



Northern Dimension
Partnership in Public Health
and Social Well-being

NDPHS Work Plan for 2021

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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.

Introduction and policy context

This Work Plan gives an overview of the actions to be launched, continued or completed in 2021 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 (prolonged until the adoption of the new NDPHS Strategy planned in autumn 2021), as well as considers the NDPHS' role as the platform for collaboration in the field of health and social well-being in the ND area. 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 have been made to master remote working and organizing online meetings, with the aim to keep the Partnership active and productive. Overall, the Partnership has been successful in adjusting to the new realities and where the work has been disrupted or temporarily suspended, it has been mostly due to reasons such as unavailability of experts because of their heavy involvement in the national COVID-19 pandemic response. It is expected that at least for a significant part of 2021 the remote and online working will continue.

The focus of the Work Plan for 2021 is on drafting the new NDPHS Strategy, finalizing the implementation of the NDPHS Strategy 2020, developing the roadmap for the flagship on Active and Healthy Ageing (AgeFlag), enhancing cross-sectoral cooperation with other regional formats and ND actors and launching the activities of the "Mittens" project financed by the EU grant over a three-year span.

Action lines

During 2021, the Partnership will continue to provide a forum for cooperation in health and social well-being in the Northern Dimension area by taking actions along the following lines.

1. Last year of the implementation of 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. As the new NDPHS Strategy is planned to be adopted in autumn 2021, the CSR

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.
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has decided to prolong the NDPHS Strategy 2020 until the new one is in place.

Specific actions

1.1 Expert Groups: continue/initiate new efforts consistent with the NDPHS Strategy 2020.

The Expert Groups shall continue/initiate new efforts consistent with the NDPHS Strategy 2020, with the modifications required due to the COVID-19 pandemic. The Expert Groups' individual work plans for 2021 are included in Annexes 1 through 6. The groups will report on the progress they achieved in 2020 in their individual annual progress reports to be submitted to the CSR.

1.2 The CSR together with the Secretariat shall actively seek opportunities for funding to ensure adequate resources for the implementation of the NDPHS strategy, using the NDPHS Activity Fund as a multilateral financial tool.

In accordance with the Oslo Declaration, the Partners recognize that to meet the objectives of the organisation, it is necessary to maintain adequate funding for activities carried out within its framework. In doing so, the Partners will adhere to "the principle of co-financing from Northern Dimension partners" consistent with the renewed Northern Dimension Policy Framework Document.

The EU has allocated 1.850.000 EUR to the NDPHS for the implementation of common activities jointly agreed by the Partnership over a period of three years. Other Partners are welcome to further complement this funding. The NDPHS Expert Groups, the Secretariat and the 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 and adoption of the NDPHS Strategy for the next term

An NDPHS Strategy Working Group has been established with the task of producing a draft NDPHS Strategy for the next mid-term, with support of an external consultant. Several workshops have taken place during 2020 and work will continue in 2021 with the aim of adopting the new Strategy at the Partnership Annual Conference in autumn 2021.

Specific actions

2.1. The NDPHS Strategy Working Group (SWG), supported by the Strategy Consultant (SWG): aim at producing a final draft NDPHS Strategy by spring 2021 keeping the CSR involved throughout the process.

The Strategy development shall consider, as much as feasible, the outcomes of the NDPHS evaluation conducted in 2019, as well as the strategic 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. Expert Groups: revise their own Terms of Reference and submit to the CSR for approval in autumn 2021.

2.4. CSR: provide political and strategic guidance and support for the strategy development, NDPHS_Work_Plan_for_2021.doc

and decide, as required.

2.5. PAC: adopt the Strategy in autumn 2021.

3. Implementation of projects

Specific actions

3.1. The NDPHS Secretariat, in collaboration with the respective NDPHS Expert Groups: start implementing the activities financed by the EU grant and keep the CSR informed of the progress.

3.2. The NDPHS Secretariat, supported by the Expert Groups and Partners involved: finalize the implementation of the AgeFLAG project co-financed by the Swedish Institute, Germany and Project Partners. Establish the NDPHS Task Force on Healthy Ageing.

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

The action is expected to produce the following outputs in 2021-2022: four NDPHS events² to address some specific health and social well-being issues in the Northern Dimension area, 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 and social well-being strategies and policies of the NDPHS Partner Countries prescribe the priorities of the NDPHS, their objectives being 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 efforts related to achieving the Sustainable Development Goals. 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, bearing in mind interests of all Partners.

