

High Quality Education and Labour – The future of the Baltic Sea Region

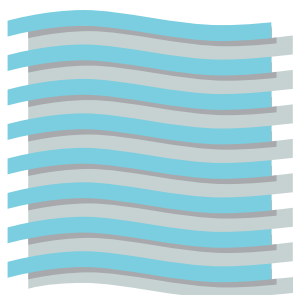
25th Baltic Sea Parliamentary Conference



High Quality Education and Labour – The future of the Baltic Sea Region

25th Baltic Sea Parliamentary Conference

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The future of the Baltic Sea Region
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The Baltic Sea Parliamentary Conference (BSPC) was established in 1991 as a forum for political dialogue between parliamentarians from the Baltic Sea Region. BSPC aims at raising awareness and opinion on issues of current political interest and relevance for the Baltic Sea Region. It promotes and drives various initiatives and efforts to support a sustainable environmental, social and economic development of the Baltic Sea Region. It strives at enhancing the visibility of the Baltic Sea Region and its issues in a wider European context.

BSPC gathers parliamentarians from 11 national parliaments, 11 regional parliaments and 5 parliamentary organizations around the Baltic Sea. The BSPC thus constitutes a unique parliamentary bridge between all the EU- and non-EU countries of the Baltic Sea Region.

BSPC external interfaces include parliamentary, governmental, sub-regional and other organizations in the Baltic Sea Region and the Northern Dimension area, among them CBSS, HELCOM, the Northern Dimension Partnership in Health and Social Well-Being (NDPHS), the Baltic Sea Labour Forum (BSLF), the Baltic Sea States Sub-regional Cooperation (BSSSC) and the Baltic Development Forum.

BSPC shall initiate and guide political activities in the region; support and strengthen democratic institutions in the participating states; improve dialogue between governments, parliaments and civil society; strengthen the common identity of the Baltic Sea Region by means of close co-operation between national and regional parliaments on the basis of equality; and initiate and guide political activities in the Baltic Sea Region, endowing them with additional democratic legitimacy and parliamentary authority.

The political recommendations of the annual Parliamentary Conferences are expressed in a Conference Resolution adopted by consensus by the Conference. The adopted Resolution shall be submitted to the governments of the Baltic Sea Region, the CBSS and the EU, and disseminated to other relevant national, regional and local stakeholders in the Baltic Sea Region and its neighbourhood.

INTRODUCTION

Ladies and Gentlemen,

I had the pleasure and honour to host the 25th Baltic Sea Parliamentary Conference (BSPC) in Riga, a metropolis that blends timeless traditions and vibrant modernity. The newly opened building of the University of Latvia – Academic Centre of Natural Sciences – right in the city centre, was an appropriate setting for the conference whose aim was to discuss and pass a resolution on developing the Baltic Sea Region (BSR) as a role model for future high quality education and labour.



The Baltic Sea Region is a dynamic, innovative and competitive part of Europe. However, we cannot achieve much in our development without high quality education and modern labour market. Therefore, the Baltic Sea Parliamentary Conference has underlined the necessity to define high quality education and equal access to the labour market as the main priorities. The integration of research, higher education and industry should be a priority of the BSR parliaments' efforts. Therefore, this year's conference focused on improving labour mobility and combating youth unemployment.

The 25th BSPC gathered more than 200 politicians, experts and representatives of partner organisations. The BSPC is thus the leading annual arena for political exchange and debate among parliamentarians from the BSR. The BSPC resolution is the main tool for announcing the BSPC calls for action to the governments of the Region. I could not be happier that every year more and more governments respond to the implementation survey and the number of implemented recommendations is growing. Therefore, for the first time this report includes, according to the decision of the BSPC Standing Committee in Liepāja, the feedback of the BSR governments about the implementation of the 24th Baltic Sea Parliamentary Conference in Rostock.

The Silver Jubilee of the BSPC recalls that it was 25 years ago, in January 1991, at a time of fundamental political change when Mr Kalevi Sorsa, then Speaker of the Finnish parliament, opened the first Baltic Sea Parliamentary Conference and laid the foundation for parliamentary cooperation among all the Baltic Sea States. Since then, cooperation in the Baltic Sea Region has become much more intense and has developed positively at all levels. In the current period, cooperation at the parliamentary level across the entire Baltic Sea Region is of paramount importance, as it is based on long-standing cooperation and established structures. The 25th BSPC is the link in the chain of our fruitful cooperation.

Therefore, I would like to thank all the speakers and participants who have contributed to the great success of the conference. I thank H.E. Mr Raimonds Vējonis, President of the Republic of Latvia, for his warm welcome given to the conference participants; H.E. Ms Ināra Mūrniece, Speaker of the Saeima of the Republic of Latvia, for greeting all participants on behalf of the Latvian parliament; as well as Mr Valdis Dombrovskis, Vice-President of the European Commission, for his informative speech.

I also thank the administration of the Latvian parliament for the smooth preparation and hosting of the conference. Special thanks goes to Ms Ingrida Sticenka for her supreme efforts during the entire Presidency. Finally, let me express my gratitude to Mr Bodo Bahr, BSPC Secretary General, for his profound expertise and engagement as well as for his close and excellent cooperation.

Entrusting the BSPC Presidency to Ms Carola Veit, President of the BSPC in 2016–2017,

I wish her a lot of success and satisfaction. I very much look forward to our future encounters and the 26th BSPC in Hamburg.



