

Action Plan for Co-operation with Areas

**in North-West Russia and the Baltic States
in the Field of Social Protection and Health
2003–2005**



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Summary

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The Ministry of Social Affairs and Health and the Ministry for Foreign Affairs have together prepared an Action Plan for Co-operation with Neighbouring Areas in North-West Russia and the Baltic States in the Field of Social Protection and Health 2003 – 2005.

This summary deals with the medium-term priorities in neighbouring area co-operation. The priorities are: prevention of drug use among young people, promotion of young people's health, prevention and treatment of communicable diseases, development of family-centred services in social welfare and health care as well as the administration supporting them, and strengthening of civil society. The objective is a safe future and sustainable societal development – with children, young people and families with children as the primary beneficiaries.

The Action Plan includes specific plans for Murmansk, the Republic of Karelia, St. Petersburg, Leningrad Oblast, the Kaliningrad Region, and the Baltic States, as well as a project plan for promoting the wellbeing of children and young in the town of Vyborg.

The Action Plan encourages co-operation between the different sectors of society. Attention is also paid to improving the co-operation and co-ordination between various international actors and the relevant authorities in the neighbouring regions.

Parts of the Action Plan with more background material are available on the Ministry's WWW pages.

Key words:

Child welfare, children, co-operation, development of administration, education, families, health education, international co-operation, neighbouring areas, out-patient care, preventive health policy, preventive social policy, research, social welfare and health care, social work, young people.

Tiivistelmä

Suomen lähialueyhteistyön keskipitkän aikavälin (2003 – 2005) toimintasuunnitelma sosiaali- ja terveysalalla. Helsinki 2003. 44 s. (Sosiaali- ja terveysministeriön julkaisuja, ISSN 1236-2050; 2003:4) ISBN 952-00-1307-5

Sosiaali- ja terveysministeriö ja ulkoasiainministeriö ovat valmistelleet yhteistyössä Suomen lähialueyhteistyön keskipitkän aikavälin (2003 – 2005) toimintasuunnitelman sosiaali- ja terveysalalla.

Tässä yhteenvedossa esitellään lähialueyhteistyön keskipitkän aikavälin painopisteet. Painopisteet ovat nuorten huumeiden käytön ehkäisy, nuorten terveyden edistäminen, tarttuvien tautien ehkäisy ja hoito, sosiaali- ja terveydenhuollon perhekeskeisten palvelujen ja niitä tukevan hallinnon kehittäminen sekä kansalaisyhteiskunnan vahvistaminen. Tavoitteena on turvallinen tulevaisuus ja yhteiskunnallisesti kestävä kehitys, ensisijaisina hyödynsaajina ovat nuoret, lapset ja lapsiperheet.

Toimintasuunnitelmaan sisältyvät Muurmanskia, Karjalan tasavaltaa, Pietaria, Leningradin aluetta, Kaliningradin aluetta ja Baltian maita koskevat suunnitelmat sekä Viipurin lasten ja nuorten hyvinvointia koskeva hanke-suunnitelma.

Toimintasuunnitelmassa kannustetaan yhteistyöhön eri yhteiskuntaelämän sektoreiden kesken. Samoin kiinnitetään huomiota entistä parempaan yhteistyöhön ja koordinaatioon kansainvälisten toimijoiden ja lähialueiden viranomaisten kanssa.

Toimintasuunnitelman laajempaa taustamateriaalia sisältävät osat löytyvät ministeriön verkkosivuilta.

Asiasanat:

avohuolto, ehkäisevä sosiaalipolitiikka, ehkäisevä terveyspolitiikka, hallinnon kehittäminen, kansainvälinen yhteistyö, koulutus, lapset, lastensuojelu, lähi-alueet, nuoret, perheet, sosiaalityö, sosiaali- ja terveysala, terveyskasvatus, tutkimus, yhteistyö.

Referat

Verksamhetsplan på medellång sikt (2003 – 2005) för Finlands närområdessamarbete inom social- och hälsovården. Helsingfors 2003. 44 s. (Social- och hälsovårdsministeriets publikationer, ISSN 1236-2050; 2003:4) ISBN 952-00-1307-5

Social- och hälsovårdsministeriet och utrikesministeriet har tillsammans berett en verksamhetsplan på medellång sikt (2003 – 2005) för Finlands närområdessamarbete inom social- och hälsovården.

I detta sammandrag presenteras tyngdpunkterna för närområdessamarbetet på medellång sikt. Tyngdpunkterna är förebyggande av narkotikamissbruk bland unga, främjande av de ungas hälsa, förebyggande och vård av smittsamma sjukdomar, utveckling av social- och hälsovårdstjänster för familjer samt den förvaltning som understöder dessa och stärkande av medborgarsamhället. Målet är en trygg framtid och en samhälleligt hållbar utveckling där unga, barn och barnfamiljer är de främsta förmånstagarna.

I verksamhetsplanen ingår planer gällande Murmansk, Karelska republiken, S:t Petersburg, Leningradområdet, Kaliningradområdet och de Baltiska länderna samt en projektplan gällande välmående bland barn och unga i Viborg.

Genom verksamhetsplanen uppmuntrar man till samarbete mellan samhällslivets olika sektorer. Likaså fäster man uppmärksamhet vid bättre samarbete och koordination med internationella aktörer och myndigheterna i närområdena.

Mera omfattande bakgrundsmaterial om verksamhetsplanen finns på ministeriets webbplats.

Nyckelord:

barn, barnskydd, familjer, forskning, förebyggande hälso- och sjukvårdspolitik, förebyggande socialpolitik, hälsofostran, internationellt samarbete, närområden, samarbete, socialarbete, social- och hälsovårdsbranschen, unga, utbildning, utveckling av förvaltningen, öppenvård

Foreword

Last year the Finnish Ministry of Social Affairs and Health and the Ministry for Foreign Affairs of Finland compiled an action plan for Finland's neighbouring area co-operation for the period 2003–2005. This Action Plan provides excellent support for the pending Northern Dimension Partnership Programme, preparation of which was started in autumn during the Forum on the Northern Dimension in Social Protection and Health held in Joensuu.

Neighbouring area co-operation involves work in a cross-border environment, which has a positive effect on development throughout the region. We have advanced from the "donor and recipient" mentality of the past decade, closer to equality and partnership.

The fields of priority in Finland's Action Plan for neighbouring area co-operation are: prevention of drug abuse among young people; promotion of young people's health; prevention and treatment of communicable diseases; development both of family-centred social welfare and healthcare services and of the administration supporting them; and strengthening of civil society. The goal is a secure future and socially sustainable development, and the primary beneficiaries are young people, children and families with children.

The Action Plan entails four regional plans and a project on the wellbeing of children and young people in Vyborg District.

Co-operation between different sectors of society is encouraged. Attention is also paid to enhanced co-operation and better co-ordination with international actors and neighbouring area authorities.

It is my hope that during the action plan's implementation in the period 2003–2005, the trend to attain partnership, to ensure young people's future and to achieve good co-ordination will continue, to the advantage of wellbeing and health in Finland's neighbouring areas and throughout the entire Northern Dimension region.

A wider scope of background material pertaining to the action plan and its appendix is available on the Internet pages of the Ministry of Social Affairs and Health.

Helsinki, February 2003

Eva Biaudet
Minister of Health and Social Services, Finland

CONTENTS

Preface	9
Background	11
Challenges Facing Co-operation with Neighbouring Areas	12
Fields of Priority with the Aim of Sustainable Development	15
Description of the Fields of Priority	16
Development of co-ordination of neighbouring area co-operation	23
Action Plans for Neighbouring Areas:	24
1. Murmansk Region	24
2. Republic of Karelia	27
3. City of St. Petersburg	31
4. Leningrad Region	35
4.1 Vyborg District	39
5. Kaliningrad Region	41
6. Estonia, Latvia and Lithuania	42

Preface

The target areas of Finland's co-operation with neighbouring areas are the Murmansk Region, the Republic of Karelia, the City of St. Petersburg, Leningrad Region, Kaliningrad Region, Estonia, Latvia and Lithuania. Co-operation with neighbouring regions can also be directed to other areas within the scope of the EU's Northern Dimension and to other Central and Eastern European countries.

Co-operation with neighbouring areas in the sector of social wellbeing and health promotes good neighbour relations and furthers the wellbeing and equality of citizens. Through preventive efforts, it has an impact on detrimental phenomena such as communicable diseases, drug abuse and drug-related crime. Co-operating with neighbouring areas is a question of cross-border networking that leads to sustainable development on both sides of the border.

This summary presents a mid-range proposal for fields of priority in co-operation with neighbouring areas. The proposal concentrates on Russia, but additionally it proposes the continuation of various forms of co-operation also with Estonia, Latvia and Lithuania. Numerous representatives of neighbouring areas and many actors in the neighbouring areas were heard when preparing the action plan.

The fields of priority proposed for Finland's co-operation with neighbouring areas in the sector of social wellbeing and health are: 1) prevention of drug abuse among young people; 2) promotion of young people's health; 3) prevention and treatment of communicable diseases; 4) development both of family-centred social and healthcare services and of the administration supporting them; and 5) strengthening of civil society.

The foremost beneficiaries of co-operation with neighbouring areas, according to this proposal, are young people, children and families with children. Attention is paid to young people's health risks; for instance, to prevention of alcohol abuse, drug abuse and communicable diseases and to their treatment. Young people will be encouraged, in many ways, to see to their own health promotion so that social exclusion would be avoided. As concerns children and families with children, the issue involves poverty and a poor health state; these in turn cause insecurity among children, physical and mental diseases, the breaking up of families and, in extreme cases, street children. These problems can be prevented and alleviated by developing family-centred healthcare services and general practitioner activity and by means of social work and child welfare casework.