Thus, the NDPHS coordinating role in "Health" Policy Area in the EU Strategy for the Baltic Sea Region Action Plan 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 The NDPHS Secretariat: continues the implementation of the EU co-financed project

² One event has been organized in 2020, the conference "[Multimorbidity and Ageing in the Northern Dimension Area](#)," other activities will be implemented during 2021-2022.

“Support to coordination and implementation of activities within the EUSBSR Policy Area ‘Health’.

4.2 The NDPHS Secretariat with involvement of the interested Expert Groups and with possible collaboration with other Policy Areas and Horizontal Actions: coordinate the EUSBSR Policy Area ‘Health’ and facilitate the implementation of the respective actions defined by the NDPHS:

- Promoting active and healthy ageing to address the challenges of demographic change.
- Tackling the impact of climate change on human health.
- Engaging stakeholders from other sectors to promote a Health in All Policies approach.

4.3 The NDPHS Secretariat together with the Expert Groups and other stakeholders participate in the ND Forum round table of health organized by the ND Business Council.

4.4 The NDPHS Secretariat together with the CSR and the Expert Groups make further efforts identifying and analyzing relevant health and well-being strategies of the NDPHS Partner countries and Partner organizations aiming to align the new NDPHS Strategy with the priorities of the NDPHS Partners.

5. Increasing the Partnership’s visibility

Further efforts are needed to raise the awareness about the Partnership, its achievements and possibilities for the Partner Countries and experts 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, consider new ways of engaging with a wider audience, such as organizing webinars.

5.5 NDPHS Chair Country: Continue consultations with the NDPHS Partners to: improve the visibility of the Partnership in the Partner Countries and Organizations.

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

5.7 Start work on renewing the NDPHS website and bringing it to a new up to date platform and explore opportunities to integrate a translation engine function to the new website.

5.8 Plan NDPHS communication strategy and communication workshops.

Expert Group on Antimicrobial Resistance

Work Plan for 2021

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

Meetings will be scheduled in January, May, August and November. Additional meetings will be held according to needs. First meeting 2021 will due to the COVID-19 situation be digital.

3. Activities

3.1 Activities contributing to **achievement of the Objectives** of the NDPHS Strategy, which are within the remit of the Expert Group

3.1.1 Activity 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 implementation of the WHO global AMR surveillance system "GLASS".

Method/ Sub-activities during 2021

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 dialogue is kept with WHO Euro and the ECDC by partner countries according to needs.

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

EU and EES countries report data to ECDC via ESAC-Net. It will also benefit from, and should be coordinated with, the further implementation of the WHO GLASS AMC/AMU module. Representatives from Norway will coordinate mapping of the current situation in the partner countries and together with the group propose improvements.

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

Methods/Sub-activities during 2021:

This project aims to improve the use of resistance data in infectious disease guideline development. Although it has been delayed due to the current COVID-19 situation the project lead, Robert Koch Institute (RKI), attempts to prolong the project for 2021. If the prolongation is approved the involved countries will build on the knowledge gained from the survey and workshop done during 2019-2020. 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 2021.

Planned activity to achieve this:

A second face-to-face workshop will take place sometime during 2021 depending on the situation. 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 project lead (RKI) will follow up with each of the countries towards the end of 2021 to get an update on progress.

Initial drafts of progress and findings of the project will be made towards the end of 2021. These will be written in different formats and tailored to different audiences.

Planned deliverables:

- Draft position document with set of recommendations, based on learning from the project.

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.

3.1.4. Activity 4: Increased general knowledge and understanding about the reasons for and consequences from antibiotic treatment in the elderly

To increase the knowledge and understanding in the NDPHS region about the level of necessary, as well as unnecessary, use of antibiotic treatment in the elderly population. For example, the use of certain devices (which may predispose for inappropriate antibiotic use), such as urinary catheters, is probably too high in some elderly populations, the project therefore aims to identify the reasons for this inappropriate use.

The second aim is to look into the consequences of antibiotic treatment in the elderly and detect certain risk factors for antimicrobial resistance (AMR) and other adverse side effects in the elderly population due to inappropriate antibiotic treatment.