Prof. Dr Jānis Vucāns
President of the Baltic Sea Parliamentary Conference
in 2015–2016

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REPUBLIKAS SĄJŪDA

High Quality Education and Labour -
The Future of the Baltic Sea Region

25th Anniversary
2010-2015



Opening of the 25th BSPC



Dr Jānis Vucāns

President of the BSPC

“Introductory remarks”

The president of the BSPC found himself to be truly honoured to declare the 25th Conference of the BSPC open and welcomed participants and guests to Latvia. He then extended an especially warm welcome to Mr Vējonis, the President of the Republic of Latvia, Ms Mūrniece, Speaker of the Saeima, and to Mr Dombrovskis, Vice-president of the European Commission. He then surrendered the floor to Mr Vējonis for his welcome address.



H.E. Mr Raimonds Vējonis

President of the Republic of Latvia

“Welcome address”

The president commemorated the events that took place 25 years ago, which had led to the freedom and independence of the Baltic States. For more than a decade, the Baltic States had been full-fledged members of the EU and NATO, during which the states had worked hard to regain economic stability and security. This had led to strong ties with especially the Nordic States, and proved fertile ground to develop into one of the most dynamic, IT and innovation driven regions in the world.

Current international tensions had led to the announcement of deployment of multinational battalions in Latvia, Lithuania, Estonia and Poland by NATO, in Warsaw this summer. Mr Vējonis reiterated that this was in full compliance with international law and commitments, and called upon Russia to uphold its international commitments in turn. He then stressed the importance of regional cooperation and communication as a pathway to end a difficult security situation.

The President argued that further development of Latvia would not be possible without high quality education and equal access to the labour market, and considered them crucial for the future of the region. He was delighted to see that the newer generations preferred entrepreneurship over leaving the country in search for employment elsewhere. Supporting them in this was crucial, the president concluded.

He finally remarked that sustainable tourism was a promising economic area, and that cross-border cooperation would not only develop it further, but ensure that it would be done in an environmentally friendly way.

He concluded by wishing the attendees a successful conference.



H.E. Ms Ināra Mūrniece

Speaker of the Saeima of the Republic of Latvia

After welcoming the attendees, Ms Mūrniece pointed out the symbolism of the meeting place: The University of Latvia Academic Centre of Natural Sciences. A place where quality education was the lynch pin of everything and where future competitiveness and prosperity were already being fostered.

She then took stock of 25 years of Baltic cooperation, and concluded that the region, with its open economies, was at its strongest when it worked together in peaceful cooperation. She referred to the words of Uffe Ellemann-Jensen, who described the purpose of forming the BSPC 25 years ago as a “peaceful return to freedom and prosperity around the Baltic Sea”.

Ms Mūrniece admired the achievements of the BSPC and described the successes in boosting competitiveness, improving the ecological state and maritime safety and combatting human trafficking. She continued that if the BSPC hoped to continue its message of peace in turbulent times, it should aspire to build bridges and tear down

walls. She regarded the continuation of the dialogue on democratic values especially important, and pointed to Estonia, Latvia and Lithuania as prime examples, as they represented the first three ranks on the Freedom House indicator list for democratic development amongst the post-communist nations.



Parliaments covered and defended a large spectrum of political, civil, economic and social rights in their work, and in doing so, became more and more active on the international level. Ms Mürniece valued the joining of efforts in defence of an international rules-based order, and called upon the Baltic Sea Region to continue its good and peaceful neighbourliness.





Session one

Cooperation in the Baltic Sea Region

Dr Jānis Vucāns –

President of the Baltic Sea Parliamentary Conference

“Report from the President”

During the year of Latvia's presidency of the BSPC, three issues struck the outgoing President, Mr Jānis Vucāns: The BSPC had a very clear thematic focus and was guided in its work by expert opinions; The members of the Standing Committee had travelled to Minsk in April to discuss common issues with the National Assembly of the Republic of Belarus; and the BSPC had revised the way in which it had approached the respective governments, leading to a more comprehensive response to the 24th BSPC resolution than ever before.

The first Standing Committee meeting under the Latvian Chairmanship had taken place in Riga. Here, the Parliamentary Secretary of the Latvian Ministry of Education, Mr Edvards Smiltēns had spoken about the priorities of the ministry regarding education, especially concerning vocational training as part of the innovation system. The country deemed the enhancement of creativity and entrepreneurship to be the goal of higher education, and thereby boosting the national and global labour market. The President of the Latvian Chamber of Commerce and Industry had argued that the Baltic Sea Region should position itself as a global hub for education and innovation.

The winter meeting was held in Brussels, as per tradition. Here, the issue of labour mobility was discussed. The EU Commission's 2016 Work Programme would include a labour mobility package, which would contain proposals for a targeted revision of the Posting of Workers Directive, as well as the revision of the social security coordination rules. The aim was to deliver a balanced approach to labour mobility, combining the protection of mobile workers and the fight against social security abuse. At the end of July, after a re-consideration and discussion with the national parliaments, the Commission had agreed to a re-examining its proposal for a revision of the direc-

tive, and concluded that such a matter did not constitute a breach of the subsidiarity principle. The winter meeting had furthermore been a productive ground for liaising with BSPC partners, such as the CBSS.

The final meeting had been held in Liepaja, where Ilya Ermakov of the CBSS Secretariat had provided the Committee with information about the Baltic Sea Labour Forum and the activities of the CBSS. Dr Uwe Sassenberg had informed the Committee about the Baltic Tram Project, which was a cooperative venture involving leading universities, research centres and regional development partners in the Baltic Sea Region to turn scientific discoveries into innovations more effectively.