Neighbouring area co-operation in social protection and health will in the future strive, to an increasing degree, for collaborative action among a broader range of sectors including, for instance, the social welfare and healthcare sector, educational authorities, youth work, physical exercise and sport organs,

the police, the business world, civil society organizations and churches. Strengthening of civil society is one field of priority. The action plan emphasizes that co-operation with neighbouring areas must not remain a detached effort; instead, it should be a means of providing support for the implementation of neighbouring areas' own social wellbeing and health programmes. Similarly, the action plan pays attention to improvement of co-operation and coordination between international actors, authorities and organizations in neighbouring areas, and Finnish actors in neighbouring areas.

The Action Plan for Finnish-Russian Neighbouring Area Co-operation in Social Protection and Health (2003 – 2005), and the appendix to the plan, are found on the Internet pages of the Finnish Ministry of Social Affairs and Health www.stm.fi.

Background

In April 2002 the Ministry for Foreign Affairs of Finland and the Finnish Ministry of Social Affairs and Health reached agreement on drawing up an action plan for Finnish-Russian neighbouring area co-operation in social protection and health, for the period 2003-2005. The idea for the action plan was to make proposals concerning central areas of content for co-operation with neighbouring areas while also taking geographical balance into account.

The proposal for the action plan was prepared under the direction of a Steering Group chaired by Mr Markku Kauppinen, Director of the Neighbouring Area Cooperation Unit of the Ministry for Foreign Affairs of Finland. The members of the Steering Group are Chief Physician Tapani Melkas from the Finnish Ministry of Social Affairs and Health, Senior Adviser Eva Varis from the Ministry for Foreign Affairs of Finland, Director Pauli Leinikki from the Finnish National Public Health Institute, Secretary General Jouko Vasama from the Association of Voluntary Health, Social and Welfare Organisations (YTY) of Finland, Deputy Director General Mauno Konttinen from the Finnish National Research and Development Centre for Welfare and Health (STAKES) and Director Ali Arsalo from STAKES. STAKES is responsible for implementation of the task, and the main expert is Counsellor Elli Aaltonen, Ph.D.

This summary is a shortened version of the action plan in the Finnish language. The summary presents the challenges facing co-operation with neighbouring areas, the fields of priority proposed, and a compilation of action plans for the regions. The collated work encompasses four regional action plans. Separate plans with a brief description of services and programmes under way with financing from Finland or other financiers have been drawn up for Murmansk Region, the Republic of Karelia, the City of St. Petersburg and Leningrad Region. After this, the plans describe the challenges facing each particular region, the fields of priority proposed, the objectives envisaged and the central measures proposed. In accordance with the commission, a separate plan – drawn up in the form of a project proposal – is presented for the City of Vyborg and Vyborg District.

Shorter outlines are presented of the separate plans that have been drawn up for Estonia, Latvia, Lithuania and Kaliningrad Region. In accordance with the policy lines set by the Steering Group, Estonia, Latvia and Lithuania are included in the task, but at this stage efforts concentrate mainly on Russia. As concerns the Baltic States, the situation can be reviewed later, as their potential membership of the EU also affects co-operation in social wellbeing and health. Neighbouring area co-operation projects in the sector of social wellbeing and health that are now in progress in Estonia, Latvia and Lithuania are being carried out as planned.

Challenges Facing Co-operation with Neighbouring Areas

An important social problem in neighbouring areas is the increased abuse of alcohol and drugs among young people. At the start of 2002, Murmansk Region had 6,000 registered drug abusers, a thousand of whom were minors. Unofficially, there is talk of 40,000 drug abusers. The Republic of Karelia had 500 registered drug abusers, but according to the Ministry of the Interior a more accurate estimate is near 7,000. In the City of St. Petersburg, 200,000 people are registered as regular drug abusers; the figure for Leningrad Region is tens of thousands. In Estonia, Latvia and Lithuania, more than a million people have experimented with drugs. Drug abuse is being started ever younger, at 12–15 years of age. Questionnaires conducted in schools indicate that attitudes concerning alcohol consumption and use of drugs are positive among young people. Depending on the neighbouring area in question, 20–30% of students reported use of drugs, and as many as 70% said they'd tried drugs. (Sources: the regions' narcological institution statistics for 2001; studies conducted in schools in 2000; interviews of the authorities in 2002)

The drug-related risks among young people rise with intravenous drug use. In all, 90% of those who have contracted HIV/AIDS are intravenous drug users. The occurrence of HIV/AIDS at the start of 2002 per 100,000 residents was 64 in Murmansk Region, 17 in the Republic of Karelia, 313 in the City of St. Petersburg, 187 in Leningrad Region and in Kaliningrad Region 372 per 100,000 residents. In the Baltic States the situation is the worst in Estonia, where the occurrence at the start of 2002 was 130, and the figures for this year are expected to show a substantial increase. Registered infections are only a part of the real figures; the actual number of cases is not known. It is thought that there are already more than 100,000 infected people in the neighbouring areas. HIV/AIDS is still largely connected with drug abuse, but young people's liberated sexual behaviour and increasing prostitution make infection of the general population possible. According to estimates, every fifth prostitute is infected with HIV. The disease has increased particularly among the young, active population. (Northwestern Russian AIDS Centre; Tallinn AIDS Prevention Centre). Liberalization of sexual behaviour is also reflected in the rise of sexually transmitted diseases. In some areas, the number of syphilis cases among young people has increased more than tenfold since the start of the 1990s. Young people's knowledge of the connection between sexually-transmitted diseases, unprotected sex and HIV/AIDS is slight.

Alcohol and drug abuse among young people is linked with social problems. Poverty drives young people to work without occupational training. Lack of education causes unemployment; the unemployment rate among the under 20-year-old age class in rural areas is 20–30%. Lack of education and un-

employment increase social exclusion, which among young people is seen as alcohol abuse, drug abuse and crime. Young people's drug-related crime has been on the rise since the mid-1990s. Drugs or alcohol is a contributing factor in every fifth crime, and every third crime is committed by a person under 14 years of age.

Young people's alcohol and drug abuse, sexually-transmitted diseases, HIV/AIDS, unemployment and lack of education came out in the opinions of the authorities (interviewed in May–July 2002). Another problem area is linked with children's and families' poverty and poor health state. In Leningrad Region, 180,000 families (nearly one-half of all families) make a meagre living. In the City of St. Petersburg, 30,000 families simultaneously experience economic problems, health problems and social problems. In the Republic of Karelia, two out of three families receive financial assistance from the government. In Estonia, Latvia and Lithuania, those in the most difficult situation are single mothers who have many children and who have to hold more than one job. Poverty and insecurity are seen among children as symptoms of physical and mental diseases. In the City of St. Petersburg, infant mortality has declined, but paediatric morbidity and mortality are higher than elsewhere in Russia. In the Republic of Karelia, the number of families seeking help for children's mental problems has increased. Morbidity among children is also connected with the availability of healthcare services.

Alongside specialized healthcare, primary healthcare is still undeveloped and hospital costs are high. General practitioner activity and family-centred services are still scant in neighbouring areas. (Source: Morbidity statistics by neighbouring area 2001; ILO 2001; authorities' interviews, 2002)

Children's physical and mental problems combined with families' poor economic status are seen as an increase in the number of street children. There are street children in all of the neighbouring areas; an estimated 800 in Murmansk Region, 600 in the Republic of Karelia, 3,000 in Leningrad Region, as many as 16,000 in the City of St. Petersburg, and more than 1,000 in Kaliningrad Region. In Estonia, Latvia and Lithuania, several tens of thousands of children live in the streets. The real number of street children is difficult to estimate; some of them live at home part of the time, while others live in the streets permanently. Additional child welfare institutions and hospitals have been established, but development of child welfare casework and social work is still in its early stages. (ILO, 2000 and 2001; authorities' interviews, 2002)

In addition to these main problems, authorities in neighbouring areas presented several other challenges facing social wellbeing and healthcare. In Murmansk Region, the following were emphasized: cardiovascular diseases among the working-aged population; the poor availability of healthcare services for the rural population; the rise of tuberculosis in prisons; the poor link between education in social work, on the one hand, and practical social work, on the other hand; and the need for rehabilitation among both people with disability and people with mental disease. As their development needs, authorities from the Republic of Karelia presented the following: services for older people and for people with disability; awareness of client needs; development of

client registers; and treatment of cardiovascular diseases. The problems in Leningrad Region include the scarcity of preventive healthcare, high hospital costs, deficiencies in rehabilitation for people with disability and the scarcity of services for older people living in rural areas. The development challenges facing the City of St. Petersburg are the poor position of immigrant families, the problems of people with disability, development of haemolysis treatment and related education, the spread of tuberculosis, chronic illnesses among the working-aged population and homelessness. (Source: authorities' interviews, 2002)

Fields of Priority with the Aim of Sustainable Development

According to Finland's strategy for neighbouring area co-operation, neighbouring area co-operation prevents phenomena that pose risks to wellbeing, such as communicable diseases. Taking this strategy definition into account, this action plan proposes the following fields of priority for neighbouring area co-operation in the social welfare protection and healthcare sector:

The fields of priority proposed for Finland's co-operation with neighbouring areas in the sector of social wellbeing and health are:

- 1. prevention of drug abuse among young people**
- 2. promotion of young people's health**
- 3. prevention and treatment of communicable diseases (HIV/AIDS, tuberculosis and sexually-transmitted diseases)**
- 4. development both of family-centred social and healthcare services, and of the administration supporting them**
- 5. strengthening of civil society.**

The fields of priority in co-operation with neighbouring areas aim for sustainable development, which is reflected in the fact that this co-operation is targeted primarily at children and young people. Sustainable development is also targeted by means of prevention, participation and actorship. The aim of preventive work is to avert the rise or growth of problems. This means ever stronger input, for instance, so that young people would not take up alcohol consumption or use of drugs at all. Alongside prevention and treatment of communicable diseases, effort is made to promote young people's own responsibility for their health. General practitioner activity and family-centred healthcare services are developed. In child welfare, emphasis is placed on open-sector casework and on preventive social work that supports families. The focal points of participation are determined in co-operation with neighbouring areas and are carried out jointly with neighbouring area authorities, civil society organizations and international actors. Actorship stresses intersectoral co-operation and the idea that decision-makers and authorities in neighbouring areas are responsible for the process of change being supported by neighbouring area co-operation. Neighbouring area co-operation is applied to support implementation of the social and health programmes and strategies of the Federation, regions and cities so that neighbouring area co-operation projects do not remain detached from the regions' own social wellbeing and healthcare development work. The aim is also to increase co-operation with other countries and with international organizations.