Activities: depend on if the EU application gets accepted

4. Assumptions, enabling factors and possible obstacles

COVID-19 has almost completely absorbed all human resources in the field of microbiology, antibiotic use and public health. Even before this, the allocation of national resources to pursue the work outlined in the NDPHS action plan, including physical meetings, has been 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.

For these reasons, and the fact that there is no new Strategy or Action Plan in place, we have chosen to keep the activities from the old Action Plan and only add a fourth activity. The fourth activity is our workpackage in the EU application and we only intend to initiate it if the application is accepted.

5. Other information

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Expert Group on Alcohol and Substance Abuse

Work Plan for 2021

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

The Lead Partner of the ASA EG has employed Dr. Zaza Tseretelli as the ITA of the ASA EG

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 Expert Group

ASA EG is planning two working meetings in 2021. Due to the COVID-19 situation most probably they will be held in on-line format. Some additional meetings with the consultants working on the different projects will also take place.

3. Activities

Activities contributing to achievement of the Objectives of the NDPHS Strategy, which are within the remit of the Expert Group

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

Activity 1. Report on affordability and cross-border trade of alcohol in the Northern Dimension area

There is a need to provide policy makers across policy sectors and at all levels unbiased knowledge on cross border trade of alcohol, it's drivers and mediators. Such knowledge provides guidance on effective methods that supports a sustainable development in the Baltic Sea Region.

- **The methods** - Desk review and evaluation of previous studies and reports on alcohol consumption patterns, alcohol policies, access to alcohol beverages locally and across borders, alcohol affordability (price, taxation) in ND countries. Drafting the report by the consultants, commenting and making necessary changes through the E-mail exchange among the ASA EG members. Organizing on-line meetings to follow-up on study implementation.

- **Resources with which the respective results will be pursued** – EU Framework contract
- **Planned deliverables** - A report on affordability and cross-border trade of alcohol in the Northern Dimension area prepared and approved by the NDPHS. Possibility to organize post study Conference – “Harmful use of alcohol, a call for a Framework Convention” at the end of 2021³.
- **External actors planned to be engaged** – The consultants team hired through the EU Framework contract, WHO NCD Office in Moscow, THL, Institute of Economic Research in Estonia

Activity 2 - Study addressing Cannabis issue in Drug policy (including prevention and care) and legislation.

After Alcohol, Cannabis is the most common intoxicant in the Nordic and Baltic States, and cannabis use is increasing among young adults in most of those countries. In some countries policy discussions are related to promoting a stronger health and less punitive approach towards drug users, including less enforcement of legal punishment without legalizing use and possession for personal use.

- **The methods** - Desk review and evaluation of previous studies and reports on Drug Policy, epidemiological situation, treatment and early intervention offers and legislation issues related to cannabis. Commenting and making necessary changes through the E-mail exchange among the ASA EG members. Organizing on-line meetings to follow-up on study implementation
- **Resources with which the respective results will be pursued** – EU grant
- **Planned deliverables** - This will be the first year of implementation of the study, so main deliverables will be study questionnaire and meeting minutes.
- **External actors planned to be engaged** – The consultants team hired through the EU grant, WHO NCD Office in Moscow, EMCDDA, NGOs working in this field

Activity 3 – Study, Policies on Novel Tobacco and Nicotine Products in ND Countries

There is an increasing pressure from the tobacco industry that e-cigarettes and novel tobacco and nicotine products in general should not be treated the same as tobacco products and should be subject to a separate set of regulatory measures, not the Framework Convention on Tobacco Control (FCTC), permitting communication of product information, attributes and relative risks to adult consumers⁴.

- **The methods** - Desk review and evaluation of previous studies and reports on the legal cases on NNTP, arguments and facts brought at those cases in order to bring the NNTP under the Framework Convention on Tobacco Control (FCTC) regulation in the ND countries, collected through the Health officials and parties involved in the disputes.

³ Depending on the COVID-19 situation.

⁴ With decision FCTC/COP8/(22), Parties to the WHO FCTC were reminded of their commitments under the WHO FCTC when addressing the challenges posed by novel and emerging tobacco and nicotine products.

Commenting and making necessary changes through the E-mail exchange among the ASA EG members. Organizing on-line meetings to follow-up on study implementation.

- **Resources with which the respective results will be pursued** – EU grant.
- **Planned deliverables** - This will be the first year of implementation of the study, so main deliverables will be study questionnaire and meeting minutes.
- **External actors planned to be engaged** – The consultants team hired through the EU grant, WHO NCD Office in Moscow.

