federation in cooperation with other countries operating within Northern Dimension Partnership in public health and social well-being” started in 2016 with financial support of Ministry of Health of the Russian Federation continued in 2018.

The PHC EG continues cooperation with international organizations, firstly with WHO European Centre for Primary Health Care in Almaty working in the field of primary health care and planning joint activities aimed to develop better quality PHC systems in the ND region.

The 3rd PHC EG meeting was organized in March 2017 in WHO European Centre for Primary Health Care. The meeting of the group was organized in Almaty, since in 2018 will be celebrated 40 years of adoption of the Almaty Declaration on PHC development. The workshop on Primary health care, which accompanied the PHC EG meeting, was highly appreciated by the WHO Regional Office and supported by CIS countries, including Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan.

3.1 Activities to achieve the expected results laid down in the NDPHS Action Plan, which are within the remit of the Expert Group

1. Higher awareness among national health policy-makers of the increasing prevalence of multimorbidity in the elderly population and of an effective policy response.

Specific actions

Continue effective dialogue between knowledge providers and policy makers in the field of people-centered, integrated care for patients with multi-morbidity, with strengthened coordination and networking between WHO and national stakeholders in the Northern Dimension area through organization of Partnership’s side-events or presentations at PAC side event.

- Methods and resources with which the respective results will be pursued: travel expenses of Experts will be covered by PHC EG Partner Countries
- Planned Deliverables: presentations and results of discussions from the events will be published on NDPHS website.
- External actors planned to be engaged: Policy-makers, Local authorities, The administration of PHC, Public health experts, Patients with multiple somatic diseases, Health and social development NGOs, Social workers in PHC.

2. Better understanding and commitment of national policy-makers to strengthening the role of patients and their families in the implementation of integrated care plans

Specific actions

Using the Multimorbidity Care Model developed in Joint Action CHRODIS (2014-2017)¹ prepare a comprehensive overview of information collected in 2017 from the NDPHS Partner Countries on strengthening role of patients and their families in the implementation of integrated care plans

- Methods and resources with which the respective results will be pursued: external expert who will lead the process of preparation of the overview
- Planned Deliverables: Comprehensive overview on countries’ experience on strengthening the role of patients and their families in the implementation of integrated care plans for national policy-makers

¹ <http://chrodis.eu/wp-content/uploads/2017/11/ja-chrodis-multimorbidity-care-model-wp6-rokas-navickas.pdf>

- External actors planned to be engaged: Public health experts, Policy-makers

3. More in-depth knowledge among health and social care administrators on the resource allocation and incentives to support integrated and coordinated care for patients

Specific actions

Experience exchange with NDPHS Partner Countries, discussion of good practices in resource allocation and possible incentives supporting an integrated and better-coordinated care for patients.

- Methods and resources with which the respective results will be pursued: Financial assistance of the European Union (“PA Health Support 2” project). Some travel expenses of Experts will be covered by PHC EG Partner Countries
- Planned Deliverables: Comprehensive overview on countries’ experience on resource allocation and incentives to support integrated and coordinated care for patients. Presentations and results of discussions from the meetings will be published on NDPHS website.
- External actors planned to be engaged: Policy-makers, Local authorities, The administration of PHC, Public health experts, Patients with multiple somatic diseases, Health and social development NGOs, Social workers in PHC, Expert in Health Care Financing
-

3.2 Activities to achieve the horizontal results laid down in the NDPHS Action Plan

The listed below results aim to make health and social well-being more visible on the regional agenda, strengthen the relevant policies, attract other stakeholders to the NDPHS actions and increase the recognition of the NDPHS in the Partner Countries. It is the responsibility of all Partner Countries and NDPHS structures to be active in producing these results. The Secretariat will play an active role in initiating, facilitating and coordinating many of the planned activities.

1. Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area.

Methods and description of the activity: Cooperate with relevant regional and international actors to include NDPHS-facilitated health and social well-being items on the regional cooperation agenda in the Northern Dimension area.

Include provisions regarding health and social well-being and the importance of a Health in All Policies (HiAP) approach, a focus on health inequalities, as well as the Partnership’s role, in relevant high level and other documents.

External actors planned to be engaged: Deputies of the Legislative Assembly; Administrative structures from Ministries and Departments (health, education, economic development, environment etc.)