Description of the Fields of Priority

1. Prevention of drug abuse among young people is a proposed field of priority for all of Finland's neighbouring areas. It is proposed that preventive work be done through co-operation among many actors, such as educational authorities, the social welfare and healthcare sector, youth work, physical exercise and sport organs, the police, civil society organizations and churches. So that intersectoral co-operation would be successful, joint continuing education will be arranged. Teachers, healthcare personnel, youth workers, youth work counsellors in non-governmental organizations and churches, and social welfare workers will be given the information needed to identify drug use so that steps to intervene in young people's drug abuse can be taken in time. The police have an important role to play in multiprofessional working groups and as educators.

The goal is that young people would not begin to consume alcohol and use drugs. The secondary goal of preventive work is to moderate user habits among young people who have already started alcohol consumption and drug use. To alter young people's increased use of alcohol and drugs, it is proposed that new, more effective forms of preventive work be adopted, and that free-time work and volunteer work be done with young people. Civil society organizations and churches are important co-operation partners for the public sector, as they organize free-time activities for young people and provide targeted support for both young people and parents. Work to prevent use of alcohol and drugs supports the implementation of neighbouring areas' own drug programmes. The beneficiaries are young people at the greatest risk of social exclusion owing to unemployment, educational difficulties, lack of occupational skills, move of the family and other social problems.

Potential measures in practical implementation of the field of priority are:

- young people's free-time activities (workshops, clubs, camps, physical exercise) on a broad scale and for risk groups
- young people's volunteer activities and peer support for risk groups
- continuing education for personnel from various sectors and non-governmental organizations (early intervention, provision of information about drugs, drug-related legislation, referral to care)
- dissemination of information to the general public and to target groups (TV, radio, posters)
- support centres for young people and parents, helpline telephone support, parents' evenings
- provision to schoolchildren, risk groups and occupational groups of information about drugs by the police.

Practical implementation of the field of priority will take place in co-operation with the authorities, civil society organizations and Finnish actors in neighbouring areas. On Finland's part, implementation will – to the extent possible – be linked with the European Union's Community Initiative concerning Transnational Co-operation on Spatial Planning and Regional Development, Interreg III A, projects; and on Russia's part, implementation will be linked with possible European Union projects directed at the CIS states, Tacis CBC (Cross-border Co-operation) projects, the drug programme of the Nordic Council of Ministers extending up to the year 2005, or with other projects. The substance abuse and drug projects that Finland supports at present through neighbouring area funds will become part of the practical implementation of the field of priority.

2. Promotion of young people's health, and prevention and treatment of communicable diseases as a field of priority affects all of Finland's neighbouring areas. It incorporates work to alter young people's lifestyle associated with their health and social life, the aim being prevention of lifestyle-related diseases; for instance, cardiovascular diseases, alcohol-related diseases, diabetes, malignant diseases and obesity. Lifestyle-related diseases develop slowly and are at present among the central causes of death in the working-aged population. Health promotion makes it possible to influence the rise and development of such diseases.

Promotion of young people's health means reduction and prevention of tobacco use and alcohol consumption. It means the adoption of healthy eating habits, physical exercise, and healthy forms of social activities during free time. Actions aimed at health promotion are carried out through schools, the social welfare and healthcare sector, sport and other non-governmental organizations, churches and through the mass media. The measures include studies on risk factors and risk behaviour, particularly for risk groups. Representatives of the business world will be invited to participate in health campaigns, competitions and advertisements.

Health promotion measures will be targeted primarily at young people. In the Republic of Karelia, the cardiovascular disease prevention projects to be carried out among the entire population will serve as a model in implementation of measures targeted at young people. Because the example set by parents is important in young people's behaviour, measures can also be directed, through places of work, via the adult population. This can be accomplished by reinforcing occupational healthcare services and by influencing the lifestyles of parents. In this regard, work will be done in co-operation with ILO projects being conducted in Northwestern Russia.

Potential measures in practical implementation of the field of priority are:

- for all actors, multiprofessional continuing education in how to bring about attitude changes
- advertisements, dissemination of information, competitions and physical exercise or sport activities
- support groups for tobacco or alcohol consumers

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- studies on risk factors and health behaviour
 - campaigns to prevent or halt tobacco and alcohol consumption
 - at schools, health education about a healthy lifestyle for young people and sexual health education
 - continuing education on examinations and modes of treatment, for health-care personnel
 - efforts aiming at parental change, carried out through occupational health-care services.

Work to prevent lifestyle-related diseases through ongoing projects is continuing. Practical implementation of measures to promote young people's health can be linked with the Northern Dimension "Partnership in Public Health and Social Wellbeing" programme now under planning.

3. As the numbers of infections grows, prevention and treatment of communicable diseases is ever more pivotal. Of communicable diseases, the greatest threats are HIV/AIDS and tuberculosis. The number of people who have contracted HIV/AIDS increases continually among drug users, and the disease is beginning to spread to the general population via sexual transmission. It is difficult to gain control over tuberculosis, and the disease spreads easily in poor conditions. Through neighbouring area co-operation, support is given for early diagnosis, for referral of the infected to care, for pharmaceutical treatment and for social support. Social and psychological support for those who have contracted disease is important. The beneficiaries are the entire population. As to care, special groups are all individuals who are infected with HIV, HIV mothers and HIV children, prisoners and the homeless. Alongside the public sector, representatives of non-governmental organizations and churches are participating in communicable disease prevention and support work.

Young people's sexual behaviour has changed, and they still have inadequate information about the risks of sexually-transmitted diseases. Neighbouring area co-operation could enable activities in which the public sector and volunteer work together assure young people's risk-free sexual behaviour and increase young people's awareness of HIV/AIDS and other communicable diseases. The approaches to be applied include health education, advice on birth control, distribution of contraceptives and efforts to influence the ways in which young people spend their free time. The adoption of new approaches will be made possible by means of multiprofessional continuing education. The beneficiaries are young people.

Potential measures in practical implementation of the field of priority are:

- ensuring decision-makers' commitment to prevention and treatment of communicable diseases
- early diagnosis of communicable diseases, referral to care, pharmaceutical treatment
- psychological support, social support and rehabilitation for those infected
- health education at schools (social skills, sexual health, health maintenance)

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- inclusion of the mass media in campaigns to prevent communicable diseases
 - multiprofessional continuing education and research promoting the prevention and treatment of communicable diseases.

Ongoing neighbouring area projects concerning prevention and treatment of communicable diseases will continue. In future, prevention and treatment of communicable diseases will be co-ordinated more closely with the BSTF (the Task Force on Communicable Disease Control in the Baltic Sea Region, set up by the Council of the Baltic Sea States).

4. Development both of family-centred social and healthcare services and of the administration supporting them means the promotion of healthcare gradation and of ambulatory, open-sector social welfare and healthcare. The approaches for this include, for instance, increased education for general practitioners and social workers, and development of family-centred social and healthcare services and child welfare casework. Support will be given for getting street children to return to school, home or family care.

For neighbouring area co-operation to be carried out in Murmansk Region, the Republic of Karelia, the City of St. Petersburg and Leningrad Region, support is given for **education of general practitioners** and for the link between education, on the one hand, and practice and decision-making, on the other hand. The authorities in the regions will name doctors working in the specialized healthcare sector, who – through neighbouring area co-operation – will be offered workplace-specific support and readiness to act as developers of general practitioner activities in their own places of work. Educational projects for general practitioners in the City of St. Petersburg and Leningrad Region are continued in cooperation with Norway and Sweden. The beneficiaries are the entire population and the special group concerned are families with children.

In order for the gradation between specialized healthcare and primary healthcare to work well, neighbouring area co-operation can be utilized both to develop hospital technology and to improve client registers and information systems, in collaboration with the business world and industry in the region, if this is seen as appropriate with regard to success in this field of priority.

For Murmansk Region and the Republic of Karelia, in addition to increasing general practitioner activity, **education in social work**, and linking of social work with family-centred services in the open sector are proposed. Through development of social work, the content of services for families could incorporate preventive methods, when families would receive support in the forms of home help services, crisis aid and family care. In this way, increased placement of children in institutions and making it possible in time for families to have access to an adequate social support network would be averted. The beneficiaries are children and families with children, who live in precarious conditions. The possibilities for SIDA (the Swedish International Development Cooperation Agency) to take part in co-operation concerning education in social work will be determined. The regions' educational projects concerning

social work, supported with funds for neighbouring area co-operation, will be incorporated in implementation of this field of priority.