Activity 4 - Establishing the network of local municipalities focused on preventing work to reduce harm caused by alcohol and drugs.

Harms caused by alcohol and illicit drug use create severe health problems both on an individual level and on a population level. It is already a common experience in the countries involved that authorities with different purposes and goals very often address the same people. Social workers, police, school authorities, community workers and health authorities of different kinds may all address the same group of people, with their separate paradigms. Lack of cooperation leads to ineffective use of public resources and diminishes the effects of preventive activities.

- **The methods** - Network meetings organized once per year in connection with the ASA EG meetings and focusing on exchange of knowledge and experience; both in thematic areas (like alcohol and drug use among adolescents, treatment and preventive measures) and technical issues (like implementation, and management of activities on the administrative level). The organizing country will decide on the topic of the meeting
- **Resources with which the respective results will be pursued** – EU grant
- **Planned deliverables** - Network meeting report.
- **External actors planned to be engaged** – WHO Healthy Cities network

4. Assumptions, enabling factors and possible obstacles

COVID-19 situation will have a major impact on the implementation of planned activities. It is assumed that the NDPHS Partner Countries and Organizations remain committed to the work of the NDPHS, despite the COVID-19 situation. Digital solutions will support to organize more frequent on-line meetings

5. Other information

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 on: a) development of the Global action plan (for the Global Strategy on Prevention of Harmful Use of Alcohol), b) the European Framework for action to reduce the harmful use of Alcohol, c) following the implementation of health related SDGs and d) NCD strategy. 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 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.

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.

Expert Group on HIV, TB and Associated Infections

Work Plan for 2021

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead: Finland

Chairperson

Tuuli Heinikari

Finnish Lung Health Association, Filha

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

Finnish Institute for Health and Welfare (THL)

International Affairs Team

1.3 Financial resources for leadership

Finland will provide resources for the operations of the Chairperson and International Technical Advisor of the EG. Poland will ensure resources for the work of the Vice-Chairperson.

2. Meetings of the Expert Group

The Expert Group aims at minimum of 2 meetings in 2021. But the real number of meetings may rise due to wider use of digital meeting solutions and operational needs.

3. Activities

3.1 Activities contributing to **achievement of the Objectives of the NDPHS Strategy, which are within the remit of the Expert Group**

The objective of the NDPHS Strategy, which is within the remits of the Expert Group, is:

Reduced impact of HIV, TB and associated infections among key populations at risk, including prisoners, through strengthened prevention and access to treatment.

Comparative analysis of EMIS data for ND countries

Resources: EU grant and worktime of EG members.

Planned deliverables for 2021:

1. Roadmap of the study (plan of the study, incl. timeline and landmarks).
2. Engagement of experts (think tank).
3. Study implementation (analysis report draft).
4. Peer review (revised report).

External actors planned to be engaged:

1. Foundation for Social Education (FES), Poland.
2. Maksymilian Bielecki, HumanTech - Center for Social and Technological Innovation, Poland.
3. Invited experts for peer review.

Latent Tuberculosis Infection (LTBI) inventory in ND countries – epidemiology, strategies, approaches, treatment options

Resources: EU grant and worktime of EG members.

Planned deliverables for 2021:

1. Plan of the overview.
2. Engagement of experts (expert team).
3. Making the overview (draft report).
4. A feedback workshop (revised report).

External actors planned to be engaged: Finnish Lung Health Association.

Exchange of relevant information about actual infectious disease situation, especially focusing on HIV, TB, Hepatitis C and STIs and including impacts of COVID-19

Resources: worktime of EG members.

Planned deliverables for 2021: posts or information briefs for publishing or sharing on social media, NDPHS website, partners web resources.

External actors planned to be engaged: external experts invited to participate in EG meetings as needed and relevant.

4. Assumptions, enabling factors and possible obstacles

The work of the Expert Group in 2021 very much relies on the EU grant, which is expected to start from January 2021. It is assumed the project proposal will be approved in scheduled time.

The COVID-19 pandemic has disturbed the work of the Expert Group due to lockdowns and re-assignment of some experts to other tasks in their primary jobs. It is assumed the experts will manage to keep their commitment to working in the Expert Group.

The NDPHS Strategy will be developed in 2021 and the Expert Group is expected to provide inputs into the strategy work as well.