A thread throughout these meetings had been the continuing and growing concern for the state of the refugee crisis in the member states, and Mr Vucāns expressed himself hopeful that the members would find inspiration in each other's solutions.

The President of the BSPC then continued informing the member states about the progress of the newly formed Working Group on Sustainable Tourism. It had had three meetings so far, which had resulted in a promising Midway Report. The President expressed himself happy with the efficiency and progress.

The topic of terrorism had been in an increasingly bright spotlight under the Latvian Presidency. Mr Vucāns underlined the need to both defend the member states' security and their fundamental values. He declared it of fundamental importance to condemn terrorism in all its forms; to deplore the loss of innocent lives and express solidarity with victims and their families; and to express the need to jointly combat the major threat against any of the member states societies in the 25th BSPC resolution.

Finally, the President of the BSPC informed the member states that the Belarussian National Assembly had requested observer status for the BSPC. The Standing Committee had had thorough exchanges on the matter and had been briefed by the Chair of the European Parliament's Delegation for Relations with Belarus. A working visit to Minsk had been organised, where both members of the government and the opposition were heard. This had led to the issuing of an invitation to representatives of the Belarus Government to join the 25th Baltic Sea Parliamentary Conference. The discussion on the observer status of Belarus was still ongoing, bearing in mind the outcome of the upcoming parliamentary elections in Belarus.



Valdis Dombrovskis – Vice-President of the European Commission

Mr Dombrovskis called the foundation of the BSPC 25 years ago a premonition of the growing importance of national parliaments, parliamentary dialogue having been one of the most democratic ways of strengthening ties between countries. He complemented the Region on being one of the major generators of economic activity, and for being a benchmark for other countries on many fronts.

He then turned toward the global and regional economic situation. Growth had been slow and varied among different regions of the globe. Europe had benefited from a combination of favourable factors, such as low euro exchange rate, which were in turn partially offset by geopolitical tensions and security issues. The EU economy was forecast to grow by 1.8% this year, and the Eurozone at 1.6%. Over the past years, the Commissioner explained, the Baltic States had been frontrunners in growth, but the loss of Russian markets had hampered their continued success. Regardless, the Baltic States had quickly found other export opportunities.

He reminded the attendees that the aggression surrounding the Ukraine conflict had no place in 21st century Europe. He also remarked that, like most surrounding countries; the Baltic States had had to deal with struggles such as an ageing population and a shrinking workforce. He urged to face these challenges by increasing rather than decreasing the momentum on reforms.

In order to boost this development, the European Commission had put investment at the core of its agenda. Using the €315 billion Euro-

pean Fund for Strategic Investment, a large myriad of projects could be funded, from education to energy and from innovation to transport.

The EU Strategy for the Baltic Sea Region had been the first of its kind, with social and economic development at its centre and with a strong environmental dimension. In order to achieve its goal of improving the lives of its citizens, an investment would have to be made in the economy and human capital. The Commissioner then invited the members of parliament present to ensure that the Commissions New Skills Agenda was energetically followed up in their respective countries, in order to boost employability, competitiveness and growth.

With one in five European adults having difficulties with reading and writing, and even more with poor numeracy skills, a risk existed for unemployment, poverty and social exclusion. On the other hand, the continent dealt with an increasing number of people stuck in a job that did not match their talent. Employers complained they could not find workers with the right skills. This formed a large barrier to investment. The New Skills Agenda would focus on developing basic and higher skills and making it easier to use and understand qualifications earned inside and outside the classroom.

First, it strived to improve skills levels, giving everyone the literacy, numeracy and digital skills needed to succeed at work and in life. Second pathways had to be created for those who fell through the net. Secondly, it was key to make vocational education and training a first choice option, not a fall-back in case one could not go to university. Thirdly, allowing people to use their skills by making these skills visible and understood would be key to success. In order to achieve this, the EU would have to reinforce cooperation in comparing and recognising qualifications.

Finally, the Commissioner supported further regional integration by major interregional projects. He stressed that funds, available in for instance INTERREG and the CEF, could and should be used to carry out regional projects.

Mr Dombrovskis concluded by wishing the Parliamentary Conference good luck in its future endeavours.

Questions and Answers for Mr Dombrovskis

Mr Veiko Spolitis: Mr Spolitis commented that Mr Dombrovskis was known in Latvia for speaking his mind quite bluntly, which did not always gain the appreciation of the voters. He asked the Commissioner about his vision on the reforms in the higher education sector. In order to compete with regions such as China and Singapore, Europe would have to have both the best higher education and the vocational education. He then asked if the Commission supported the vision that the stronger universities would have to survive, and the weaker would have to merge with the surviving, stronger schools?

Answer from Mr Dombrovskis: Mr Dombrovskis answered that the main focus was not on the educational system itself, but rather on the link between education systems and the labour market. The output of the educational system had to be in line with the requirement of the labour market. On the job training and a dual education system were of great interest, and BSPC member states such as Germany could provide a good example. Studies which were integrated in practical experience had great success rates. He finally reiterated that second chance pathways were important for those who fall through the net.

Mr Franz Thönnies: Mr Thönnies remarked that since 2009, the BSPC had received strong support from the EU to support the Baltic Sea Labour Network. The aim of the project had been to establish a political body of unions, employer organisations and the political sphere. It was a unique body, with high attractiveness and over 30 representatives from the unions and employer organisations. However, the EU had since changed the criteria for eligibility. He asked Mr Dombrovskis if he saw any opportunities for promoting this work, especially in the field of labour mobility, youth unemployment and fair labour conditions.