In the Republic of Karelia, the City of St. Petersburg and Leningrad Region, the field of priority dealing with the development of family-centred services will mean focusing not only on the development of general practitioner activities but also **the development of family-centred healthcare services**. Paediatric morbidity is linked with poor maternal health already during pregnancy. These considerations combined with poor conditions following the birth weaken children's health. Neighbouring area co-operation will provide for a new, family-centred work orientation among healthcare personnel and for multiprofessional education. Wellbaby and maternal clinic services, family guidance, church support work and non-governmental organizations' efforts are approaches applied to strengthen families' own resources for child upbringing and care, to support spouses in their role as parents, and to ease difficulties in family life – for instance, fatigue, insecurity, illness and unemployment.

The beneficiaries are families with children; children with disability are a special group. An assessment made jointly with neighbouring areas will evaluate whether the development of family-centred healthcare could be carried out by supplementing the plans and extending the time frame of the neighbouring area projects currently under way in the Republic of Karelia, the City of St. Petersburg and Leningrad Region. Together with authorities in neighbouring areas, the possibilities for co-operation with the WHO and USAID (the United States Agency for International Development), with a view to developing family-centred healthcare services, will be determined. In the City of St. Petersburg and Leningrad Region, in addition to the above considerations, the field of priority means the development of child welfare casework.

In these areas, families with children are among the population's poorest, and children have many mental problems and behavioural disorders. Families' difficult conditions are reflected in their ability to provide children with adequate care and nurturing. Continuing education can provide social workers, healthcare professionals and school personnel with better skills than at present for early intervention, joint team work, and co-operation with families. Family care and social rehabilitation are also developed. The beneficiaries are families with children living in precarious conditions. The possibilities of co-operating with SIDA (the Swedish International Development Cooperation Agency) and the Nordic Council of Ministers with regard to development of child welfare casework work will be determined.

Implementation of the field of priority may also mean development of social assistance schemes for families with children living in precarious in order to ensure their livelihood, if this is seen as appropriate for success in this field of priority. Co-operation can be conducted, for instance, with the project of the DFID (the Department for International Development, a department of the UK Government), which includes development of family assistance schemes.

An additional objective in the City of St. Petersburg and Leningrad Region is **joint efforts in social work and education to help street children**. The

beneficiaries are children living in precarious conditions. Work will be done to get street children back to school and into the rhythm of school and normal life. Workers' readiness to deal with these issues will be ameliorated through a combination of continuing education and fieldwork. Authorities in the City of St. Petersburg and Leningrad Region would choose the teachers, social pedagogues and social welfare workers who, by means of co-operative efforts, would receive education in the methods of individual client work and in welfare planning. Another objective would be to increase general awareness of the difficult conditions in which street children live, and of street children's need for support from society. Co-operation partners taking part in work with street children are non-governmental organizations and churches. Practical implementation in the field of priority can be carried out in co-operation, among others, with the ILO.

Potential measures in practical implementation of the field of priority are:

- education of general practitioners: educational programme, training, inclusion of a link to practice
- education in social work: educational programme, training, inclusion of the link to practice
- family-centred healthcare: increased monitoring efficiency in antenatal maternal care, development of wellbaby and maternal clinic services, early intervention, continuing education in a family-centred work orientation for healthcare personnel, general practitioner activity
- child welfare casework: continuing education in casework/open sector methods for social workers, team work, co-operation with families, development of family care and social rehabilitation
- help for street children: continuing education on drawing up individual care plans, and on co-operation with children and families, support for re-suming school attendance, dissemination of information to the general public
- application of the work done by civil society organizations and churches in family-centred social welfare and healthcare.

5. Strengthening of civil society: This field of priority means co-operative efforts of non-governmental social welfare and health organizations and public actors as far as neighbouring area projects are concerned. It means further support for the City of St. Petersburg civil society organization model, and development of a model for the other neighbouring areas, the first being the Republic of Karelia. The project will be modelled on the good results achieved in St. Petersburg with regard to the networking of civil society organizations and their working together with the public sector. The present, relatively comprehensive non-governmental organizational base in the Republic of Karelia, and authorities' readiness to cooperate with non-governmental organizations, indicate good possibilities for development work. The beneficiaries are the entire population, whose service needs are channelled to the public decision-making process through the activities of non-governmental organizations.

Alongside civil society organizations, the activities of churches will be incorporated in practical implementation efforts in this field of priority. An example of international activity is the Barents Sea Council of Churches, established in 1996; this is a body for co-operation between Evangelical-Lutheran and Orthodox Churches in the Barents Sea area. In this Council, the churches are represented by dioceses from the North Calotte area in Finland (Oulu Evangelical-Lutheran Diocese and Oulu Orthodox Diocese), Sweden (Luleå Diocese), Norway (Nord-Hålogaland Diocese), and Russia (Murmansk Diocese and Petrozavodsk Diocese). Lutherans in Murmansk Region and the Republic of Karelia are represented by the Ingrian Church.

Potential measures in practical implementation of the field of priority are:

- participation of Finnish non-governmental social welfare and health organizations in neighbouring area projects
- getting Russian non-governmental organizations to take part in the realization of projects alongside the authorities
- volunteer work and peer support that take place through non-governmental organizations
- education in non-governmental organization work, co-ordination of non-governmental organization work, networking and campaigns to increase membership making non-governmental organizations known to the general public (radio, TV, posters), and getting such organizations to serve as a channel for citizens to have influence
- participation by churches in neighbouring area co-operation for practical implementation of the fields of priority.

Development of co-ordination of neighbouring area co-operation

In Finland, co-ordination of neighbouring area co-operation can, and should, be developed; in consequence, co-operation between the various actors in Finland and Northwestern Russia will increase. Co-ordination of neighbouring area co-operation can be developed within Finland by intensifying co-operation among neighbouring area co-operation actors situated in different parts of the country. In order to improve co-ordination, Finnish non-governmental social welfare and health organizations in future may need to increase their joint project planning, dissemination of information, assessment of results and transfer of know-how to neighbouring area projects.

Co-ordination difficulties in Northwestern Russia could be solved between international actors by applying as a model the approach, created by the Republic of Karelia, where different projects are co-ordinated by bringing them under the scope of common decision-making. The BSTF and the Nordic Council of Ministers are also potential forums that in themselves enable increased co-operation between actors. Co-operation between neighbouring areas and Finland could be developed by means of four regional working parties for Finnish-Russian neighbouring area co-operation. From time to time, the regional working parties could call together international and regional experts and could disseminate information about co-operation needs and development possibilities. In this way, the needs of neighbouring areas themselves and neighbouring area projects could be co-ordinated and joint project interests could be specified.

Potential measures in strengthening coordination of neighbouring area co-operation include:

- in Finland: joint projects between ministries (for example, prevention of drug abuse), intensification in Finland of neighbouring area co-operation in different areas, neighbouring area co-operation between non-governmental organizations
- in neighbouring areas: co-operation between international actors, co-operation between project actors and authorities in neighbouring areas,
- co-ordination within regional working parties between Finland and neighbouring areas, spread of the Republic of Karelia's project coordination model to other regions.

Action Plans for Neighbouring Areas

1. MURMANSK REGION

FIELDS OF PRIORITY:

Prevention of drug abuse among young people, promotion of health, and prevention and treatment of communicable diseases (HIV/AIDS, tuberculosis and sexually-transmitted diseases), development both of family-centred social and services and of the administration supporting them

OBJECTIVES:

1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people
2. Implementation of work to alter young people's lifestyles
3. Implementation of work to prevent and treat communicable diseases (HIV/AIDS, sexually-transmitted diseases)
4. Linking of social work to be part of family services and increasing general practitioner activities
5. Continuation of prevention and treatment of tuberculosis.

JUSTIFICATIONS:

1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people

The most significant social problem in Murmansk is the increasing use of alcohol and drugs at ever younger ages. The risks among young people increase with the joint use of injection needles; nearly every drug user has some form of hepatitis and many have been infected with HIV/AIDS. Drugs are now available in virtually all population centres in Murmansk Region.

In practical implementation of the field of priority, the principal beneficiaries are young people under 18 years of age who are at great risk of social exclusion owing to lack of occupational training, difficulties at school and social insecurity. Activities within the sphere of the field of priority will be carried out together with Murmansk Region actors by adopting new, more efficient working method, by developing free-time work with young people and by developing volunteer work. Workshops, club activities, camps, and physical exercise and sport-related activities will be organized for young people. Support centres will provide support and care for young people and for their families. Volunteer work and peer support will be arranged. Continuing education dealing with methods for early intervention and referral to care will be provided. The police will participate in team work and will serve as trainers.

Co-operation partners in these activities will be the healthcare, social welfare, youth work, education and police authorities of Murmansk Region and the City of Murmansk, as well as volunteer organizations and churches. Preventive work will support the objectives of Murmansk Region's own anti-drug programme (SOS). Implementation will be linked with Interreg III A and Tacis CBC (Cross-border Co-operation) projects. During the planning stage, co-operation with the Nordic Council of Ministers' programme, on intoxicating substances and extending up to the year 2005, will be investigated, as will co-operation with other international actors.

2. Implementation of work to alter young people's lifestyles

Young people's use of tobacco and drugs has increased. There is a tendency to move from use of tobacco to other substances; not only to alcohol but also to drugs. An unhealthy lifestyle — for example, smoking, high alcohol consumption, unhealthy nutrition and little physical exercise — is the greatest cause of mortality among the working-aged population. Because lifestyle-related diseases develop slowly, steps taken to promote health should focus particularly on young people. These steps include prevention and reduction of tobacco use and of alcohol consumption, promotion of healthy eating habits, and increasing free-time activities involving physical exercise and social interaction.

Because parents serve as models for their children, the lifestyle of parents can be reinforced, for instance, through occupational healthcare services and the mass media. Representatives of the business world will be invited to participate in health campaigns, tests and advertisements. Alongside the public sector, non-governmental social and health organizations, sport and free-time organizations, and churches are taking part in the promotion of young people's health.

