



Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Work Plan for 2020

Adopted by the NDPHS Committee of Senior Representatives
On 1 July 2020

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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 Healthcare
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 2020 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.

The COVID-19 pandemic has had significant impact on the working methods of the Partnership, which so far has relied, to a large extent, on physical meetings of experts, the governing bodies and various regional networks. Throughout 2020, efforts will be made to master remote working and organizing online meetings, with the aim to keep the Partnership active and productive. The Partnership will also have to reflect on whether it needs to adjust the strategic direction and working modalities now and during the years to come.

II. Focus on the NDPHS Strategy 2020 and its Action Plan

The focus of this Work Plan is on adapting to the new working methods imposed by the COVID-19 pandemic, defining the new NDPHS Strategy and on the last year of the implementation of the NDPHS Strategy 2020 and its Action Plan, which strive to achieve the Partnership's mid-term vision:

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 2020, the Partnership will continue efforts to contribute to intensified cooperation in health and social well-being in the Northern Dimension area by taking actions along the following lines.

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

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.

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.

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 and individual Work Plans for 2020, with the modifications required due to the COVID-19 pandemic. Some of the planned activities will not be possible to implement due to the COVID-19 pandemic, but the Expert Groups shall rely as much as possible on the electronic means of communication and, with support of the NDPHS Secretariat, organize the planned meetings online.

The Expert Groups' individual work plans for 2020 are included in Annexes 1 through 7. The groups will report on the progress they achieved in 2019 in their individual annual progress reports to be submitted to the CSR.

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 meetings to communicate the results of relevant projects (external and NDPHS-facilitated) to the policy level;
- Making the NDPHS more visible;
- Facilitating the development and implementation of actions and flagship projects defined in the strategic documents of the Partners, including the "Health" Policy Area in the EUSBSR Action Plan.

1.3 Continue efforts towards ensuring adequate funding for the implementation of the NDPHS activities.

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.

2. Development of the NDPHS Strategy for the next term

The NDPHS Strategy will expire with the end of 2020. A new mid-term strategy needs to be developed for the next mid-term. An NDPHS Strategy Working Group has been established with the task of producing a draft NDPHS Strategy, with support of an external consultant. The first workshop to plan the Strategy took place on 26-27 February 2020 in Stockholm.

Specific actions

2.1. The NDPHS Strategy Working Group (SWG), supported by the Strategy Consultant (SWG): aim at producing a draft NDPHS Strategy, including its operational part, by early 2021. Keep the CSR informed and involved throughout the process.

The Strategy development shall take into account, as much as feasible, the outcomes of the NDPHS evaluation conducted in 2019, as well as the Design-thinking workshop held as a PAC 14 side-event on 26-27 November 2019 in Riga, Latvia.

2.2. NDPHS Partners and all Partnership structures: actively contribute to the development of the NDPHS Strategy and provide the SWG with input.

2.3. CSR: examine the documents, findings, conclusions and recommendations presented by the SWG and provide a political and strategic guidance and support, and decide, as required. Reflect on whether due to the COVID-19 pandemic the Partnership needs to adjust its strategic direction and working modalities now and during the years to come.

3. Development and implementation of projects

Specific actions

3.1. NDPHS Secretariat, supported by consultant and with input from the NDPHS Expert Groups: submit application to the EU for a grant pledged by the European Commission.

3.2. NDPHS Secretariat, supported by the Expert Groups and Partners involved: continue implementing the AGEFlag project co-financed by the Swedish Institute, Germany and Project Partners, with the modifications required by the COVID-19 pandemic.

One of the outcomes of the project will be the establishment of the NDPHS Task Force on Healthy Ageing, which envisages participation of all interested NDPHS Partners and Expert Groups.

3.3. NDPHS Secretariat and the Expert Groups and Partners involved: contribute to the implementation of the EU Framework Contract supporting implementation of NDPHS activities.

The action will produce the following outputs in 2020-2021: five NDPHS events to discuss some of the most pressing health and social well-being issues in the Northern Dimension,

three workshops to support PYLL (Potential Years of Life Lost) study and preparation of a report on affordability and cross-border trade of alcohol in the Northern Dimension area. The events will be held online, if physical meetings will be impossible due to COVID-19 pandemic.

4. Coordinating and promoting synergies between Health priorities of the NDPHS-Partners' strategies

The health priorities of the NDPHS member-countries and health and social well-being strategy papers constitute the priorities of the NDPHS. Their objectives are coherent with the NDPHS main goals. The PAC 14 underlined the special role that the NDPHS performs as the platform that brings together stakeholders in the region for cooperation in health and social well-being, helping to bridge priorities and efforts related to policies and strategies. The PAC emphasized that the NDPHS is recognized by the EU as the Coordinator of the Policy Area Health in the EUSBSR Action Plan and will continue to fulfil this role also during the new planning period, taking into account the interests of all Partners.