5. Other information

No other information.

Expert Group on Non-communicable Diseases Work Plan for 2021

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Lead Partner

NCD EG Chairperson

Prof. Oxana Drapkina

Federal State Budgetary Institution “National Medical Research Center for Therapy and Preventive Medicine” of the Ministry of Health of the Russian Federation

NCD EG Vice-Chairperson

Dr. Anna Kontsevaya

Federal State Budgetary Institution “National Medical Research Center for Therapy and Preventive Medicine” of the Ministry of Health of the Russian Federation

Co-Lead Partners

Co-Chairperson

Mr. João Breda

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

1.2 International Technical Advisor

Dr. Asiia Imaeva

Federal State Budgetary Institution “National Medical Research Center for Therapy and Preventive Medicine” of 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 Expert Group

Two NCD EG meetings will be held in 2021:

- 1) NCD EG 21th meeting is planned in April 2021 (tbc)
- 2) NCD EG 22th meeting is planned in October 2021 (tbc).

3. Activities

Activities contributing to **achievement of the Objectives** of the NDPHS Strategy, which are within the remit of the Expert Group

Objectives:

3.1. Better implementation of Health-in-All Policies (HiAP) at all levels (local, regional and national) for more effective prevention of noncommunicable diseases

Methods:

1. Measure the Potential Years of Life Lost (PYLL) in the Partner Countries;
2. Exchange of knowledge and practice among relevant professionals and organizations at NDPHS and regional levels to further strengthen capacities and capabilities to PYLL method use;
3. Promoting NCD prevention programs, such as Good practices through intersectorial collaboration towards the NCDs prevention;
4. Further development of strategic policy documents and project ideas proposed by the NCD EG members and their implementation within the NDPHS region;
5. Development of the new NDPHS Strategy.

Planned deliverables:

1. Project “PYLL-2- Study renewed for evaluation of trends in death rates from major causes in NDPHS Partner Countries”, implementation within participating countries;
2. 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;
3. Promoting NCD prevention programs, such as Good practices through intersectorial collaboration towards the NCDs prevention;
4. 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);
5. Participation in the Strategy Working Group.

Resources:

1. The project “PYLL-2- Study renewed for evaluation of trends in death rates from major causes in NDPHS Partner Countries” received funding from Ministry of Foreign Affairs (Finland)/ Baltic Sea-Barents-Arctic program;
2. Project “Northern Dimension Countries exploring ways to enhance their human potential inspired by updated analysis of premature losses of life (PYLL)” received funding from FWC SIEA 2018 LOT 4: human development and safety net. EuropeAid/138778/DH/SER/multi: providing support to implementation of the NDPHS Strategy;
3. Project “Toolkit to strengthen Health Literacy in the Baltic Sea Region” waiting for funding approval within NDPHS Grant Application;
4. The 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” has been approved by the decision of the Monitoring Committee and received financing support from the Interreg Baltic Sea Region programme;
5. Expert group leadership and members.

Actors planned to be engaged:

1. BLR, EST, FIN, GER, LVA, LTU, NOR, POL, RUS, SWE;
2. BLR, EST, FIN, GER, LVA, LTU, NOR, POL, RUS, SWE;

3. RUS/ National Medical Research Center for Therapy and Preventive Medicine, Moscow, SWE/ The Public Health Agency (tbc), POL/ Nofer Institute of Occupational Medicine (tbc), LTU/ Institute of Hygiene, Public Health Technology Centre plus Ministry of Health (tbc), LVA/ Riga Stradins University, Institute of Public Health, associated organisations in health/public health/ NCD prevention, social services (tbc), Norway (tbc), Finland (tbc);
4. 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/ Vasterbötten County Council;
5. Stakeholders in each ND Partner Country (tbc.): FIN/ National Institute for Health and Welfare/ 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 Therapy and Preventive Medicine/ Moscow, SWE/ Public Health Agency of Sweden (PHAS) / Solna.

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 multi-sectoral activities.

Methods:

1. Active discussion on the development of the instrument for the evaluation of Health Literacy in general population;
2. Discussion on the role and contribution of professional organizations and private sector (non-state actors) in prevention of life-style NCD RFs and premature deaths, in particular during the COVID-19 pandemic;
3. Identifying the best structures, agencies, funds for interagency, cross-sectoral cooperation to be involved in an integrated and multi-sectoral activity for preventing lifestyle-related RFs in various target groups of population.