New working methods require multiprofessional continuing education. Studies on risk factors and health behaviour will be done in order to determine changes at the individual and group levels. Practical implementation of measures to promote young people's health can be linked with the Northern Dimension "Partnership in Public Health and Social Wellbeing" programme now under planning.

3. Implementation of work to prevent communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)

HIV/AIDS is associated with intravenous drug use, but there is the threat that it will spread to the general population by means of unprotected sex. Young people are often unaware of the risks to their own health posed by HIV/AIDS and sexually-transmitted diseases. Both infection routes are on the rise in Murmansk Region. These growing problems call for prevention and treatment of communicable diseases and for work to alter young people's attitudes, carried out in co-operation by the public sector (social work, the healthcare sector, education authorities and youth work) and volunteer organizations.

Carried out as neighbouring area co-operation together with Murmansk Region actors, practical implementation will involve preventing the spread of

communicable disease, referral to care, pharmaceutical treatment, and social and psychological support for those who have contracted disease. Health education and education about communicable diseases will be given in schools. Young people and their parents will be provided with targeted information, and the mass media will be utilized to spread information and to facilitate attitude changes.

This effort will involve the participation of the public sector, civil society organizations, churches, places of work, schools and young people themselves.

In future, prevention and treatment of communicable diseases will be coordinated more closely with BSTF (the Task Force on Communicable Disease Control in the Baltic Sea Region, set up by the Council of the Baltic Sea States) activities and with other international projects.

4. Linking of social work to be part of family services and increasing general practitioner activities

General practitioners are still in scarce supply in Murmansk Region even though projects to develop primary healthcare have been carried out with international actors. Tradition and attitudes lead to hospital-centred activities, which bind large amounts of staff and appropriations. Development of open-sector, ambulatory healthcare services would call for increasing the education of general practitioners and for enhancing know-how, as well as for better gradation between primary healthcare and specialized healthcare.

Carried out in co-operation together with Murmansk Region actors, general practitioner activity and education will be developed so that healthcare services become oriented more towards open-sector, ambulatory care. Co-operation between open-sector, ambulatory care and hospitals will be developed by gradation of care and by improving the preconditions of hospitals. The beneficiaries are the entire population and the special group concerned are families with children.

The social welfare system recognizes the importance of social work only poorly. This is probably a question of the scarcity of links between theoretical education in social work and practical social work. A problem often facing social work transferred from the West is that education in the sector begins to take its own course, and graduates are unable to make the transition to practical social work because the work isn't recognized in the sector. By increasing education in social work, social welfare will incorporate preventive family-work methods. Children with disability, home care and rehabilitation make up a special group in family-centred social welfare and healthcare services.

A strong link will be forged between educational programmes for general practitioner activity and social welfare, on the one hand, and social welfare and healthcare practice and decision-making, on the other hand. Murmansk Region representatives will select people active in social welfare and healthcare to receive this education, and they will be given workplace-specific support and readiness to work as developers of social work and general practitioner activities at their own places of work. Regional and local decision-making processes will participate in planning the education.

In planning practical implementation, the results obtained in Murmansk Region by other actors carrying out projects will be given consideration. With regard to general practitioner activity, this means co-operation with the TACIS project now in progress and with the SIDA general healthcare development project. The social work project now being carried out by the University of Lapland will be among the implementers in the field of priority in social work.

5. Prevention and treatment of tuberculosis will continue

A problem in treatment for tuberculosis is the increase in cases of multidrug-resistant tuberculosis and, in particular, prisoners' high risk of contracting the disease. Upon their release from prison, former inmates' social conditions are dismal. There is no housing or money to maintain health. Murmansk Region prisons have many inmates from elsewhere in Northwestern Russia. When released, they spread tuberculosis to their environment. Therefore the issue of tuberculosis among convicts should not be seen as a problem confined within prison walls, but as a widespread health risk to society.

The current tuberculosis project underway in Murmansk Region with neighbouring area co-operation funding will be implemented during the next two years so that, in addition to medical expert assistance, attention will be paid to the tuberculosis situation in prisons and to the post-imprisonment social conditions of former convicts. Co-operation with volunteer organizations to prevent communicable diseases will be continued, and it will be studied how the prison-related component can be realized in co-operation with the BSTF tuberculosis project for Murmansk Region.

2. REPUBLIC OF KARELIA

FIELDS OF PRIORITY:

Prevention of drug abuse among young people, promotion of health, and prevention and treatment of communicable diseases (HIV/AIDS, tuberculosis and sexually-transmitted diseases), strengthening of civil society, development both of family-centred social and healthcare services and of the administration supporting them

OBJECTIVES:

1. Efforts to prevent young people's drug use will be carried out in co-operation between the public sector and non-governmental organizations
 2. Implementation of work to alter young people's lifestyles
 3. Implementation of work to prevent and treat communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)
 4. Strengthening of the activities of civil society organizations and co-operation with the public sector
 5. Increasing general practitioner education and the family-centredness of healthcare services.
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JUSTIFICATIONS:

1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people

In the Republic of Karelia, drug abuse has increased particularly among young people. There are some cities where the drug situation is worse than that elsewhere in the region, and in these areas there is an increasing amount of drug trafficking. In order to change the prevailing drug situation, it is necessary to adopt new preventive working methods, and to develop free-time work with young people.

Social welfare staff, healthcare services personnel, school workers, youth workers, and physical exercise and sport workers as well as representatives of non-governmental organizations and churches will be given continuing education on methods for early intervention and referral to care. The police will be invited to participate in the work done with schools and in multiprofessional preventive efforts. Workshops, club activities, camps, and physical exercise and sport-related activities will be organized for young people. Young people and their parents will be given support and care through support centres. There are good opportunities for development work because the Ministers and Government of the Republic of Karelia see anti-drug efforts as being essential. Neighbouring area co-operation can provide support for implementation of the Republic of Karelia's own anti-drug programme.

Practical implementation will be linked, among others, with the ongoing Interreg Karelia III A programme, in which the co-operation partners on the part of Russia and Finland will be the same authorities from the ministries for social affairs, health, education, justice and internal affairs. The possibility of co-operation also with the Nordic Council of Minister's anti-drug programme, extending to the year 2005, with other international projects, and through the funding for the possible Euregio Karelia will be determined during the planning stages.

2. Implementation of work to alter young people's lifestyles

Promotion of young people's health has become increasingly important, owing to the rise in sexually-transmitted diseases and HIV/AIDS. Young people selecting healthy lifestyles are subjected to group pressure. If other young people choose intoxicants, superficial social relations and ways of spending free-time that are unacceptable to society, it's difficult for an individual young person to break away and support another lifestyle.

The principal beneficiaries are young people under 18 years of age. Multi-sector co-operation can help young people begin to alter their lifestyles and can reinforce the change. Practical measures applied in implementing the field of priority will include positive information dissemination, and guidance and support in personal health maintenance. Health promotion methods include prevention of tobacco and drug use, promotion of healthy eating habits, and increasing free-time activities involving physical exercise and social interaction. Representatives of the business world will be invited to participate in health campaigns and advertisements. Non-governmental social welfare and health

organizations, sport clubs and organizations for free-time activities, as well as churches, are taking part in health promotion efforts.

Prevention and treatment of cardiovascular diseases will continue in the Republic of Karelia. These projects are applied as one model when implementing measures targeted at young people, and parents' role as models will be reinforced through these projects. The studies on risk factors and health behaviour that have been conducted in the Republic of Karelia will be used as a model for adapting to other regions.

Practical implementation will promote realization of the Republic of Karelia's "Lifestyle" programme, extending up to the year 2006. Health promotion will take place in co-operation with Republic of Karelia decision-makers, professionals representing various fields of administration and volunteer organizations. Practical implementation can be linked with the pending Northern Dimension programme, "Partnership in Public Health and Social Wellbeing".

3. Implementation of work to prevent and treat communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)

The Republic of Karelia has the lowest number of HIV infections of all the neighbouring areas, but the number of infections is rising year by year. HIV/AIDS is still linked with drug abusers in cities (Petrozavodsk, Kostomuksha, Sortavala) but the risk that HIV/AIDS will spread increasingly via sexual transmission is high. HIV infections are most common among young people; the number of sexually-transmitted diseases is also high among them. The occurrence of tuberculosis, especially in prisons located in the Republic of Karelia, is high.

Carried out as neighbouring area co-operation together with actors in the Republic of Karelia, practical implementation will involve preventing the spread of communicable disease, referral to care, pharmaceutical treatment and social support for those who have contracted disease. Young people and their parents will be provided with targeted information, and the mass media will be utilized to spread information and to facilitate attitude changes. Sexual health education in schools will be increased. The adoption of new approaches will be made possible by means of multiprofessional continuing education. This effort will involve the participation of the public sector, civil society organizations, churches, places of work, schools, parents and young people themselves.

Implementation of the field of priority will be realized, among others, through co-operation with the WHO's HIV/AIDS project, and the co-operation occurring through the BSTF project will be continued.

4. Strengthening of the activities of civil society organizations and co-operation with the public sector

There are more organizations for social and health sector clients operating in the Republic of Karelia than elsewhere in Northwestern Russia. At the beginning of 2002, there were 30 such organizations. Co-operation between these organizations is still scarce and in the public sector, attitudes towards co-operation with organizations may still be prejudiced.