Thus, the NDPHS coordinating role in "Health" Policy Area in the EU Strategy for the Baltic Sea Region Action Plan, 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 and 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.

Specific actions

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

4.2 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 11th Annual EUSBSR Forum (if the event is not cancelled due to the COVID-19 pandemic).

4.3. NDPHS Secretariat together with Expert Groups and other stakeholders participate in the 11th ND Forum organized by ND Business Council in St. Petersburg and initiate collaboration with organizers of its round table on Health (if the event is not cancelled due to the COVID-19 pandemic).

5. 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

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

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

5.3 Continue organizing thematic workshops and making presentations at national and international conferences and other events.

5.4 Continue producing and disseminating information and communications materials.

5.5 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.

5.6 Use social media to promote the Partnership's work, to enhance networking and increase outreach to new stakeholders.

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

5.8 Plan NDPHS communication strategy and communication workshops.

Expert Group on Antimicrobial Resistance

Work Plan for 2020

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

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

Public Health Agency of Sweden

2. Meetings of the Expert Group

First physical meeting is planned in Berlin, Germany, in early June.

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.

3.1.1 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 2020

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.

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

n/a

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

Methods/Sub-activities during 2020:

This project aims to improve the use of resistance data in infectious disease guideline development. Following project funding approval and initiation of the project in 2019 (including a first face-to-face workshop in October 2019), during 2020 the involved countries will build on the knowledge gained from the survey and workshop. This will involve assessing and addressing the capacity to improve, and concretely planning and executing improvements in the involved countries. Drafts on the progress and findings of the project will be initiated towards the end of 2020.

Planned activity to achieve this:

A second workshop is planned in early summer 2020. This will revisit what was learnt in the first workshop in 2019, provide an update on measures taken since then, assess capacity to change and involve the development of brief improvement plans for the involved countries and collectively as a group. The workstream lead (Robert Koch Institute) will follow up with each of the countries towards the end of 2020 to get an update on progress.

Initial drafts of progress and findings of the project will be made towards the end of 2020. These will be written in different formats and tailored to different audiences.

Planned deliverables:

- Circulation of 2 short workshop write-ups to NDPHS members.
- Draft report for political decision-makers and other interested groups in progress and findings of the project.
- Draft position document with set of recommendations, based on learning from the project.
- Draft brochure with best practice examples, based on learning from the project.
- Draft open-access articles with findings of the project, including recommendations.

External actors planned to be engaged

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 continue to be engaged. Relevant institutes and organisations in each of the countries will also 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 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.

5. Other information

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Expert Group on Alcohol and Substance Abuse

Work Plan for 2020

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 the 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 2013.

1.3 Financial resources for leadership

The Lead Partner has sufficient funding in place for the administration and for the employment of an ITA (50% work time).□

2. Meetings of the Group

ASA EG is planning two meetings in 2020. One of the meetings is foreseen to be organized together with the NCD EG. The place and time to be decided.

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 the use of alcohol, tobacco, and drugs among local-level policymakers and authorities.**

In 2019, ASA EG participant countries (Estonia, Lithuania, Poland, Sweden, and Norway) had developed the project proposal " Prevention Approaches-learning, experience, training – PALET." The primary objective of the project is to improve the capacities of different public sector organizations operating at the local level to reduce the harm caused by alcohol or drugs by strengthening the quality of prevention work at the local level. The central concept of the project is to use systematic, proven methods to improve cooperation between the many authorities involved in prevention at the local level.

The methods and resources with which the particular results will be pursued – An e-mail exchange between the participants. ASA EG will continue to seek resources both within the member countries and outside.

- **Planned deliverables** –Revised project proposal
- **External actors planned to be engaged** – CAN, Norwegian municipalities

Expected result – 2

- **Improved implementation of early identification and brief intervention programs/measures to reduce alcohol- and drug use-related harm**

In 2019, the Oslo University Hospital and Moscow Research Centre for addiction finalized 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 new application for the continuation of the project for 2020 – 2023 approved by the Norwegian Ministry of Health and funding is allocated for 2020. The name of the project is “Alcohol use with harmful consequences - a brief intervention “.

- **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 –** Scientific articles in international magazines.
- **External actors planned to be engaged –** not at this stage. The project presented to the members of the ASA EG, and they are invited 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 work on finalization of the report on the response to problem use of cannabis and cannabis dependence in ND countries. The report is aiming to evaluate the cannabis policy in the ND region will cover five areas: supply reduction, prevention, treatment, public debate, and policy management.

- **The methods and resources with which the particular results will be pursued –** The questionnaire developed by the Polish member of the ASA EG and sent out to the EG member countries. The answers analyzed, and ASA EG report prepared
- **Planned deliverables –** The report.
- **External actors planned to be engaged –** WHO, EMCDDA.

The ASA EG will establish the particular sub-working group, to work with the EU selected consortium, for the preparation of the NDPHS event related to the Harmful use of Alcohol. The event is planned to be organized in 2021.