2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities

During 2010-2013 support and involvement of other stakeholders in the NDPHS activities led to the increased importance and visibility of the NDPHS. This, in turn, put the Partnership in a better position to initiate and influence developments leading to the improvement of health and the quality of life in the Northern Dimension area. Therefore, the Partnership will continue its efforts to create synergies and develop cooperation with regional and international actors active in the health field.

Methods and description of the activity: Work with other relevant stakeholders towards the achievement of the health-related actions and targets as spelled out in the NDPHS Action Plan. External actors planned to be engaged.

3. Increased and strengthened policies to improve health and social wellbeing through regional cooperation.

In order to be effective and to guarantee an equitable and sustainable impact, relevant results and recommendations from projects need to be anchored at the policy level. The NDPHS is well positioned to help convey relevant results and recommendations of on-going and completed projects to the policy level: the relevant conclusions and recommendations can be discussed by the NDPHS expert level bodies and be subsequently presented by the NDPHS expert groups for consideration by the NDPHS Committee of Senior Representatives and possibly by the ministerial-level NDPHS Partnership Annual Conference.

Methods and description of the activity: Elaborate a concept of PHC EG work package for Joint NDPHS flagship project

Cooperate with relevant stakeholders to communicate the results of NDPHS projects and/or NDPHS-facilitated projects to the policy level in the Northern Dimension area, including appropriate events as national and international conferences, forums, seminars.

Approach and encourage stakeholders to communicate, when relevant, the results of interregional projects to the policy level by using the NDPHS' structures.

External actors planned to be engaged: Public Health Experts, National institutions in Public health and Social well-being, NGO in Public health and Social well-being

3.2.4. Increased visibility of the NDPHS in the Partner Countries

Whereas other specific visibility-related actions of the Action Plan address the Partnership's outreach activities towards other stakeholders and the public, this action area aims to further strengthening the commitments and involvement of the NDPHS Partner Countries. This should be done through raising awareness about the Partnership, its achievements, the role of the Partners and possibilities for the Partner Countries to benefit from the cooperation within the NDPHS framework.

The consultations between the NDPHS Chair Country and each NDPHS Partner Country would also provide an opportunity to discuss the issues that require support and action from the highest decision-making and political level, as well as to discuss how country representatives can enhance the NDPHS visibility at home.

Methods and description of the activity: continue the dialogue with the NDPHS Partner Countries and Organizations by highlighting current information about the NDPHS work on home websites. External actors planned to be engaged.

4. Assumptions, enabling factors and possible obstacles

- All Members of PHC EG will be committed and actively involved in the activities
- Seed money and necessary financial resources will be available for the development of planned project proposals.

Expert Group on Prison Health

Work Plan for 2019

1. Leadership and coordination

1.1 Lead Partner: Marc Lehmann, Berlin Prison Hospital, Germany
Co-Lead Partner: Jana Feldmane, Ministry of Health, Latvia

1.2 International Technical Advisor
Elisabeth Schulte, Ministry of Health, Germany

1.3 Financial resources for leadership
The Lead Partner has sufficient funding in place for the leadership and for employment of an ITA.

2. Meetings of the Expert Group

The seventh meeting of the PH EG will take place on 12-13 March in Stockholm.

3. Activities

3.1 Activities to achieve the expected results laid down in the NDPHS Action Plan, which are within the remit of the Expert Group (see table below)