Answer from Mr Dombrovskis: Mr Dombrovskis agreed that it was an interesting initiative, and although he was not personally connected to the development of the EU budget, he would keep the issue in mind. He would raise the attention of his colleagues in the Commission to this topic.



Mr Michał Czyż
**Outgoing CBSS Chair,
Committee of Senior Officials,
Ambassador of Poland**

The CBSS and the Baltic Sea Area were being confronted with the biggest challenges since the end of the Cold War, some of them internal, the others external, Mr Czyż warned his audience. More important than ever, the CBSS would have to recall and confirm its core responsibilities

of stability, prosperity and multilateral intergovernmental cooperation. A failure to do so would lead to a diminishing level of trust and confidence in the region, which would result in the CBSS no longer being able to perform its statutory duties adequately.

As such, securing and consolidating a high level of cooperation had been a high priority during the Polish presidency. Within the framework of long-term priorities of the CBSS, the Polish presidency had outlined Sustainability, Creativity and Safety as key priorities for their Chairmanship.

In the area of sustainability, the CBSS had worked on a new agenda for sustainable development, encompassing a variety of fields including climate change and regional implementation of the UN Agenda 2030 and its sustainable development goals. Many activities had covered this great variety of topics, including the first ever meeting of CBSS ministers of science on June 16 in Krakow, the 8th Baltic Sea Tourism forum with ministerial level participation on September 22-23 in Malbork and the adoption of the Declaration 2030 on the political level.

Establishing culture as a driving force for social and economic development in the region had been a key priority for the Polish Presidency, Mr Czyż explained. This part of the Presidency had already been launched the year prior with a ministerial session on culture in Gdansk, followed by a conference on culture as a tool for social and economic growth. The seminar on the potential of the computer gaming industry was named by the outgoing President as a highlight.

Poland had aimed to emphasise the importance of cooperation in civil protection as a measure to strengthen resilience against major emergencies and disasters in the Baltic Sea Region. Focus lay on the cooperation of civil protection services through improved interoperability and environmental monitoring. In light of the current migration crisis, Mr Czyz found the CBSS well-positioned, since the already existing Task Force against Trafficking in Human Beings and the Expert Group on Children at Risk had already gained significant experience in their respective fields. The CBSS also played a significant role in the organisation of the Conference on cities and refugee flows by the Union of Baltic Cities in Rostock in March.

The outgoing President then reminded the member states of the BSPC about the continued importance of funding, amongst other for the Project Support Facility. He then supported the existing proposal for the Baltic Sea Cooperation Fund. In light of enhanced synergy, cohesion and coordination, which the Polish Presidency deemed as excellent tools for achieving greater Baltic Sea cooperation, the Polish had set a good example by combining their two overlapping presidencies and coordinating meetings together. The debate on how to best build a “Common Space of Baltic Sea Cooperation” and the internal reflection on the future of the CBSS were encouraged by Mr Czyz, as was a close cooperation with the Russian Federation, for instance in the exchange and debate on the EU Strategy and the redesigned Strategy for the socio-economic development of the North-West Federal District.

Finally, the outgoing President was heartened to see that the Warsaw Declaration was adopted by the Deputy Ministers and believed it evidence that the CBSS member states were ready to uphold regional commitments, despite current challenges. He concluded by wishing the incoming Icelandic President the best of fortunes.



Mr Guðmundur Árni Stefánsson

**Committee of Senior Officials,
Ambassador of Iceland**

The incoming Chair of the CBSS pointed out that the EU as a whole and the Baltic Sea Region in specific faced a number of threats, which had

to be dealt with, both with compassion and decisiveness. Ukraine was a source of instability, which was reflected in the surrounding political discourse. The number of refugees, never larger since World War II, was a challenge Europe was not prepared for. The additional problem of terrorism had to be faced with an open mind and a resistance to hatred.

Mr Stefánsson pointed out that Baltic Sea cooperation rose from the desire for liberty and optimism 25 years ago, a desire which had pulled in a large part of the continent. It was in this spirit that Iceland would approach its heading of the 25th anniversary meeting. It would organise a ministerial meeting or a summit for the occasion.

The focus of the Icelandic Presidency would lie on Children, Equality and Democracy.

Democracy had been the founding ideal of the Council, and a continuation of its debate would be fruitful, for instance to explore new ways of including people and improve youth participation. Equality too had been a cornerstone of shared views within the CBSS member states. Elimination of discrimination would be submitted to further scrutiny, as well as gender equality and women's rights. Finally, a holistic approach would be applied to the rights of the child. The Icelandic *Barnahús* model was increasingly established in the region, as it promoted child-friendly and multidisciplinary mechanisms for preventing and responding to child abuse. Under this heading there would be special attention for unaccompanied minors amongst the refugees.



Ms Dr Zanda Kalnina-Lukasevica

**Parliamentary Secretary of the
Ministry of Foreign Affairs of Latvia**

The parliamentary secretary congratulated the member states on the 25th anniversary of the BSPC and reminded them that since the restoration of its independence,

Latvia had been actively involved in regional frameworks such as the BSPC because it believed them crucial for unlocking development potential and sustainable growth in the region. She reminded that the members of the BSPC had managed to build one of the most intensive cooperation networks in Europe. The different regional frameworks had provided a structure for broad level discussion, such as during the Sixth Annual Forum of the European Union Strategy for the Baltic Sea Region, which Latvia had had the honour to host.

Ms Kalnina-Lukasevica admired the productivity of the CBSS and expressed her support of the incoming Director General, Ms Mora, in achieving the long term goals of the CBSS. She also admired the ability of her Polish colleagues to combine two Presidencies in order to create more synergy.