The methods and resources with which the respective results will be pursued – Presentations by the members of the ASA EG and invited relevant experts. The event is financially supported by the EU

- **Planned deliverables –** Report on the subject of the event
- **External actors planned to be engaged –** WHO, NCM, NordAN

Expected Result - 4

- **Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages**

The Swedish member of the ASA EG, together with the ASA EG, has developed a concept paper for the possible project (report) on the state of play of alcohol affordability and cross-border trade in alcohol in the NDPHS Partner Countries. The concept paper was included in the proposal for the EU framework contract for financial support to the NDPHS. The study will be carried on in 2020 by the EU selected framework contractor.

- **The methods and resources with which the respective results will be pursued** – EU financing via framework contract.
- **Planned deliverables** – Draft report.

External actors planned to be engaged –

EU financed service contract with the company ICE EEIG

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. Several members of the ASA EG have been representing their countries at the EU Committee on National Alcohol Policy and Action (CNAPA). As the CNAPA is not active at the moment, ASA has to study other possibility to obtain relation with the EU. The Nordic Council of Ministers is through the Nordic Welfare Centre providing the EG with updated relevant research programmes.

The expert group will continue to work in close collaboration with the Nordic Alcohol and Drug Policy Network (**NordAN**). The ASA EG is establishing working relations with the Finnish Association for Substance Abuse Prevention (EHYT) and will continue the 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 continue to communicate internally within the NDPHS, the result of the implementation 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.”** The results of the project already used by the WHO NCD office in Moscow, as a source for validating the AUDIT (Alcohol Use Disorders Identification Test) for the Russian Federation. As a result, a single standard test will be introduced for the whole of Russia.

The ASA EG will present at the CSR meeting the thematic report on Alcohol Policies related to the prevention of harmful use of alcohol among pregnant women, at the workplace, and among the elderly population, with some policy recommendation to be considered by the NDPHS Partner Countries.

The EG will be actively participating in the planning of the NDPHS strategy for the next term. That will be one of the main activities of the ASA EG in 2020.

The ASA EG will be involved in the implementation of the seed money Flagship Project "AgeFLag" - a Swedish Institute Seed Money project designed to develop a roadmap and potentially a future flagship project on healthy and active aging in the Baltic Sea Region. The project, among other activities, includes the development of the only policy brief that will be related to Alcohol use among the elderly population.

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)

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, except Germany presented in the ASA EG.

The factor that is critical for the successful functioning of the EG is the commitment of the Partner Countries to support and promote the role of EGs. More support is needed from the CSR to make the work of the EGs more visible in their respective countries. It should be underlined that the EGs are not legal bodies and, therefore, cannot apply for funding or be a project implementer. The EGs can initiate the project that later can be implemented by the organizations, suggested by the EGs, and involved (together with the EG members) in the development of the project proposal.

5. Other information

The role of the NGOs in the implementation of the NDPHS activities can be taken into account and studied further. NGOs are more action-oriented than formal structures, and therefore, possible cooperation can be established for project implementation purposes. The ASA EG suggests that some criteria may be set by the NDPHS to choose the NGOs for participation in the NDPHS work.

Expert Group on HIV, TB and Associated Infections

Work Plan for 2020

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead: Finland

Chairperson
Dr. Ali Arsalo

Co-Lead partner: Poland

Vice-Chairperson
Dr. Anna Marzec-Boguslawska
Director, National AIDS Centre

1.2 International Technical Advisor

Mr Dmitry Titkov
International Technical Advisor
National Institute for Health and Welfare, Finland (THL)
International Affairs and Research Support Unit

1.3 Financial resources for leadership

Finland will provide resources for the operations of the Chairperson and International Technical Advisor of the EG.

2. Meetings of the Expert Group

As before, two meetings will be held in 2020, one in spring and one in autumn. The spring meeting was held in Sopot (Poland) on 18-19 February 2020, and the autumn meeting's place 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 result	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	<p>Overview of the low-threshold services in the ND area.</p> <p>The EG leadership will draft a questionnaire matrix. The EG experts will comment and amend the matrix, if needed.</p> <p>Then the EG experts will fill out the questionnaire. If necessary, they will contact relevant colleagues and other stakeholders in their countries to receive relevant information.</p>	<p>A document for EG's actions planning a paper, a post for the NDPHS FB page, and, possibly, an article</p>	<p>EG leadership and members</p>	<p>No</p>
2. Enhanced international and multi-sectoral stakeholder cooperation on HIV, TB and AI-related issues in the Northern Dimension area	<p>Finnish-Russian project "Response to communicable diseases in the Barents Region, 2020-2021" (funded by the Finnish MFA).</p> <p>The EG experts will be asked to contribute their expertise to the project implementation as appropriate</p> <hr/> <p>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</p> <hr/> <p>The EG will support the implementation of the new Barents HIV-TB Programme</p> <hr/> <p>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</p>	<p>Participation in the planning and implementation of project activities; presentations and lectures</p>	<p>EG leadership and members as relevant. The project covers travel expenses of lecturers/speakers.</p>	<p>No</p>
	<p>To contribute to planning of the NDPHS application for the EU grant. This</p>	<p>Elements of the application related to</p>	<p>EG leadership and members</p>	