For the Republic of Karelia it is proposed that network co-operation among civil society organizations be established, similar to that already set up in St. Petersburg. In such a case, neighbouring area co-operation would be modelled after the good experiences obtained in St. Petersburg with regard to networking among civil society organizations and working together with the public sector. The objective of the network will be to advance co-operation among already existing organizations. The network would give organizations a stronger position in dialogue with the public sector. It would help individual organizations in planning their own activities and in pulling together the membership. In addition, the network will make it possible for organizations as a whole to participate in the practical implementation of other fields of priority in the Republic of Karelia.

5. Both general practitioner education and a family-centred approach to healthcare services will be increased

The high morbidity statistics indicate deterioration of the population's health status in the Republic of Karelia. In particular, the conditions of children and families with children are poor. Development work is needed both in general practitioner activity and in family-centred healthcare services. There is still a shortage of general practitioners.

Paediatric morbidity is linked with poor maternal health already during pregnancy. Expectant mothers' nutrition is poor, the pregnancy may be unwanted, previous abortions have weakened the mother's resistance and social problems may be associated with the pregnancy. These considerations combined with poor conditions following the birth weaken children's health.

General practitioner education will be linked with practice and decision-making. The Republic of Karelia's representatives will select people active in social welfare and healthcare services to be given workplace-specific support and readiness to work as developers of social work and general practitioner activities at their own places of work. Healthcare services authorities will take part in planning of the education. Co-operation between open-sector, ambulatory healthcare services and hospitals will be developed through gradation of care and by improving the preconditions of hospitals. The beneficiaries are the entire population and the special group concerned are families with children.

The family-centredness of healthcare services means improved monitoring in antenatal maternal care, early support and family guidance. This would bring development of wellbaby and maternal clinic services, groups of family circles and social support. Nurses' continuing education in order to develop their professional readiness to work independently, which has already been started in the Republic of Karelia, provides good support for the implementation work. Continuing education in social work will develop occupational readiness and will provide sound support for implementation work. Education in social welfare work will mean increases in approaches and methods for social welfare work carried out with families and done at schools. Civil society organizations and churches are actors participating in healthcare services and

social welfare work carried out among families. Children with disability will be taken into account as a special group.

Together with representatives of the Republic of Karelia, it will be assessed whether the present neighbouring area co-operation actors can carry out the practical implementation of projects involving general practitioner activities and social welfare work by precise targeting of project content and by adding non-governmental social welfare and health organizations to the list of actors. Strengthening of general practitioner activities is being realized in part through a project on social welfare and healthcare services by STAKES, the National Research and Development Centre for Welfare and Health of Finland, and through strengthening of the project on education in social welfare work being carried out by the University of Lapland.

3. CITY OF ST. PETERSBURG

FIELDS OF PRIORITY:

Prevention of drug abuse among young people, promotion of health, and prevention and treatment of communicable diseases (HIV/AIDS, tuberculosis and sexually-transmitted diseases), development both of family-centred social and healthcare services and of the administration supporting them

OBJECTIVES:

1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people
2. Implementation of work to alter young people's lifestyles
3. Implementation of work to prevent and treat communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)
4. Increasing general practitioner education and the family-centredness of healthcare services
5. Development of child welfare casework and increasing the readiness of schools and social work to help street children.

JUSTIFICATIONS:

1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people

St. Petersburg sources estimate that alcohol and drug abuse are the most significant cause of poverty (Source: ILO 2001). Crimes are committed in order to procure drugs, and some girls earn money through prostitution. The number of drug users is on the rise; most of those starting drug use are young. The figure is 15-fold that at the beginning of the 1990s. Registers indicate that there are some 200,000 drug users in St. Petersburg.

Practical implementation of the field of priority will be carried out by adopt-

ing new working methods of early intervention in social welfare, healthcare services and school work; by developing free-time work with young people and by developing volunteer work. The goal is that young people would not begin to use drugs. Workshops, club activities, camps, and physical exercise and sport-related activities will be organized for young people. Volunteer work and peer support will be arranged.

Continuing education dealing with methods for early intervention and referral to care will be provided. The police will participate in team work and will serve as trainers. Important co-operation partners taking part in work with street children are non-governmental organizations and churches.

The secondary goal of preventive work is to moderate user habits and provide rehabilitation for young people who have already started drug use. By means of support centres, low-threshold service points and search work, young people will be given support and treatment with a view to stopping drug use. Implementation will be linked with the City of St. Petersburg's own anti-drug programme. The principal beneficiaries are those young people under 18 years of age who are at the greatest risk of social exclusion owing to lack of occupational skills, unemployment and social problems.

In planning practical implementation, co-operation, among others, with pending Interreg Karelia III A projects will be explored. Intoxicant and drug abuse projects in the City of St. Petersburg currently receiving support from neighbouring area funds will be linked with realization of this field of priority.

2. Implementation of work to alter young people's lifestyles

Promotion of young people's health means reduction and prevention of tobacco use and alcohol consumption as well as adoption of healthy eating habits and free-time activities involving physical exercise and social interaction. Actions aimed at health promotion are carried out through schools, the social welfare and healthcare services sector, sport and other non-governmental organizations, churches and through the mass media. Representatives of the business world will be invited to participate in community activities, for instance, health campaigns, competitions, health tests and advertisements. The measures will include studies on risk factors and health behaviour, serving to indicate the influence of a healthy lifestyle in improving one's health state.

Health promotion measures will be targeted primarily at young people. Because the example set by parents is important in young people's behaviour, measures can also be directed, through places of work, via the adult population. This can be accomplished by reinforcing occupational healthcare services and by influencing the lifestyles of parents. Parents and places of work will be invited to participate in health promotion campaigns. In this regard, work will be done in co-operation, among others, with ILO projects being conducted in Northwestern Russia.

Practical implementation can be linked with the pending Northern Dimension programme, "Partnership in Public Health and Social Wellbeing".

3. Implementation of work to prevent communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)

Infection with HIV/AIDS is spreading to the general population to an alarming extent, owing to changes in sexual behaviour and the rise in drug abuse. The figures for sexually-transmitted diseases in St. Petersburg are ten times greater than at the beginning of the 1990s, and sexually-transmitted disease occurs at ever younger ages. Young people are often highly unaware of communicable diseases and how they spread. Alongside HIV and sexually-transmitted diseases, infections with tuberculosis have increased, particularly among released convicts and the homeless. Practical measures applied in implementing the field of priority will include positive information dissemination concerning sexual health, dissemination of information about HIV/AIDS, sexually-transmitted diseases and other communicable diseases. The approaches and methods to be applied in reducing the risk of sexually-transmitted diseases and HIV infections among young people are health education, advice on birth control, and ways of influencing young people's attitudes.

Prevention and treatment of communicable diseases involves activities whereby the public sector, volunteer work and churches together apply various methods to promote young people's risk-free sexual behaviour and to enhance young people's awareness of HIV/AIDS and other communicable diseases, as well as care and support for those who have contracted communicable diseases. Special groups are HIV mothers and HIV children and, with regard to tuberculosis, prisoners and the homeless.

The adoption of new approaches will be made possible by means of multiprofessional continuing education. By means of neighbouring area co-operation, education in new working methods and research work will be given. By means of neighbouring area co-operation, education in new working methods will be given.

4. General practitioner education and the family-centredness of healthcare services will be increased

Those with the worst situation are children living in the City of St. Petersburg; their morbidity and mortality are among the highest in Europe, although a decline in infant mortality has been achieved. Children's nutrition is one-sided and inadequate because of families' poverty. Specialized health care and paediatric hospitals strive to respond to occurring diseases. In order to improve the health state of children and expectant mothers, new clinics have been opened in St. Petersburg, but staff members have poor readiness for family-centred activities.

In neighbouring area co-operation with the City of St. Petersburg, general practitioner education will be increased and its link with practice and decision-making will be improved so that appreciation for the work of general practitioners would be raised and the number of jobs for general practitioners would be increased. Co-operation between open-sector, ambulatory care and hospitals will be developed by gradation of care and by improving the preconditions of hospitals. The beneficiaries are the entire population and the special group concerned are families with children.

Development of family-centred healthcare services calls for grassroots-level work with families. Also to be developed are wellbaby and maternal clinic services, monitoring during pregnancy, early support, family guidance and groups of family circles. Healthcare personnel will be given education in these working methods as well as practical support and instruction. Development work will, as necessary, incorporate social work and representation of non-governmental organizations for families with children. The beneficiaries are families with children; children with disability are a special group.

Together with authorities of the City of St. Petersburg, it will be evaluated whether St. Petersburg's present project actors can meet the objectives pertaining to general practitioner activities and family-centred healthcare services by supplementing the plans and extending the time frame of ongoing projects. Educational projects for general practitioners in the City of St. Petersburg are continued in co-operation with Norway and Sweden. In addition, the possibilities for, e.g. the WHO and USAID to conduct development work in family-centred healthcare services will be determined.

5. Development of child welfare casework and increasing the readiness of schools and social work to help street children

Conditions for families are difficult, and this is reflected in families' ability to offer their children an adequate social support network. With regard to small children, this means that symptoms of mental disorders are seen as physical symptoms, as neglect in parental care and, in the worst of cases, in abandonment of even very small children. Among schoolchildren, the home's economic and social problems easily surface at school, where they are seen as behavioural disturbances, learning difficulties and neglect in school attendance. One outwardly visible consequence of this is the rise in the number of street children in the City of St. Petersburg.

The City of St. Petersburg will be supported by developing child welfare casework. Continuing education will be provided so that social workers, healthcare services professional and school personnel would have better skills than at present for early detection of problems, for working together in teams and for co-operation with families. Family care and social rehabilitation are also developed.