She then pointed out the valuable input of the CBSS in higher education, with programmes such as “Bridge it” and “Baltic Lab”, which were supported by the organisation’s Project Support Facility. It forced the member states to remind themselves about the value of high quality education, about the art of teaching. It was designed to facilitate growth, to encourage the hunger for knowledge and the desire for excellence, but also to help people think for themselves.

The secretary then continued that all member states were aware of the challenges the region was facing. The question was: what steps could be taken in order to ensure an open and secure region? The migration crisis could not be managed by the countries on their own. Border guards and other law enforcement agencies would have to cooperate closely to be successful in combatting human trafficking. The only answer to these questions was close cooperation and building trusted partnerships. Ms. Kalnina-Lukasevica saw room for improvement and further development here. Close cooperation, however, would have to rely on respect for human rights, freedom, democracy, self-determination and the rule of law.

She concluded with a quote from George Bernhard-Shaw: “The people who get on in this world are the people who get up and look for the circumstances they want and if they can’t find them, make them themselves.”



Ms Carola Veit **Vice-President of the BSPC**

Ms Veit sought to inform the member states about the implementation of the 24th BSPC resolution. For years, the BSPC had made an effort to comprehensively analyse the implementation of past resolutions, in order to evaluate what had been successfully achieved and what would need more future attention. She lauded that the received feed-

back from the respective governments had been increasingly comprehensive.

Nineteen parliamentary delegations had adopted the 24th resolution thus far. However, the follow-up reports had varied in comprehensiveness and thematic depth. Therefore, the Standing Committee had decided to send a joint letter, in order to achieve better comparability. Unfortunately, the responses had varied so significantly, that reliable conclusions about actions in certain policy areas could not be derived from them. They did, however, illustrate which policy areas had been of most and least importance for the respective member states. It also illustrated the high variety of policy activities the member states had been active in.

In total, the 24th BSPC resolution had listed 57 calls for action, most of them regarding health-related issues. Surprisingly, the classic chapter on “Cooperation in the Baltic Sea Region” had received significantly less attention. For the governments, the most important call had seemed to be paragraph 8, which had called for upgrading the reception facilities for sewage in passenger ports. By far the most responses had been for four calls to action: early intervention to strengthen public health, transnational emergency care, transnational co-operation in the treatment of rare diseases and strategies to address demographic change.

Early intervention by social investment into for instance vaccine programmes and the reduction of alcohol, tobacco and illicit drug consumption were widely supported. With regard to transnational emergency care, agreements and arrangements were already at hand or in active preparation. There seemed to be no need for further measures in this area.



Ms Monika Stankiewicz

**Executive Secretary
of HELCOM**

Ms Stankiewicz thanked the BSPC for its support to HELCOM and added that it was in everybody's interest to protect the Baltic Sea. Healthy marine ecosystems were needed to ensure a thriving maritime

economy and the well-being of people. The HELCOM Baltic Sea Action Plan of 2007 was still the guiding light for all contracting parties, and although its deadline was not until 2021, Ms Stankiewicz could already report concrete achievements, such as the reduction of excessive nutrients. The proposal to make the Baltic Sea a NOx Emission Control Area (in tandem with the North Sea countries) had been the start of HELCOM providing studies and negotiations for its final submission. The measure provided a cost-efficient way of reducing around 7000 Nitrogen input in the Baltic Sea per year.

Another milestone was the ban to discharge untreated sewage from passenger ships. This year, the contracting parties had fulfilled the formal conditions for the ban to be enforced, and it was set to take effect in 2021. It was now a task to ensure the necessary improvements to port facilities.

Such actions were examples of successful regional cooperation across sectors in order to implement global regulations. It also boosted competitiveness, technological development and innovation. A result of such cooperation was the HELCOM Recommendation on sustainable aquaculture, which had provided criteria for best practices regarding minimising and preventing negative environmental impact of aquaculture. Ms Stankiewicz added that all straightforward solutions had thus far been taken into use in the Baltic Sea. It was now time for the more complex and holistic approach, which required new, innovative approaches.

HELCOM had existed for over four decades, in which it had demonstrated its progress and added value. However, this did not mean that critical reflection was not necessary. As such, the Executive Secretary asked: "does HELCOM as a whole stick to its decisions?" Overall, she showed, approximately 60 percent of agreed

regional actions had been accomplished, but 40 percent remained only partially implemented. As such, she concluded that the member states were quite far from reaching a good environmental status for the Baltic Sea. Areas of concern included marine litter, underwater noise and sustainable fisheries.

Finally, ending on a positive note, Ms Stankiewicz showed that the inputs of phosphorus had steadily decreased since the early 1980s, and she asked the community for support in reaching its target set for 2021.



Ms Daria Akhutina

**Coordinative Committee Member,
Baltic Sea NGO Forum and Network,
Russian Platform Chairperson**

The Baltic Sea NGO Coordinative Committee members had presented the NGO Forum's participants' views on current development and existing challenges crucial for the future stability of the Network.

Firstly, it was important to boost interaction, coordination and synergy between the Network and other cooperation platforms in the Baltic Sea Area, preferably in a people-to-people manner. All platforms in the region were experiencing a lack of resources, which was why synergy with the aim of consolidating resources would be more crucial than ever.

Ms Akhutina underlined that it was important to strengthen the national platforms of the Network by facilitating NGO cooperation between the annual fora, and by encouraging common projects and activities. For this, it would have to be able to rely on a stable source of funding, which was still difficult at times and caused a lack of permanent support.