	grant is aiming to support the implementation of the new NDPHS Strategy.	communicable disease control		
	The EG will contribute to the implementation of the NDPHS AgeFlag project The EG will contribute to further planning of the joint NDPHS program as appropriate	Relevant contents and contribution to the AgeFlag project and further planning	EG leadership and members	
	Participation and contribution to the Vilnius congress on infectious diseases as appropriate and based on requests	Participation with lectures and provision of advice		
3. Improved effectiveness of HIV, TB and AI prevention actions in the Northern Dimension area	The EG will examine possibilities to do (comparative) analysis of the EMIS-2010 and EMIS-2017 surveys' findings.	An analytical report, article	A junior researcher/data analyst. The EG members will assist and review	A junior researcher/data analyst may be recruited from a third party
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, FB page, 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

Specify planned activities towards the horizontal results. For each horizontal result please indicate the following:

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

See actions under item 2 above, particularly EG's involvement into the Barents Project.

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

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

4. Increased visibility of the NDPHS in the Partner Countries

See actions under 2 above

Regular EG meetings give an opportunity for the 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

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 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.

5. Other information

No.

Expert Group on Non-communicable Diseases Work Plan for 2020

1. Leadership and coordination

Lead Partner

NCD EG Chairperson

Mr. Rafael Oganov

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

NCD EG Vice-Chairperson

Ms. Galina Maslennikova

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

Co-Lead Partners

Co-Chairperson

Mr. João Breda

WHO-RUS-GDO

WHO Regional Office for Europe, Head, Geographically Distant Office on Non-communicable diseases Prevention and Control in the Russian Federation

1.2 International Technical Advisor

Ms. Asiia Imaeva

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

1.3 Financial resources for leadership

Ministry of Health of the Russian Federation ensures the financing of the NCD EG Secretariat. Each Partner country provides funding for the participation of its representatives in the NCD EG activities.

2. Meetings of the NCD EG

Two NCD EG meetings will be held in 2020:

- 1) NCD EG 19th meeting is planned on 23-24 March 2020 (Moscow, Russian Federation)
- 2) NCD EG 20th meeting is planned in October 2020 (tbc).

The NCD EG 19th meeting will be hosted by National Medical Research Centre for Preventive Medicine under the Ministry of Health of the Russian Federation.

3. Activities

- 3.1 NCD activities (see table 3.1)
- 3.2 NCD activities to achieve the 5 horizontal results laid down in the NDPHS Action Plan (see table 3.2)

3.1 NCD EG WORK PLAN 2020 ACTIVITIES (table 3.1)

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.1.1	<p>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 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>Promoting NCD prevention programs, such as Good practices through inter-sectorial collaboration towards the NCDs prevention;</p> <p>Comprehensive, sustainable and transparently monitored measures, including, if appropriate, cross-sectorial measures, tackling NCDs;</p> <p>Organizing of 3 scientific workshops to improve the capacities of national and local policy making authorities to enhance health and well-being of the residents through evidence-based decision making. The development of the NDPHS Strategy for 2021 and thereafter</p>	<p>Project "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>Project idea "Toolkit to strengthen Health Literacy in the Baltic Sea Region"</p> <p>Project "PYLL-2- Study renewed for evaluation of trends in death rates from major causes in NDPHS Partner Countries", implementation within participating countries</p> <p>Project "Northern Dimension Countries exploring ways to enhance their human potential inspired by updated analysis of premature losses of life (PYLL)"</p> <p>Participation in the Strategy Working Group</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>Seeking for approval and funding support</p> <p>The project received funding from Ministry of Foreign Affairs (Finland)/ Baltic Sea-Barents-Arctic program</p> <p>Funding approved</p> <p>NCD EG members</p>	<p>FIN/ PPO1 (01.03.2019) Baltic Region Healthy Cities Association FIN/ Metropolia University of Applied Sciences FIN/ City of Turku FIN/ City of Helsinki EST/ City of Tartu EST/ Science Park Tehnopol LTU/ Lithuanian University of Health Sciences LTU/ Klaipeda Public Health Bureau LVA/ Riga Stradins University LVA/ Jelgava Local Municipality POL/ Suwalki Municipality POL/ City of Poznan POL/ Nofer Institute of Occupational Medicine RUS/ Russian Association of Healthy Cities, Districts and Villages SWE/ Vasterbotten County Council</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 plus Ministry of Health tbc LVA/ Riga Stradins University, Institute of Public Health and associated organisations in health/public health/NCD prevention, social services Other Co-sponsoring countries (Norway, Finland) tbc</p> <p>BLR, EST, FIN, GER, LVA, LTU, NOR, POL, RUS, SWE</p> <p>BLR, EST, FIN, GER, LVA, LTU, NOR, POL, RUS, SWE</p> <p>POL and SWE</p>