The Nordic Council of Ministers and SIDA are possible co-operation partners in developing open-sector family care, and DFID is a possible co-operation partner in developing family assistance schemes. Implementation of the field of priority may also mean development of social assistance schemes for families with children living in precarious in order to ensure their livelihood, if this is seen as appropriate for success in this field of priority. Co-operation can be conducted, for instance, with the project of the DFID (the Department for International Development, a department of the UK Government), which includes development of family assistance schemes.

In helping street children, the schools of St. Petersburg will be invited to take part in working methods by which children who have taken up street life can be brought back into the rhythm of school. Responsibility for organiza-

tion these efforts will be given to child welfare work; an individual care plan will be drawn up for each participating child. Professionals in the scope of the child's sphere of life and the child's family will participate in implementation of the care plan. The readiness of personnel for this work will be enhanced through a combination of continuing education and fieldwork, with authorities of the City of St. Petersburg choosing the teachers, social pedagogues and social workers to receive training in the methods of individual client casework. In implementation of the objective, effort will also be made to increase general awareness of the difficult life conditions of street children and the need for support from society. Co-operation partners taking part in work with street children are non-governmental organizations and churches. The field of priority will be carried out in co-operation with, among others, the ILO.

In St. Petersburg, good results have been obtained of networking among civil society organizations and joint action together with the public sector. Efforts have given rise to a network of more than 300 non-governmental social welfare and health organizations in St. Petersburg and to co-operation contacts with Finland. This know-how can now be utilized in practical implementation of the fields of priority presented here. Mutual networking of non-governmental organizations, and support for co-operation with actors in the public sector, strengthen the development of a citizens' society and promotes the channelling of citizens' needs to the authorities.

4. LENINGRAD REGION

FIELDS OF PRIORITY:

Prevention of drug abuse among young people, promotion of health, and prevention and treatment of communicable diseases (HIV/AIDS, tuberculosis and sexually-transmitted diseases), development both of family-centred social and healthcare services and of the administration supporting them

OBJECTIVES:

1. Efforts to prevent young people's drug use will be carried out in co-operation between the public sector and non-governmental organizations
2. Implementation of work to alter young people's lifestyles
3. Implementation of work to prevent and treat communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)
4. Increasing general practitioner education and the family-centredness of healthcare services
5. Development of child welfare casework and increasing the readiness of schools and social work to help street children.

JUSTIFICATIONS:

1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people

The most excluded group in Leningrad Region is uneducated unemployed young people, who start to use and traffic drugs. The young people seek employment on the Leningrad Region labour market without occupational training, but since they lack occupational skills they are unable to compete for jobs. The unemployment rate in Leningrad Region among those under 30 years of age already exceeds 30%; among those under 20 years of age, depending on their place of residence, it ranges from 8% to 12%. Unemployment easily leads to alcohol and drug abuse and to social exclusion.

The principal beneficiaries of the neighbouring area co-operation to be implemented together with Leningrad Region actors are young people under 18 years of age who are at the greatest risk of social exclusion owing to lack of occupational training, unemployment and social problems. Prevention work would involve the participation of the public sector (the social welfare, healthcare, education, youth work and physical education and sport authorities), the police, volunteer organizations and churches. Workshops, club activities, camps, and physical exercise and sport-related activities will be organized for young people at risk of social exclusion. By means of support centres and low-threshold service points, support and treatment will be given to drug users. Volunteer work and peer support will be arranged. Continuing education dealing with methods for early intervention and referral to care will be provided. Implementation will support the realization of Leningrad Region's own anti-drug programme.

In planning practical implementation, co-operation in this field of priority with Interreg Karelia III A projects will be explored. Intoxicant and drug abuse projects in Leningrad Region currently receiving support from neighbouring area funds will be linked with realization of this field of priority.

2. Implementation of work to alter young people's lifestyles

Work to alter young people's health-related lifestyle and social life is needed, the aim being prevention of lifestyle-related diseases. Lifestyle-related diseases develop slowly and are at present the central cause of death among the working-aged population in neighbouring areas.

In promoting young people's health, efforts will be made to reduce and prevent the tobacco use and alcohol consumption. In addition, work will be done to see that young people learn eating habits that are healthier than those at present, and that they also learn the importance of physical exercise and sport as a component of health and wellbeing. Actions aimed at health promotion are carried out through schools, the social welfare and healthcare sector, sport and other non-governmental organizations, and through the mass media. Representatives of the business world will be invited to participate in health campaigns, competitions and advertisements. Civil servants, non-governmental organization workers and church workers will be provided with continuing education dealing with work to alter young

people's attitudes. Studies on risk factors and health behaviour will be done.

Health promotion measures will be targeted primarily at young people. Because the example set by parents is important in young people's behaviour, measures can also be directed, through places of work, via the adult population. This can be accomplished by reinforcing occupational healthcare services and by influencing the lifestyles of parents. Parents and places of work will be invited to participate in health promotion campaigns. In this regard, work will be done in co-operation, among others, with ILO projects being conducted in Northwestern Russia.

Practical implementation can be linked with the pending Northern Dimension programme, "Partnership in Public Health and Social Wellbeing".

3. Implementation of work to prevent and treat communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)

At the start of 2002, there were 3,200 registered HIV/AIDS infections in Leningrad Region, and the actual number of infections is thought to exceed 10,000 already. HIV/AIDS is still mainly a disease of intravenous drug users, but it is spreading to the general population via sexual transmission. Young people are often highly unaware of communicable diseases and how they spread.

Prevention and treatment of communicable diseases will continue through ongoing neighbouring area projects. In addition, attention should also be paid to prevention and treatment of sexually-transmitted diseases among young people, and to prevention and treatment of tuberculosis among prisoners. Sexual education will be provided by means of the mass media, sexual health education will be developed at schools, and young people's awareness of HIV/AIDS will be increased. Early diagnosis, referral to care, pharmaceutical treatment, social support and rehabilitation are aspects in the prevention and treatment of communicable diseases. The target group is the entire population, and the special groups concerned are HIV mothers, HIV children and, with regard to tuberculosis, prisoners and the homeless.

Practical implementation will be done together with Leningrad Region decision-makers, professionals from various branches of administration, volunteer organizations and churches. Efforts will be co-ordinated with the activities of the BSTF as well as with other international projects.

4. General practitioner education and the family-centredness of healthcare services will be increased

Paediatric morbidity in Leningrad Region is among the highest in Europe. Children's nutrition is one-sided, which increases morbidity. Families' social problems cause insecurity. New forms of child welfare have been developed in the region, such as social rehabilitation centres and foster family activity, but seen against the need these are still in scarce supply. Treatment of diseases among child and health promotion would require additional strengthening of primary healthcare.

In order to enhance children's physical and mental wellbeing, it is proposed that neighbouring area co-operation together with Leningrad Region authorities develop general practitioner activities and family-centred healthcare services. The beneficiaries are the entire population and the special group concerned are families with children. General practitioner education will be linked with practice and decision-making so that appreciation for the work of general practitioners would be raised and the number of jobs for general practitioners would be increased. The authorities in the regions will name doctors working in the specialized healthcare sector, who – through neighbouring area co-operation – will be offered workplace-specific support and readiness to act as developers of general practitioner activities in their own places of work. Co-operation between open-sector, ambulatory care and hospitals will be developed by gradation of care and by improving the preconditions of hospitals. Educational projects for general practitioners in the City of St. Petersburg and Leningrad Region are continued in cooperation with Norway and Sweden.

For developing family-centred healthcare services in Leningrad Region, increases are proposed for: wellbaby and maternal clinic services, monitoring during pregnancy, early support, family guidance and groups of family circles. Healthcare personnel will be given education in these working methods as well as practical support and instruction. The beneficiaries are families with children; children with disability are a special group. Non-governmental organizations for families with children and churches will have representation in this development work. In addition, the possibilities for the WHO and USAID to conduct development work in family-centred healthcare will be determined.

5. Development of child welfare casework and increasing the readiness of schools and social work to help street children

Conditions for families are difficult, and this is reflected in families' ability to offer their children an adequate social support network. With regard to children, this is seen as mental and physical symptoms. With regard to parents, this means neglect in parental care and, in the worst of cases, in abandonment of even very small children. One outwardly visible consequence of this is the rise in the number of street children in Leningrad Region. Estimates concerning the number of street children range from 500 to 3,000 children (ILO 2000).

Child welfare casework will be developed as neighbouring area co-operation, together with Leningrad Region authorities and non-governmental organizations. Continuing education will be given so that social workers, healthcare professionals and school personnel will have better skills than at present for early detection of problems, for working together in teams and for co-operation with families. Family care and social rehabilitation are also developed.

The Nordic Council of Ministers and SIDA are possible co-operation partners in developing open-sector child welfare casework. Implementation of the field of priority may also mean development of social assistance schemes for families with children living in precarious in order to ensure their livelihood, if this is seen as appropriate for success in this field of priority. Co-operation can

be conducted with the project of the DFID (the Department for International Development, a department of the UK Government) now being launched, which includes development of family assistance schemes.

In helping street children, together with the schools of Leningrad Region, working methods will be developed by which children who have taken up street life can be returned to their home or placed in family care and brought back into the rhythm of school. An individual care plan would be drawn up for each street child. Professionals in the scope of the child's sphere of life and the child's family will participate in implementation of the care plan. The readiness of school and social welfare personnel for this work will be enhanced through a combination of continuing education and fieldwork. Work with street children will be carried out in co-operation, among others, with projects conducted by the ILO.

4.1 VYBORG DISTRICT

FIELD OF PRIORITY:

Promotion of the wellbeing of children and young people

Development of the wellbeing of children in the City of Vyborg and Vyborg District is a comprehensive project that calls for a sufficiently long period of implementation (2002-2005). In defining the project commission, measures and timetables set down in this action plan have been focused more precisely, in co-operation Vyborg District and Leningrad Region authorities.