Planned deliverables:

1. Agreement on Tools for evaluation of Health Literacy in general population;
2. Agreement on involvement of professional organizations and private sector (non-state actors) in prevention of life-style NCD RFs and premature deaths, in particular during the COVID-19 pandemic;
3. Establishment of the best structures, agencies, funds for interagency cross-sectoral cooperation for life style related risk factors.

Resources:

1. Expert group leadership and members supplemented by project funding as possible;
2. Expert group leadership and members.

Actors planned to be engaged:

Stakeholders in each ND Partner Country (tbc.): FIN/ National Institute for Health and Welfare/ 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 Therapy and Preventive Medicine/ Moscow, SWE/ Public Health Agency of Sweden (PHAS) / Solna.

3.1.3. Better comprehensive national health system response to reduce the NCDs burden in the Northern Dimension area

Methods:

1. 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 particular during the COVID-19 pandemic.

Planned deliverables:

1. NCD EG discussion on needed resources (structures, professional, technical, financial), their distribution and effective use for primary and secondary NCDs' and their risk factors' prevention in health care settings;
2. Elaboration of guidelines, recommendations, other education materials.

Resources:

Expert group leadership and members supplemented by project funding.

Actors planned to be engaged:

Stakeholders in each ND Partner Country (tbc.): FIN/ National Institute for Health and Welfare/ 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 Therapy and Preventive Medicine/ Moscow, SWE/ Public Health Agency of Sweden (PHAS) / Solna.

3.1.4. Identifying and promoting mutual interests for collaboration with other NDPHS Expert Groups

Methods:

1. Discussion with other EGs of the development of joint activities regarding reduction of NCD, NCD RFs and premature mortality from NCDs;
2. Participating in the NDPHS EGs joint relevant seminars, conferences and meetings.

Planned deliverables:

Identification of mutual interested areas, the development of joint documents strategic documents, project(s) ideas, project(s) proposals with other NDPHS EGs for effective preventive measures to reduce NCDs and NCD RFs burden and searching for financial and personnel resources for operational activities.

Resources:

EG leadership and members.

Actors planned to be engaged:

Other EGs leadership and members.

3.1.5. Adjustment of the NCD EG Action Plan for 2020-2021 according to suggestions and additions from the Partner Countries**Methods:**

1. Continue discussion of project ideas, agreed strategic documents (guidelines, recommendations, policy declarations, other education materials) for 2021 and thereafter;
2. Adoption of the Progress Report for 2020, Action Plan for 2021;
3. Define NCD EG Action Plan priority objectives for 2021 and thereafter that are agreed between the NDPHS Country Partners.

Planned deliverables:

1. New project ideas, agreed strategic documents (guidelines, recommendations, policy declarations, other education materials) for 2021 and thereafter;
2. Agreed draft of the NCD EG Action Plan for 2021, Progress report for 2020;
3. Agreed NCD EG Action Plan priority objectives for 2021 and thereafter.

Resources:

EG leadership and members.

External actors planned to be engaged:

Stakeholders in each ND Partner Country (tbc.): FIN/ National Institute for Health and Welfare/ 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 Therapy and Preventive Medicine/ Moscow, SWE/ Public Health Agency of Sweden (PHAS) / Solna

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 have a financial commitment to their representation at the NCD EG, i.e. the nominated NCD EG members receive the necessary funding for participation in the NDPHS meetings. In addition, when projects are initiated and budgeted, the participating countries need to be prepared to provide co-funding as required by the main funding agency;
- NCD EG members are committed to and engaged in NDPHS activities, both at and in-between the EG meetings;

- NCD EG members everyday work is closely connected with NCD prevention and health promotion;
- There are available grant programs/donors for project concepts developed by the NCD EG in response to problems of NCDs and risk factors;
- NCD EG collaborates with key stakeholders in the field of NCD response and development cooperation (WHO EURO, EU, Russia, Norway, etc.);
- NCD EG activity closely related to WHO-EURO.

Possible obstacles:

- Although most of ND Partner Countries are interested in health promotion and prevention of NCD, not all of them have their representatives in the NCD EG;
- NGOs, other non-health and private sectors are not sufficiently involved in solving the health, social and economic burden related to NCD;
- Lack of demand for preparing and dissemination of policy documents and regulations on health promotion and prevention of NCD within and outside of health care systems, common for all NDPHS Partner Countries.