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.1.2	<p>Working 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 multi-sectoral activities.</p>	<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>Discussion on the role and contribution of professional organizations and private sector (non-state actors) in prevention of lifestyle NCD RFs and premature deaths, 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>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. Dissemination of the above-mentioned agreement via the NDPHS website, newsletter and media events at regional, national or local level.</p> <p>Agreement on involvement of professional organizations and private sector (non-state actors) in prevention of life-style NCD RFs and premature deaths, focusing on elderly and old population;</p> <p>Agreed common Educational Tool aimed at promoting healthy lifestyle, prevention / reducing the major NCDs' risk factors related to the development and exacerbation of the diseases in the target populations based on best practices.</p>	<p>Expert group leadership and members supplemented by project funding as possible.</p> <p>Expert group leadership and members</p> <p>Expert group leadership and members</p> <p>Expert group leadership and members supplemented by project funding as possible.</p>	<p>Stakeholders in each ND Partner Country: 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 LTU/ Institute of Hygiene/ Vilnius LVA/ Centre for Disease Prevention and Control/ Riga NOR/ Norwegian Ministry of Health and Care Services POL/ Institute of Rural Medicine in Lublin POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Medical Research Centre for Preventive Medicine/ Moscow SWE/ Public Health Agency of Sweden (PHAS) /</p>

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.1.3	Better comprehensive national health care system to response to reduce NCD burden in the ND area	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.	At least 3 or more NDPHS partner countries with assessed health system response to NCD outcomes based on the 2014 WHO EURO assessment guide principles.	Expert group leadership and members supplemented by project funding	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/ Norwegian Ministry of Health and Care Services POL/ Institute of Rural Medicine in Lublin POL/ Nofer Institute for Occupational Medicine / Warsaw RUS/ National Medical Research Centre for Preventive Medicine/ Moscow SWE/ Public Health Agency of Sweden (PHAS) / Solna

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.1.4	Obtaining and promoting mutual interests for collaboration with other NDPHS Expert Groups	<p>Participating in the NDPHS EGs joint relevant seminars, conferences and meetings</p> <p>Discussion with other EGs, on the basis of mutual interest, possible financial, personnel, technical resources for developing activities regarding reduction of NCD and NCD RFs prevalence and premature mortality from NCDs.</p>	Identification of mutual interested areas, funds for cooperation and development joint documents with other NDPHS EGs (PHC EG, ASA EG, OSH EG) for effective preventive measures to reduce NCDs and NCD RFs burden	<p>EG leadership and members</p> <p>EG leadership and members</p> <p>NCD EG members</p>	<p>Other EGs leadership and members</p> <p>Other EGs leadership and members</p> <p>Other EGs leadership and members</p>

No	EXPECTED RESULTS	Methods	Planned deliverables	Resources	External actors planned to be engaged
3.1.5	Streamlining the adjustment of NCD EG Action Plan for 2020 and thereafter according to suggestions and additions issued by Partner Countries	<p>Continue discussion of project ideas for 2020-2021 and thereafter; adoption of the Progress Report for 2020, Action Plan for 2021</p> <p>Discussion of a structure of the NCD EG Action Plan for 2020-2021 and thereafter;</p> <p>Define NCD EG Action Plan priority objectives for 2020-2021 and thereafter that are agreed between the NDPHS Country Partners;</p>	Agreed draft on the NCD EG Action Plan for 2020 is adopted	Discussion of the activity: projects, agreed strategic documents (guidelines, recommendations, policy declarations, other education materials); Identify target groups, populations for interventions;	<p>Stakeholders in each ND Partner Country:</p> <p>EST/ to be identified</p> <p>FIN/ National Institute for Health and Welfare/ Helsinki</p> <p>FIN/ BRHCA – Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities & Urban Health) / Turku</p> <p>FIN/ University of Eastern Finland/ Joensuu</p> <p>FIN/ FCG Ltd/ Finnish Consulting Group/ Helsinki</p> <p>GER/ to be identified</p> <p>LTU/ Institute of Hygiene/ Vilnius</p> <p>LVA/ Centre for Disease Prevention and Control/ Riga</p> <p>NOR/ Norwegian Ministry of Health and Care Services</p> <p>POL/ Institute of Rural Medicine in Lublin</p> <p>POL/ Nofer Institute for Occupational Medicine / Warsaw</p> <p>RUS/ National Medical Research Centre for Preventive Medicine/ Moscow</p> <p>SWE/ Public Health Agency of Sweden (PHAS) / Solna</p>