The roundtable of the Baltic Sea NGO Forum in Gdansk this year had been aimed to openly discuss the potential, possibilities and most relevant subjects of the wide scale cooperation on the people-to-people level involving municipalities, universities, culture institutions, businesses and NGOs. Its participants had emphasised that:

- Cooperation in the Baltic Sea Region was increasingly moving toward relations on a people-to-people level
- Despite existing tensions, citizens of neighbouring countries strived to maintain stability and development through dialogue.
- Cooperation between civil societies harnessed a vast potential for creating a favourable social climate and stability.
- Tackling existing threats was only possible by consolidating forces from all sectors of society.

Finally, Ms Akhutina informed that the participants had been encouraged by the upcoming Icelandic presidency of the CBSS, whose priorities aligned with the spheres of activity of many NGO activities. She then announced that this would be her last speech in her current role, and that she would start her new job at the CBSS secretariat in September. She handed over her duties to Ms Magda Leszczyna-Rzucidlo.



Ms Magda Leszczyna- Rzucidlo

**Baltic Sea NGO Network 2016
Forum Coordinator**

Ms Leszczyna-Rzucidlo informed the delegations that during the 14th Baltic Sea NGO Forum in Gdansk over 150 representatives of civil society organisations, the Council of the Baltic States and

other public authorities, had gathered for a cross-border and cross-sector dialogue. Within the theme “Solidarity as a new dimension in the Baltic Sea regional cooperation”, the guests participated in plenary sessions, workshops and panel discussions to focus on three underlying themes:

- Culture and social innovation
- Civic sector and social problems – self-independent youth
- Migration processes in Europe

All topics had been discussed in the light of social economy, with an additional workshop on youth social entrepreneurship development, which had gathered great attention. Partners from Poland,

Latvia, Lithuania, Estonia and Denmark had gathered in a project known as “BSR youth social entrepreneurship”, or “BYSED”, which was supported by the EU Strategy for the Baltic Sea Region Priority Area Education Coordinator. As such, the possibilities to foster the entrepreneurial mind-set of youth as an answer to youth unemployment had been thoroughly discussed.

Future activities of the Network would also head in this direction, amongst which a seminar during the 7th EUSBSR Forum in Stockholm in November. Cooperation on a regional level, including regional stakeholders and policy makers was crucial. Ms Leszczyńska-Rzucidło then expressed hope that the voice of NGOs would be heard and that its activities would become even more visible.



Ms Maja Gojkovic
resident of the Parliamentary
Assembly of the Black Sea Economic
Cooperation (PABSEC) and Speaker
of the National Assembly of the
Republic of Serbia.

Ms Gojkovic was honoured to be addressing the BSPC and congratulated the organisation on its 25th anniversary. She welcomed the topic of the conference, recognising the need to connect the labour mar-

ket, labour mobility and youth unemployment in the 21st century. She clarified that PABSEC is a forum for inter-parliamentary dialogue, bringing together 12 states from the greater Black Sea Area to deal with contemporary challenges. Its core values of democracy and the rule of law combined with the furthering of economic development, peace and stability, which were important for the region and the wider European community. During the General Assembly in Moscow in June 2016, it discussed important international issues, such as the political, economic and social aspects of the migration crisis. It discussed and strongly condemned terrorism in all its manifestations.

During the Serbian presidency, more cooperation between member states had been encouraged, as well as a closer relation with the European Union. The National Assembly of Serbia would host an event from the 30th of November to the 1st of December 2016 in Belgrade, to which Ms Gojkovic cordially invited the representa-

tives of the BSPC. She reminded that the parliamentary component was crucial in addressing current issues. Being the direct representatives of citizens they would have the ability and duty to directly represent their viewpoints. Working together to secure a common, prosperous future was paramount. PABSEC believed that closer interaction between regional and international parliamentary assemblies would pave the way for the effective implementation of common goals. Ms Gojkovic expressed hope that cooperation between PABSEC and the BSPC would be continued in the forthcoming period.



Mr Vitaly Busko
**Chairman of the Commission
 on International Affairs of the
 House of Representatives of the
 National Assembly of the
 Republic of Belarus.**

Mr Busko was honoured to be allowed to address the BSPC, and thanked the Saeima for the wonderful organisation and cooperation which helped construct a mutually beneficial par-

liamentary dialogue. He argued that Belarus was closely linked with the Baltic Region because of its common roots, and shared security, social and economic issues. The Republic of Belarus had established a permanent delegation to stay in contact with the BSPC, the Nordic Council, and the Working Groups to enable cooperation with 19 European parliaments. It was keen to exchange on issues of mutual interest, based on equality, respect and partnership.

The Republic of Belarus considered quality education and labour as main priorities, having established a programmes to promote its progress and further youth development from 2016-2020. Furthering quality education was in line with fostering a solid, innovation based economy, making it a strategic task of the country. Mr Busko pointed out that higher education was the preferred road for many in his country. Belarus numbered 43 higher education facilities and 9 private higher education facilities. There were 400 students per 10.000 inhabitants in Belarus. In 2015 Belarus had joined the Bologna project, an important step in the development of its education system, and of integrating into the European education space. An important factor here, according to Mr

Busko, was the increase of professional academic mobility, to encourage the exchange of both students and professors. As such, Belarus State University had actively participated with the BSPC University Network, in order to exchange ideas and best practices. Covered fields included energy and environment, but also alternative conflict resolution mechanisms. Cross border projects included the Erasmus programme and Horizon 2020.