Expert Group on Occupational Safety and Health

Work Plan for 2021

1. Leadership and coordination

1.1 Lead Partner and Co-Lead Partner

Finland is the Lead Partner of the OSH EG. Ms., Professor, MD. Riitta Sauni from Tampere University 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

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 ITA to use her work time for the OSH EG work. The Ministry's international office finances meetings' travel costs for ITA and the chair. All other members' costs are covered by their organisations.

The Baltic Sea Network on OSH is providing professional support to OSH EG.

2. Meetings of the Expert Group

The spring meeting of the EG OSH will be face-to-face meeting held in March or April 2021 in Trondheim Norway if the COVID-19 situation will allow it. Mr. Dr. Yogindra Samant from Directorate of Labour Inspection Norway will host the meeting. The second meeting is a joint meeting with BSN on OSH and will take place in September or October 2021.

The EG OSH will have short virtual meetings during the year if needed.

3. Activities

3.1 Activities contributing to achievement of the Objectives of the NDPHS Strategy, which are within the remit of the Expert Group

NDPHS has decided to prolong the current strategy until the adoption of the new NDPHS Strategy. The Expert Group's activities follow the priorities set out in the NDPHS Strategy 2020. The activities for year 2021 are based on the long-term action plan of OSH EG.

EG OSH supports the NDPHS Secretariat in developing the new strategy and accompanying action plan for next NDPHS strategic period. Representatives from EG OSH will attend different workshops and seminars. EG OSH chair Riitta Sauni and Owe Österbacka are members of the Strategy Working Group and they are attending meetings.

EG OSH ITA participates in the Sustainable Working Life project work of Baltic Sea Labour Forum (BSLF) under the Council of the Baltic Sea States (CBSS).

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

OSH EG member countries and organisations are giving effort from the occupational safety and health perspective to the situation caused by COVID-19 and in new forms of work.

Overall objective and cross-cutting themes

If the EU grant for the implementation of the new NDPHS Strategy is awarded, it will advance the overall objectives and cross-cutting themes of the NDPHS. Work package 7 *Updating the core competency of OSH professionals in the changing world of work* meets the overall objectives and cross-cutting themes as follows:

Health equity and social cohesion in all actions

A survey of the OSH challenges in the changing world of work with special attention to the needs of cross-border workers, elderly workers, workers with partial work ability and disabled workers will be conducted in WP 7.

Innovative approaches and technologies

The 'Health in All Policies' approach

The goal of WP 7 is to provide policy-makers with evidence-based information on existing gaps between the current and required OSH workforce, and on academic and other capacities in the region to fill these gaps by making rational use of existing resources, notably through regional collaboration.

Inclusion of people in vulnerable situations in all actions of relevance

The WP 7 aims to support the health and safety of the working age population. The required competencies and new core competencies needed in the contemporary working life will be defined and shared. The OSH challenges and needs of groups like cross-border workers, migrant workers, elderly workers, workers with partial work ability and disabled workers will be investigated. Identification of OHS role and tasks in early detection of work disability and care-rehabilitation-return to work chains and the needed competencies and skills to tackle these problems.

In 2021 we will start the project by planning and making preparations for the study.

Objective 6: Strengthened occupational safety and health and well-being at work – through information and reporting systems, workplace activities and occupational health services

Better prevention, identification and reporting of work-related and occupational diseases and emerging risks – project was funded by the European Neighborhood Instrument (ENI). The project ended 31st December 2018. The OSH EG will continue dissemination and distribution of the project results and recommendations in the forthcoming year.

Project “Enhancing national capacities in strategic OH&S workforce planning and development (Developing stage) – is a pilot project in Estonia under the leadership of Dr. Merisalu from the Estonian University of Life Sciences (Eesti Maaülikool, EMÜ). The results of the pilot project can be utilized in EU Grant –project *Support to the Northern Dimension Partnership in Public Health and Social Well-being in implementation of the new Strategy 2021-2025* and especially work package 7.

4. Assumptions, enabling factors and possible obstacles

All partner countries (except Germany and Iceland) 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 new OSH Expert Group members will be nominated by NDPHS countries after the new strategy period has started. This will affect the composition of the EG OSH group maybe already for the year 2021 depending on the timing of the new strategy of the NDPHS.