OBJECTIVES:

1. Development of family support and crisis aid activities
2. Improvement of know-how in social work aimed at families and young people
3. Rehabilitation services for young drug abusers
4. Increased health education for young people
(on the topics of drugs, HIV/AIDS, sexually-transmitted diseases).

JUSTIFICATIONS:

1. Development of family support and crisis aid activities

The wellbeing of families with children has deteriorated more than that of other population groups. There are clear indications of this: the number of families with clusters of problems has risen; mental health problems among children and young people have increased; children's social network has weakened; there is an increase in child abandonment; and the economic status of families has collapsed. Support for parenthood is extremely important so that families could pull through difficult conditions and so that they receive guidance and assistance with crisis management. Various neighbouring area actors as well as the social welfare and healthcare authorities of the City of

Vyborg and Vyborg District themselves have several different project plans for assisting families. The different project plans have not been coordinated.

In co-operation with City of Vyborg authorities and other actors, family support centre activity will be developed. This activity will supplement the existing Egos centre, the Gloria centre and the family activities of the maternity hospital. Activity of this kind has a strong focus on both crisis work and preventive work. The activities of support centres can include: a crisis helpline for children and young people; a social welfare and healthcare reception service for families and young people in crisis situations; material emergency assistance; a shelter for battered women; home help services for families in crisis; and upbringing advice and family guidance. A support centre brings actors currently active in neighbouring area co-operation together under the same unit with Vyborg's own plans to assist children and families.

2. Improvement of know-how in social work aimed at families and young

For the implementation of continuing education, it is proposed that, together with the education and social welfare authorities of Vyborg, an educational programme be carried out that develops new methods of social work for use by social workers dealing with families, children and young people: social support for families in the form of home help; methods of early intervention; methods of crisis work; methods of school social work. To receive this education, the authorities of Vyborg will invite students from social welfare and healthcare units where work is done with families and children. With the help of the education, these workers can apply new methods of working directly in their own fields of work. Workers at family support centres will thus obtain continuing education for new tasks. For this education, the Vyborg authorities will also invite a group of school teachers and social pedagogues, who will be given special training in school social work.

3. Rehabilitation services for young drug abusers

Because young people lack interesting options for spending their free time, various asocial alternatives have started to become attractive even to very young children. At the worst, the consequences are increased drug use, higher numbers of street children, leaving school unfinished and, with time, the exclusion of children and young people from society.

The action plan proposes that a rehabilitation unit for young drug-abuse patients be put into practice, together with Vyborg authorities and the narco-logical centre, where working methods for both social and physical rehabilitation can be provided. As neighbouring area co-operation, there will be participation in developing the working methods and know-how applied at the rehabilitation unit. The rehabilitation will be developed with joint professional skill in social work and healthcare, because alongside physical rehabilitation, rehabilitation following use of intoxicants also promotes physical rehabilitation, the management skills needed in daily life, and new employability. In the start-up phase, the content of the education will be planned in more detail together

with representatives of Vyborg. Alongside social welfare and healthcare authorities, the police, education authorities and possibly also civil society organizations and churches will take part in the development work.

4. Increased health education for young people

Young people in Vyborg face health risks such as HIV/AIDS, sexually-transmitted diseases, hepatitis, and intoxicating substances as well as the unemployment and social exclusion resulting from these. Dissemination of information concerning these issues is scarce, and there is little discussion of them in schools, families, events for young people and clubs. In order for Vyborg to be spared dramatic consequences with regard to the younger generation's health risks, young people should be encouraged to adopt positive attitudes towards healthy lifestyles.

Through co-operation projects in neighbouring areas, all young people will receive health education, and work will be done to promote healthy lifestyles. For sexual health education, the sex education programme carried out in St. Petersburg will be applied. Educational material aiming to prevent drug abuse and communicable diseases will be incorporated into general health education targeted at young people. Ways of disseminating information that receive young people's acceptance will be developed.

5. KALININGRAD REGION

FIELDS OF PRIORITY:

Prevention of drug abuse, and prevention and treatment of communicable diseases, among young people

OBJECTIVES:

1. Efforts to prevent young people's drug use will be carried out in co-operation between the public sector and non-governmental organizations
2. Implementation of work to prevent and treat communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases).

JUSTIFICATIONS:

1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people

The rise in unemployment in Kaliningrad Region stems from the decline of heavy industry, agriculture and the forest industry. This has also increased unemployment among young people, which in turn has caused rising social exclusion. Use of alcohol and drugs among young people has increased. Several international projects dealing with the prevention of alcohol and drug use (Takis, UNICEF, WHO) have been carried out in the region. The region's own healthcare reform has developed preventive working methods. The drug issue and drug-related crime, however, remain a significant problem.

The principal beneficiaries of work to prevent drug abuse among young people, carried out as neighbouring area co-operation together with Kaliningrad Region actors, are those young people under 18 years of age who are at the greatest risk of exclusion owing to their lack of occupational skills, unemployment and social problems. Prevention work involves the participation of the public sector, volunteer organizations and, possibly, churches. The field of priority will be implemented by adopting early intervention working methods, by developing free-time work with young people and by developing volunteer work and peer support.

2. Implementation of work to prevent communicable diseases (HIV/AIDS, tuberculosis, sexually-transmitted diseases)

Kaliningrad Region has the highest rate of HIV/AIDS infections out of all neighbouring areas (in January 2002, the rate was 372 per 100,000 inhabitants). Following steep peaking, a slight levelling off has occurred, which in part may be because risk groups are already almost completely infected. In addition to HIV/AIDS, the figures for tuberculosis infections and cases of sexually-transmitted diseases have also been rising.

Prevention and treatment of communicable diseases in the Kaliningrad Region will continue in the form of the ongoing HIV epidemic prevention project. The project supports the operational capacity and expertise of the Kaliningrad Region AIDS support centre. In the future, co-ordination of work to prevent and treat communicable diseases will be linked more closely with international projects.

6. ESTONIA, LATVIA AND LITHUANIA

FIELDS OF PRIORITY:

Prevention of drug abuse among young people; prevention and treatment of communicable diseases (HIV/AIDS, tuberculosis and sexually-transmitted diseases)

The position of Estonia, Latvia and Lithuania with regard to neighbouring area support will change with their pending accession to membership of the European Union in 2004. Finland's co-operation with these countries will continue as normal co-operation between the authorities and civil society organizations, which will be implemented in accordance with the possibilities of the Finnish Ministry of Social Affairs and Health and other ministries through their own budget appropriations and through the functions of civil society organizations. Neighbouring area projects now in progress in the sector of social welfare and healthcare will be carried out as planned.

OBJECTIVES:

1. Efforts to prevent young people's drug use will be carried out in co-operation between the public sector and non-governmental organizations
2. Implementation of work to prevent and treat communicable diseases (especially HIV/AIDS, tuberculosis, sexually-transmitted diseases).

JUSTIFICATIONS:**1. Implementation of joint efforts by the public sector and non-governmental organizations to prevent drug abuse among young people**

In the process of societal transition, Estonia, Latvia and Lithuania have encountered two serious problems: increases in drug use and communicable diseases – especially HIV/AIDS, tuberculosis and sexually-transmitted diseases – among young people. Many young people are hard drug users and easily become excluded from society. Drug use is also linked with the rise in unemployment among young people in the Baltic States. Excluding capital city areas, as many as 25% of those under 25 years of age are unemployed.

As neighbouring area co-operation, the currently ongoing projects concerning low-threshold service points, the programme of advice and needle exchanges for drug users, and work to prevent drug-related crime will be carried out. In addition, in the future, as normal co-operation between the authorities and civil society organizations, work can be done to prevent young people's drug use and alcohol consumption, with participation by public sector actors and volunteer workers. The aim of preventive work would be to alter young people's behaviour so that drug use would not begin and transferring to intravenous drug use would be prevented.

2. Implementation of work to prevent communicable diseases (especially HIV/AIDS, sexually-transmitted diseases)

Several projects to prevent communicable diseases are underway in Estonia, Latvia and Lithuania as neighbouring area co-operation. Projects dealing with slowing down the spread of the AIDS epidemic, development of laboratory co-operation, the tuberculosis programme and work to prevent tuberculosis in prisons, launched through neighbouring area co-operation, will be carried out as planned. Co-operation in the prevention and treatment of communicable disease can be continued between Estonia, Latvia and Lithuania on the one hand, and Finland on the other hand as normal co-operation between the authorities and civil society organizations.

Abbreviations used:

AC	= Arctic Council
BEAR	= Barents Euro-Arctic Region
BSTF	= Task Force on Communicable Disease Control in the Baltic Sea Region (set up by the Council of the Baltic Sea States)
CBSS	= Council of the Baltic Sea States
DFID	= Department for International Development, a department of the UK Government
EBRD	= European Bank for Reconstruction and Development
EIB	= European Investment Bank
EU	= European Union
ILO	= International Labour Organization
Interreg	= the European Union's Community Initiative concerning Transnational Co-operation on Spatial Planning and Regional Development
NIB	= Nordic Investment Bank
NCM	= Nordic Council of Ministers
Phare	= The Phare programme is one of the three pre-accession instruments financed by the European Communities to assist the applicant countries of central Europe in their preparations for joining the European Union
ND	= Northern Dimension
SIDA	= Swedish International Development Cooperation Agency
Tacis	= The Tacis Programme of the European Union provides grant-financed technical assistance to 13 countries of Eastern Europe and Central Asia
UNFPA	= United Nations Population Fund
UNHCR	= Office of the United Nations High Commissioner for Refugees
UNICEF	= United Nations Children's Fund
USAID	= United States Agency for International Development
WHO	= World Health Organisation

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