Belarus was very keen to cooperate both with the BSPC, and with its individual member state parliaments. Mr Busko expressed hope that the Belarussian observer status to the BSPC would soon be granted, creating a framework for fruitful cooperation and fostering parliamentary diplomacy. He hoped to soon continue the dialogue



Discussions

Mr Petr Riabukhin: Mr Riabukhin congratulated the BSPC on its silver jubilee and pointed out that the CIS-IPA would celebrate the same 25th jubilee in 2017. He thanked the conference for all the years of cooperation. The Russian parliament and the CIS representatives had always been active in the BSPC and considered the relation very important, especially because the CIS was seated in St Petersburg, so close to the Baltic Sea. Many topics were shared by the two organisations, including environmental protection. The Russian parliament had established an ecological convention, which would take place in St. Petersburg. Mr Riabukhin invited to contribute to the outcome of this congress and underlined the willingness and the readiness to cooperate with the BSPC.



Mr Wille Rydman: Mr Rydman argued that parliamentary cooperation had been an essential part of regional cooperation. The Nordic Council had been grateful for the cooperation opportunities granted since the Cold War. Unfortunately, lasting peace and democratic development could not be taken for granted, not even in Europe. With chaos in Europe, for instance in Ukraine, the continent faced a dramatically changed situation. It should not accept war or conflict in Europe, but unite against extremism and terror, Mr Rydman stressed.

The Nordic Council had recently been more active in seeking dialogue with parliaments in different Baltic Sea Region countries. It had celebrated 25 years of close cooperation with one of its closest partners, the Baltic Assembly. For instance, it had arranged joint annual conferences on the situation in Belarus since 2007. On the background of the problems in the Crimea, it had tightened the bonds between Nordic and Baltic cooperation and included more partners, such as the Benelux countries and Poland. A delegation from the Nordic countries had visited the Bundestag in Berlin, which shared many similar challenges, like the waves of migration.

Under the circumstances of the annexation of Crimea, and the consequentially strained relations between Russia and Ukraine, open dialogue became more necessary than ever. Mr Rydman stressed that the Nordic Council was not satisfied with the current situation, but willing to continue dialogue. Pragmatic cooperation in areas of mutual interest should not be stopped, regardless of underlying tensions. As such, a Russian delegation visited Sweden and an Arctic Conference in June 2016. He expressed hope for a positive development, even under challenging circumstances. All delegates would have to continue to be united in common themes.

Mr Andre Brie: Mr Brie expressed great interest in the presentation on Baltic 2030, fostering a sustainable development of the Baltic Sea Region and making it a priority. He subscribed to the approach and made a suggestion to contribute: making an action plan for the sustainable development of the Baltic Sea and an inclusive approach of the CBSS would be very important. The CBSS had invited representatives to participate in the implementation of the integrated maritime policy action plan, and Mr Brie would be very pleased if the current working group would accept this invitation, intensifying the cooperation with the CBSS. It would be paramount to continue Pan-European communication in times of challenge.

Ms Jette Waldinger Thiering: The target of the resolution had to do with training, education and the future of the Baltic Sea Region. In the light of current challenges, it was important to talk about educa-

tion and training. In the light of security, she urged the delegates to talk about social justice. Training, education and work had to be guaranteed for young people in the region. The Region had good universities, and its students should contribute to sustainable labour markets, for many reasons including the prevention of radicalisation in society. Peace was not for granted, not even in the Baltic Sea Region. Only if the state could include everybody, it could create social justice and only then could it guarantee security. Ms Waldinger Thiering then thanked the organisers for the wonderful draft and for the organisation of the conference.

Ms Cecilie Tenfjord-Toftby: Ms Tenfjord-Toftby remarked on the request of Belarus to become an observer in the BSPC. She understood the wish to become an observer, because the BSPC was an important plaza for the exchange of thoughts on democratic ideas. Ms Tenfjord-Toftby argued that it was necessary for the Belarus opposition should also be represented in the BSPC, in order to make a sincere overture by Belarus believable.



Session two

How to develop competitiveness in the Baltic Sea Region by linking education and the labour market

Ms Līga Lejina

State Secretary of the Ministry of Education and Science of Latvia

Ms Lejina stressed that the department believed that the key to the competitiveness of the Baltic Region lay in the investment in human capital. This could be generated when standard education traditions were broken and the manner in which higher education was approached was re-evaluated, matching the demand in the labour market. New skills were demanded by this labour market, Ms Lejina stressed, which required the adaptation of the educational system. In order to ensure that students could conquer the labour market and be fitted with the necessary skills, flexibility and analysis were crucial. The ministry tried to forecast the changes on the labour market, and then implement the required changes in the educational system. This task was quite difficult in the middle and long term, but it was critical not only that it happened, but that it happened on all levels of education: general and vocational education, the overall learning environment and the life-long education system.



An important priority for Latvia for 2020 would be to increase the proportion of vocational education. In order to build a successful system of learning by working, a systemic approach would be vital, in addition to close cooperation with social and sectoral partners and employers. Discussions started under the Latvian Presidency of the EU Council to determine the responsibilities of such partners. The

minister cooperated with over 200 enterprises in pilot projects. The outcomes resulted in a legal framework which involved making amendments to educational law, which allows for an increase involvement of employers in the educational process.