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

Horizontal result	Method	Planned deliverable	External actors planned to be engaged
<p>1. Strengthened and more visible role of health and social well-being on the regional agenda in the Northern Dimension area</p>	<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 NCD RF monitoring and cross-sectoral measures on NCDs prevention into the national ND partner countries action plans.</p>	<p>The agreed within NDPHS Partner Countries strategy documents, project ideas, projects of cross-sectoral cooperation</p> <p>The new PYLL-2-Study for evaluation of the effectiveness of the NDPHS Partner Country's activity as well as the EU Health Strategy. Project "Northern Dimension Countries exploring ways to enhance their human potential inspired by updated analysis of premature losses of life (PYLL)"</p>	<p>NCD members from respective countries</p> <p>Associated organisations in public health and social services related NCD prevention</p>
<p>2. Strengthened support and involvement of other stakeholders in the NDPHS-facilitated activities</p>	<p>Dissemination of NDPHS requests among members of EG's</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 NDPHS EGs and NDPHS relevant meetings</p>	<p>NCD members from respective countries</p> <p>Associated organisations in health/NCD prevention, social services</p>
<p>3. Increased and strengthened policies to improve health and social wellbeing through regional cooperation</p>	<p>To elaborate and integrate the common instrument for monitoring of national health care system's effectiveness in addressing of NCD prevention and control among elderly and old population</p>	<p>NCD EG participation in the elaboration of the Project Idea "AgeFlag" run by the NDPHS Secretariat</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>Elaboration of the NDPHS Strategy for 2021 and thereafter</p> <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 NDPHS Strategy for 2021 and thereafter elaboration</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>	<p>Strategy Working group NCD members, policy makers, funds from relevant countries</p>
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 NCD EG most relevant are :</p> <ul style="list-style-type: none"> • ASA EG • OSH EG • PHC EG 	<p>Joint meeting with ASA EG</p> <p>Project(s) ideas, project(s) proposals</p>	<p>NDPHS EGs, policy makers, funds from relevant countries</p>

4. Assumptions, enabling factors and possible obstacles

Enabling factors:

- The composition of the NCD EG is stable and ND Partner Countries and Organizations are widely and actively represented;
- The governments of respective ND 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 co-funding 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 other NDPHS' EGs and NDPHS activities, both at and in-between the meetings;
- NCD EG members everyday work is closely connected with NCDs prevention and health promotion activity at a partner country level;
- 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 closely related to WHO-EURO tasks.

Possible obstacles:

- Although most of ND 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 health, social and economic burden related to NCD;
- Lack of demand of policy documents on health promotion and NCDs prevention within and outside of state, 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 2020

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Finland is the Lead Partner of the OSH EG. Ms., Senior Ministerial Adviser, MD. Riitta Sauni from Ministry of Social Affairs and Health, Department for Work and Gender Equality is the Chair. Lithuania is the Co-Lead partner and has nominated Mr. Remigijus Jankauskas from Institute of Hygiene as the Co-Chair.

1.2 International Technical Advisor (ITA)

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 finances 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 was held on 2-3 April 2020 online. The second meeting will be held jointly with BSN on OSH and will take place in September or October 2020 in Vilnius, Lithuania.

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. The activities for year 2020 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 and confirmed in the PAC meeting in November 2015.

The focus for year 2020 is to support the Secretariat for developing the new strategy and accompanying action plan for next NDPHS strategic period. Representatives from EG OSH will attend different workshops and seminars.

The Russian representative will participate in the of AgeFlag project steering committee on behalf of the OSH EG.

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

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 Neighborhood Instrument (ENI). The project ended 31st December 2018. In 2020 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 “Enhancing national capacities in strategic OH&S workforce planning and development (Developing stage) – The project was introduced to the competent OH&S authorities in Lithuania and Estonia. Technical work began in Estonia under the leadership of Dr. Merisalu from the Estonian University of Life Sciences (Eesti Maaülikool, EMÜ). A multidisciplinary research team was established to analyse the current safety and health workforce in the country and get data to support discussions with the national stakeholders. They would like to organize a meeting in 2020 in order to benchmark with Finland, and also invite Baltic and Balkan countries.

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 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.

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. Cooperation between the EG OSH and the Baltic Sea Network (BSN) on OSH will promote the integration of policy considerations into research and vice versa.

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 AgeFlag project is important in this scene. OSH EG is open to future developing.

EG OSH is collaborating with the project of Baltic Sea Labour Forum (BSLF) concerning Age management and working conditions. BSLF is in charge of the project plan and the representative of OSH EG is in the group.

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

The most important challenge is the 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. Another difficulty is that nominated persons are not often in the positions to directly affect the political decision makers.

5. Other information

The OSH EG strength is also the close cooperation with Baltic Sea Network (BSN) on OSH, which provide for a "policy to practice to policy" view. However, during year 2020 the EG OSH and the BSN on OSH make the decision if these two groups should be merged as most of the representatives are already part of both of them. The decision of ending the BSN has to be made by directors of BSN institutes. EG OSH will prepare a short discussion note to support the discussion.