The most important challenge has been the lack of financial and human resources. The EU grant allows for longer-term work for three years as many countries have allocated only time needed for meetings and its issues. Nominated persons cannot use time for example for project planning and preparation.

A possible obstacle is that the nominated persons are not often in a position to directly inform and affect the political decision makers. However, OSH EG members from ILO, WHO and EU OSHA can support the policy work of our expert group.

5. Other information

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

Expert Group on Primary Healthcare

Work Plan for 2021

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

Vice-Chair

Mr. Valery Chernyavskiy

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

1.2. Co-Lead Partner – Sweden

Co-Chair

Mrs. Irene Nilsson Carlsson

National Board for health and welfare

1.3. 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

The 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. Online meetings are organized by the EG leadership with support of the NDPHS Secretariat.

2. Meetings of the Group

The Expert Group plans to hold two meetings in 2021: in spring and in autumn. It will be confirmed at a later stage whether the meetings will be held online or face-to-face.

3. Activities

The PHC EG is established in accordance with CSR decision of October 21, 2015. In accordance with the NDPHS Action Plan 2020 Experts 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 implementation of this objective, the Expert Group provides input in implementation of the cross-cutting themes and making a professional contribution to the relevant activities within the NDPHS.

Based on the analysis of the priority problems of the NDPHS countries of the PHC EG in 2014-2015, project concept “InnoHealth: Avoidable Hospitalization in the Baltic Sea Region: Organizational and Technical Innovations in Primary Health Care to Improve the Efficiency of Health Systems” was developed. The project did not receive funding, but prepared materials were used in the preparation of the AgeFlag project application, which has successfully received funding and is currently being implemented.

Implementation of the project “Development and implementation of innovative technologies for patient-oriented medical and social care for elderly people with NCDs in cooperation with other countries operating within the 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 2020.

An Online Conference “Multimorbidity and ageing in the Northern Dimension area” with the EU financial support was organized 23 September 2020 with participation of NDPHS EG representatives and national decision makers.

The PHC EG continues cooperation with international organizations, primarily with the 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.

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.
- 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 Project activities by making a contribution to the development of the Project roadmap;
- Facilitation of implementation of the Kaliningrad project “Development and

implementation of innovative technologies for patient-oriented medical and social care for elderly people with NCDs in cooperation with other countries operating within Northern Dimension Partnership in Public Health and Social Well-being” and exchange of experience gained during the project.

- Presentation of Project results at one of the PHC EG meetings.
- Participation in preparation of the new NDPHS Strategy after 2020 and its Action Plan
- Implementation of WP6 “Remote services in primary health and social care”
- To conduct a webinar symposium on palliative care
- To distribute best practices on following topics:
 - Finland and Estonia: e-health;
 - Lithuania, Sweden – palliative care.

Methods and resources with which the respective results will be pursued:

Online meetings are organized by the EG leadership with support of the NDPHS Secretariat. Travel expenses of experts will be covered by PHC EG Partner Countries. The activities and travel expenses of the experts in the framework of the AgeFLAG project and WP6 will be partly covered by the respective donors.

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.

3.1.2. 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

Implementation of WP6 “Remote services in primary health and social care”:

- Mapping of existing best practices and identification of the existing gaps in the provision of remote health and social care services for older people and people with chronic conditions, considering strengthening the role of the patient to increase effectiveness of the treatment;
- Development of recommendations for future steps.

Methods and resources with which the respective results will be pursued: Online meetings are organized by the EG leadership with support of the NDPHS Secretariat. Travel expenses of Experts will be covered by the PHC EG Partner Countries. The activities and travel expenses of the experts in the framework of the WP6 will be partly covered by the EU grant.

Planned Deliverables: Study report with overview of the best practices in the provision of remote health and social care services.

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

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 “Development and implementation of innovative technologies for patient-oriented medical and social care for elderly people with NCDs in cooperation with other countries operating within Northern Dimension Partnership in Public Health and Social Well-being” experience.
- Planning the Palliative Care symposium/webinar.

Methods and resources with which the respective results will be pursued: Online meetings are organized by the EG leadership with support of the NDPHS Secretariat. Travel expenses of Experts will be covered by PHC EG Partner Countries. The activities and travel expenses of the experts in the framework of the WP6 will be partly covered by the EU grant.

Planned Deliverables: Presentations and results of discussions mentioned above 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.

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.