Expected Result	Indicator	Actions / Activities	Deliverables	Responsibility	Time Period 2018	Time Period 2019	Resources/ Assumptions/ Remarks
1.5. Better knowledge on how to improve control of infectious diseases in prisons, especially regarding HIV, TB and HIV-TB co-infection	No. of countries fulfilling diagnostic processes for TB resistance in line with international standards	<p>Get insight of current state on problems in different countries</p> <ul style="list-style-type: none"> -What diseases and risk factors are affecting prisoners -How is prevention being performed -What are successful approaches or examples of best practices -National statistics -Description and prioritization of problem solutions -Where are data available – access to full and valid data <p>Collect data on HIV, Hepatitis C and TB if available including trends, maximum 5 years (infection rates, diagnostics, treatments, costs with regard to cost effects of infectious diseases)</p> <ul style="list-style-type: none"> -Statistics of prevalence - Number of persons who received treatments -Level of implementation of national guidelines -Incidences in prison -Infectious-diseases related mortality in prison <p>Level of implementation of international standard for TB resistance monitoring which shall be used in prison services.</p> <p>Describe adequate monitoring process for prison in line with</p>	<p>Regional overview (data-based)</p> <p>Country reports (questionnaire) (the above will be used for developing recommendations in order to encourage the fulfilment of already agreed international standards)</p> <p>Regional overview</p> <p>Thematic Paper</p> <p>Thematic Paper Giving key recommendations for policy maker</p>	<p>PH</p> <p>Lead by Latvia and Russia</p> <p>PH</p> <p>PH</p>	<p>Start 2016</p> <p>Drafting Questionnaire (October)</p> <p>Approval of the questionnaire (PH EG countries and EG HIV/TB/AI) (November)</p> <p>Data collection (Summer 2018)</p> <p>2018</p> <p>2018</p>	<p>Extend to and update in 2019</p>	<p>Use WHO dataset</p> <p>Take already existing standards into account and use existing data as far as possible</p> <p>Note that involved organizations are not primarily of medical origin</p> <p>WHO suggest to refer to HIPP</p> <p>Discuss and explain monitoring process to participating countries</p> <p>Refer to benefit when reporting, budgetary aspects should be mentioned</p>

Expected Result	Indicator	Actions / Activities	Deliverables	Responsibility	Time Period 2018	Time Period 2019	Resources/ Assumptions/ Remarks
		international standards for participating countries Request commitment and collect monitored data from local authorities/countries Evaluate data Count countries fulfilling process Report data				Finalize	
	Information on Women living in prison with their babies in Russia	Report		PH	2018/2019		
	No. of countries monitoring the number of TB (with detected resistances MDR or XDR) plus HIV cases, according to international standards	Define expected dataset, keep limited and clear Describe/suggest adequate monitoring process for prison in line with international standards Explain monitoring process to participating countries Request commitment and collect monitored data from local authorities/countries Evaluate data Count countries fulfilling process Report	Set of data Set of Guidelines and Standards Compare WHO questionnaires on PH from the member states of the NDPHS Thematic Letter Collected Data Evaluated Data No. of countries delivered needed actions Data Report	PH PH PH PH PH	Start 2017 Drafting Questionnaire (October) Approval of the questionnaire (PH EG countries and EG HIV/TB/AI) (November) Data collection (December-February)	Finalize till early 2019 Start 2017 2018 and whole working period 2018 2018 or 2019	
1.6. Raised	No. of	Inform about good practice,	Information Paper	PH			NGO actions

Expected Result	Indicator	Actions / Activities	Deliverables	Responsibility	Time Period 2018	Time Period 2019	Resources/ Assumptions/ Remarks
awareness of harm on health from imprisonment, in accordance with WHO Europe/HIPP and CPT standards, especially regarding HIV and TB	countries developing measures to achieve CPT standards No. of countries developing measures to achieve WHO/ HIPP Standards	<p>distribute (translate) available materials widely</p> <p>Inform about upcoming international, regional and national conferences and ensure attendance</p> <p><u>7 sub-titles:</u> -Violence - Nutrition -Infectious diseases - Mental health problems - Oral health - Addiction - Non communicable diseases</p> <p>Explain monitoring process to participating countries -Point out benefits (costs and level of rehabilitation) -Request commitment and collect monitoring data from local authorities -Practice to Policies to Practice</p> <p>Evaluate date</p> <p>Count countries fulfilling process</p> <p>Report data</p>	<p>Attendance in conferences and presentation of PH</p> <p>Best practices/ Recommendations (Set of slides)</p> <p>Newsletter Article</p> <p>Thematic Article</p> <p>Updated data available</p> <p>Recommendations (2017-2020)</p>	<p>Lead by Estonia and Germany PH</p> <p>PH</p> <p>PH</p>	<p>Starts immediately</p> <p>2018</p>	<p>Ongoing in 2019 and whole working period</p> <p>Annual updates</p> <p>First evaluation 2017-2020</p> <p>2017-2020</p>	should be strengthened
1.7. Improved	No. of	Describe goal good through care	Collected set of	PH		Ongoing	