Expert Group on Primary Healthcare

Work Plan for 2020

1. Leadership and coordination

1.1 Lead Partner – Russian Federation

Chair

Mrs. Yulia Mikhaylova

Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation

Co-Lead Partner – Sweden

Co-Chair

Mrs. Irene Nilsson Carlsson

National Board for health and welfare

Vice-Chair

Mr. Valery Chernyavskiy

Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation

1.2 International Technical Advisor

Ms. Olga Andreeva

Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation

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.

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

2. Meetings of the Group

	Meetings	Preliminary date	Place
1	9th PHC EG Meeting	Early June 2020	Moscow
2	10th PHC EG Meeting	Sept/Oct 2020	To be confirmed

3. Activities

The PHC EG is established in accordance with the CSR decision of October 21, 2015. In accordance with the 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 making a professional contribution to the relevant activities within the Partnership 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. The project has not received funding, however, the materials of the project application are planned to be used in the AgeFLAG project.

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 2019.

The PHC EG continues cooperation with international organizations, first of all 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 ND region.

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

3.1.1. 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:
 - Annual Public Health Forum (Autumn 2020, Moscow, Russia);
- To initiate communication with the NDPHS Secretariat to organize PAC Side-event on PHC and multimorbidity in 2021.
- Plan, organize and conduct a conference within the framework of EU funding for multimorbidity and ageing with participation of national decision makers in order to share experience in the field of integrated care for the elderly with multimorbidity; develop political response.
 - Conference on multimorbidity and ageing (August 2020);

- Collect and disseminate evidence and best practices in the field of integrated care for the elderly; to prepare a publication on multimorbidity and integrated care.
- Prepare a concept paper on Palliative care in the Northern Dimension countries.
- AgeFLAG project facilitation and providing an EG advice to develop a roadmap to improve health and well-being of aging population of the Baltic Sea Region. Involvement of the PHC EG members in the following activities:
 - Participation in the Project Steering Group;
 - Participation in the NDPHS Taskforce on Healthy Ageing;
 - Participation in the national needs' assessment workshops;
 - Contribution to the development of the roadmap.
- Kaliningrad 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"
 - To conduct analysis of the patients' survey results

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: Policymakers, local authorities, the administration of PHC, Public health experts, Patients with multiple somatic diseases, Health and social development NGOs, Social workers in PHC.

3.1.2. Better understanding and commitment of national policymakers to strengthening the role of patients and their families in the implementation of integrated care plans

Specific actions

Gather best practices on teamwork in PHC - members, multidimensional care, areas of actions and responsibilities for each member, coordination of all activities in PC team, useful tools for daily team work.

Prepare a publication on multimorbidity and integrated care with realistic adapted solutions along the lines of thinking presented in CHRODIS report. The publication should include best practices 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: financing of PHC EG Experts' working time, (if available financing of the External Expert, who will lead the process of preparation of the publication).

Planned Deliverables:

Publication on countries' experience on strengthening the role of patients and their families in the implementation of integrated care plans (a publication on multimorbidity and integrated care 3.1.1).

External actors planned to be engaged: Public health experts, Policymakers.

3.1.3. 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.
 - e-health: e-tools for medical consultations, e-connections between patients and PHC and between specialists, between social and healthcare professionals, e-tools for prevention and health promotion.
- Discussion on Economy of ageing based on Kaliningrad project experience within PHC EG meeting.

Planned Deliverables: Presentations and results of discussions from the meeting mentioned above will be published on NDPHS website.

External actors planned to be engaged: Policymakers, Local authorities, The administration of PHC, Public health experts, Patients with multiple somatic diseases, Health and social development NGOs, Social workers in PHC, Experts 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.

3.2.1. 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.)

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

During 2010-2019 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.

3.2.3. 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:

- Contribute to the development of AgeFLAG 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.

3.2.5. 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 role of the NDPHS as the Policy Area Coordinator within the EUSBSR (Policy Area: "Health – Improving and promoting peoples' health, including its social aspects") allows for a making health more integrated and inclusive in the regional cooperation. In particular, by providing a common frame of reference, the NDPHS has contributed to increased interfacing between relevant stakeholders at various levels and across thematic sectors, and a better division of labor among the existing networks. At the same time, most of the EUSBSR - related activities are coherent with the NDPHS mission as spelled out in the Oslo Declaration and contribute to the strategic aims of the NDPHS, such as: increased visibility and better influence in processes related to allocation of funding for regional cooperation.

Through the instrument of the EUSBSR, the Partnership is able to strengthen the message that improving and promoting peoples' health, including social aspects, is an important precondition for ensuring sustainable and healthy societies in order to enable economic growth, and for containing future health and social care- related costs.

Methods and description of the activity:

- Facilitate the development and implementation of actions and flagship projects defined in the Health Policy Area.
- Monitor and report the implementation progress within the Health Policy Area.
- Regularly review the relevance of the Health Policy Area as described in the EUSBSR Action Plan.

4. Assumptions, enabling factors and possible obstacles

1. All Members of PHC EG will be committed and actively involved in the activities
2. Necessary financial resources will be available for the development of planned project proposals.

Expert Group on Prison Health

Work Plan for 2020

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Germany is the Lead Partner of the PH EG. Latvia is the Co-Lead partner of the EG.

- Chair Mr. Dr. Marc Lehmann Germany
- Vice Chair Mr. Guntis Eihenbergis Latvia

1.2 International Technical Advisor

The Lead Partner of the PH EG has employed Ms. Elisabeth Schulte as the ITA of the PH EG from 1. September 2016.

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 next meeting will take place on 7-8 April 2020 in Warsaw, Poland.

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 Result	Indicator	Actions / Activities	Deliverables	Responsibility	Time Period 2019	Time Period 2020	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	Get insight of current state on problems in different countries -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 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	Regional overview (data-based) Country reports (questionnaire) (the above will be used for developing recommendations in order to encourage the fulfilment of already agreed international standards) Regional overview	PH Lead by Latvia and Russia	Start 2016 Drafting Questionnaire (October) Approval of the questionnaire (PH EG countries and EG HIV/TB/AI) Data collection	Extend to and update in 2020	Use WHO dataset

		Evaluate data Count countries fulfilling process Report data					participating countries Refer to benefit when reporting, budgetary aspects should be mentioned
	Information on Women living in prison with their babies in Russia	Report		PH	2019/2020		
	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	Set of data Set of Guidelines and Standards Compare WHO questionnaires on PH from the member states of the NDPHS Thematic Letter Collected Data	PH PH PH PH PH	Start 2017 Drafting Questionnaire Approval of the questionnaire (PH EG countries and EG HIV/TB/AI) Data collection (Start 2017 2018 and whole working period	

		Evaluate data Count countries fulfilling process Report data	Evaluated Data No. of countries delivered needed actions Data Report			2018 2019	
1.6. Raised awareness of harm on health from imprisonment , in accordance with WHO Europe/HIPP and CPT standards, especially regarding HIV and TB	No. of countries developing measures to achieve CPT standards No. of countries developing measures to achieve WHO/ HIPP Standards	Inform about good practice, distribute (translate) available materials widely Inform about upcoming international, regional and national conferences and ensure attendance <u>7 sub-titles:</u> -Violence - Nutrition -Infectious diseases - Mental health problems - Oral health - Addiction - Non communicable diseases Explain monitoring	Information Paper Attendance in conferences and presentation of PH Best practices/ Recommendations (Set of slides) Newsletter Article Thematic Article Updated data available	PH Lead by Estonia and Germany PH PH PH	Starts immediately	Ongoing in 2020 and whole working period Annual updates	NGO actions should be strengthened

		<p>process to participating countries</p> <ul style="list-style-type: none"> -Point out benefits (costs and level of rehabilitation) -Request commitment and collect monitoring data from local authorities -Practice to Policies to Practice <p>Evaluate date</p> <p>Count countries fulfilling process</p> <p>Report data</p>	<p>Recommendations (2017-2020)</p>			<p>First evaluation 2017-2020</p> <p>2017-2020</p>	
<p>1.7. Improved linkages between medical care in prisons and community public health services</p>	<p>No. of countries establishing a through care situation for HIV & TB patients</p>	<p>Describe goal good through care 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>Collected set of representative examples of existing structures or organizational processes of given through care</p> <p>Information made available and distributed</p>	<p>PH Lead by Norway and Sweden</p> <p>PH/ Linkage with EG Primary Healthcare</p>		<p>Ongoing in 2020 Goal described</p> <p>Questionnaire in progress</p>	

		Analyze different systems and identify innovative practices for specific situations	Information made available and distributed	PH		2017	
						2017-2020	
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	List international standards and documents for participating countries and point out ratification by countries Publish and distribute overview Organize expert exchange visit program on good practice Organize or co-organize a regional or national workshop Induce stakeholder and support project plans in particular prison or Region	List of documents Thematic Report Organize study visit Held Workshops List of potential cooperation partners and project implementers Pilot the "Good Governance for Prison Health.	PH Lead by Lithuania and Finland PH PH PH PH PH &WHO	2016 Look for volunteers	2020 2020 2020 2020	Interview on Architecture could be included Present to the group during the next meeting

		Present the NDPHS Prison Health Declaration during the 70. Regional Committee of the WHO in September 2020.	A checklist to promote dialogue for people-centered prison health systems”	PH & WHO		September 2020	Present to the group and planning during the next meeting in spring 2020
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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**

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.

Through the thematic lead of Prison Health in the NDPHS Newsletter of 2017 and the update of the NDPHS Prison Health Declaration in 2019 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.

2. **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 2020.

3. **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.

4. **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 Oslo has been organized in 2019. Further visits should be planned in 2020.

Through changing PH EG meeting places (Berlin, Stockholm, Oslo, Copenhagen etc.) the activities of the group are visible in different 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**

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 2020, 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)

5. Other information