Expected Result	Indicator	Actions / Activities	Deliverables	Responsibility	Time Period 2018	Time Period 2019	Resources/ Assumptions/ Remarks
linkages between medical care in prisons and community public health services	countries establishing a through care situation for HIV & TB patients	<p>situation</p> <ul style="list-style-type: none"> -e-health services -health insurances -patient data -medical recording -privacy (of data)/ privacy laws -through care in the area of mental health, occupational medicine and addiction medicine <p>Analyze different systems and identify innovative practices for specific situations</p>	<p>representative examples of existing structures or organizational processes of given through care</p> <p>Information made available and distributed</p> <p>Information made available and distributed</p>	<p>Lead by Norway and Sweden</p> <p>PH/ Linkage with EG Primary Healthcare</p> <p>PH</p>		<p>in 2019 Goal described Questionnaire in progress</p> <p>2017</p> <p>2017-2020</p>	
5.5. Improved knowledge on and application of international standards on prison health and building more healthy conditions in prison	No. of countries developing procedures in accordance with international standards and recommendations	<p>List international standards and documents for participating countries and point out ratification by countries</p> <p>Publish and distribute overview</p> <p>Organize expert exchange visit program on good practice</p> <p>Organize or co-organize a regional or national workshop</p> <p>Induce stakeholder and support project plans in particular prison or Region</p>	<p>List of documents</p> <p>Thematic Report</p> <p>Organize study visit</p> <p>Held Workshops</p> <p>List of potential cooperation partners and project implementers</p>	<p>PH Lead by Lithuania and Finland</p> <p>PH</p> <p>PH</p> <p>PH</p> <p>PH</p>	2016	<p>2019</p> <p>2019</p> <p>2019</p> <p>2019</p>	<p>Interview on Architecture could be included</p> <p>Present to the group during the next meeting</p>

3.2 Activities to achieve the horizontal results laid down in the NDPHS Action Plan

Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area

The NDPHS is mentioned as a partner on the WHO Website of the Health and Prison Program (HIPP). The PH EG would like to deepen this cooperation and create even more visibility of the group with actors active in the field of prison health. A stronger cooperation with WHO has been established. WHO is now participating regularly in PH EG meetings and hosted the last meeting in their offices in Copenhagen. It is also planned to present the work of the PH EG during WHO conferences such as Regional Meetings – in order to highlight the importance of the topic to a non-specialized audience of health policy maker.

Through the thematic lead of Prison Health in the NDPHS Newsletter of 2017, visibility has been increased.

The presence of members of the PH EG at international conferences related to the subject of prison health will be kept in order to increase the visibility of the group and the partnership.

1. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities

The PH EG has the intention to work with NGOs active in the field of prison health. Moreover it is planned to get in touch with experts coming from the Council of Europe Annual Penal Statistics, the European Committee for the Prevention of Torture and the Initiative Health Without Barriers. Also the cooperation with WHO should be further intensified in 2019.

2. Increased and strengthened policies to improve health and social wellbeing through regional cooperation

The PH EG intends to review policy and practice. Also the collection, translation and spreading of information and publications will improve health and social wellbeing through cooperation of its members.

The PH EG also plans to collect a set of representative examples of existing structures or organizational processes of given through care. This service provides advice, guidance and assistance to prisoners and their families before and after release. It helps their reintegration into the community and reduces the risk of further offending.

3. Increased visibility of the NDPHS in the Partner Countries

Through planned country visits in prison settings, the PH EG can present itself as a valuable cooperation platform for the exchange of knowledge between the partner countries. A visit to prison settings close to Riga has been organized in 2017. Further visits should be planned in 2019.

Through changing PH EG meeting places (Berlin, Riga, Moscow, Copenhagen) the activities of the group are visible in different countries.

4. Ensured coherence and mutual support in addressing regional challenges and opportunities in the area of health and social well-being through a successful leadership of the EU Strategy for the Baltic Sea Region's Health Policy Area

The PH EG created a regional overview (data-based) to look at the improvement in the control of infectious diseases in prisons, especially regarding HIV, TB and HIV-TB co-infection. Through country reports (in form of a questionnaire) the group will

develop recommendations in order to encourage the fulfilment of already agreed international standards.

For 2019, it is planned to develop a policy paper containing key recommendations to stakeholder and political actors. This paper should shortly describe the current state of prison health in the NDPHS-area (main challenges) and propose so-called “best-buys” to improve the health situation of inmates.

4. Assumptions, enabling factors and possible obstacles

- Commitment of the Members/ time allocated to PH EG activities
- No own budget for study visits (prison settings)