Dialogue with unions and employers had resulted in twelve sectoral councils and sub-councils. The exchanges of best practices occurred in these councils, and ensured raising the level education. Latvia had been successful in cooperating with other countries in the region on this matter: through Erasmus Plus, by exchanging best practices with Germany and through a Baltic Apprenticeship Alliance. Future plans included relations with Finland through Erasmus Plus and other Baltic countries. Ms Lejiņa reminded the delegates that the proportion of people with higher education degrees in Latvia was above the European average. In order to nurture this, Latvia focussed on so-called STEM study programmes (Science, Technology, Engineering and Mathematics), which coincided with the demands of the 21st century. As such, students increasingly chose for the Baltic Sea Region as their study destination.

The strategic development of education had the goal of innovation and future economic development. Research and innovation in specialised areas could be deemed strong suits of Latvia, and would ideally form the basis of continued development. Reaching out through the INTERREG supported Baltic Science Network was one of the examples through which Latvia was reaching out to share its efforts and supporting the growth of competitive human capital. The minister finally expressed hope for further, close cooperation.



Ms Jadwiga Parada
**Director of Vocational and
Continuing Education Department
from the Ministry of National
Education of Poland**

Ms Parada reminded the delegates that vocational training was very specific. On the one hand, it was linked to the economic environment, fluctuating and influenced by the tendencies of the labour market.

The task of the vocational training systems in Poland, Europe and all over the world was to keep adjusting the offered trainings to the needs of the labour market. Employ-

ers complained that they lacked the professional manpower to work with, which in turn negatively influenced the future ability to train the next generation of working professionals. Poland had therefore taken measures to modernise their vocational training and to make it more attractive.

Employers needed professionals, Ms Parada reminded the room, but these professionals also had to be versatile enough to meet changing needs. Poland had had a national debate on this issue this year, throughout which opinions were collected. The question was now, what needed to be changed? For Poland the employer would have to be given a central role, hence there was a lot of work done in cooperation with commercial chambers and the organisations of employers. The result of this debate had affected and would affect legislation.

Changes to the vocational training system were proposed. Firstly, the graduate had to be well-prepared, and equipped with a complete set of professional skills as well as soft skills. He or she would have to be able to continue professional training, both at work and at university. A project, which was being supported by the European Union, was launched to improve the cooperation between vocational schools and universities. A number of syllabi were developed to be used by both vocational schools and universities. Another important factor was the career development for teachers, allowing them to update their knowledge.

For success to be possible, employers would have to be involved. The ministry of education had to function as a lynchpin between other ministries, employers and stakeholders, building a training system which is adequate for the new challenges. It would have to consider how training would be provided, how a good offer for employers could be developed, how people could earn and provide for their families. In order to make this cooperation between stakeholders successful, the ministry would have to disseminate knowledge on the potential benefits.

How could the ministry look forward in order to predict future needs? In cooperation with the EU, the project 'Partnership for vocational training' was founded to find experts in order to divine the needs of the labour market, and to create the studies that would be needed, but were currently still lacking.

A new project that had just begun was the development of a new examination system. Employers would be involved in the examination tasks, and would act as examiners, and they would assess them-

selves if the skills that would be examined would indeed be the skills that would later be required.

Ms Parada finally remarked that this dual educational system that was coveted, existed in Poland for a number of years now, and the ministry was ready to evaluate if its popularity had increased over the last years.



Mr Poul Nielson

Former EU Commissioner and Danish Cabinet Minister, Author of announced strategic review of the Nordic Labour Market

Mr Nielson stated that it was very relevant to broaden the debate based on the report on the Nordic labour market he had written for the Nordic Council of Ministers. Mr Nielson had had approximately 120 conversations with dif-

ferent stakeholders, which had made it possible to have high level, serious and discreet discussions with employer organisations. The former Commissioner explained that although the labour side had been traditionally outward oriented through its unions, few people realised that the employer side of the debate was equally well organised, just more discreetly. They too had constructive discussions amongst each other. Mr Nielson showed himself very optimistic about this fact, and believed that it was essentials that both sides of the labour market should have a serious and professional organisation, or the government could not deal with both parties equally or depend on what the two sides had decided.

The secret of the success of the so-called Nordic Model was the balance between the government, the labour side and the employers side of the debate. This system did not grow over night, but had taken over a hundred years to grow and develop itself. The different types of Nordic Models – there being variations across the region itself – had all successfully managed to develop what Mr Nielson called “compromise competence”. He explained that during his time in the European Commission, Mr Nielson had been given a taste of how unions function south of Bremen: hysterical and unable to come to a reliable compromise. In the Nor-

dic Model on the other hand, the union leader was not considered a failure when he came with an imperfect but workable compromise. This paradox, where the Nordic countries are wealthy and successful despite high taxation and strong unions, continued to baffle.

Within the legislative processes of the EU, Mr Nielson advised proactivity and cooperation early in the process in order to gain influence. He believed there was room for more European respect for this type of honest negotiation. In 1954, a single Nordic Labour Market had been created, which had been quite an achievement for its time, but it was ready for its next step within the EU, Mr Nielson stated.

Mr Nielson had been tasked with finding 10-15 cases where better coordination and cooperation could be achieved within ten to fifteen years. The proposal that had gained most attention was the introduction of mandatory education for everyone on the labour market, including seniors. The general idea to shape labour for the future would not be to work harder, but to work smarter. Educating people to the limits of their capabilities in the first years of their lives made little sense if one would then stop educating them, especially because future generations would have to work for an even greater part of their lives. Technology changed so quickly that society could not afford to stop educating itself. The state had had an obligation to educate students for over a hundred years, but it had to be expanded to the fact that people should have the right to education in their working lives too.

Mr Nielson warned against the urge to forecast the upcoming trends. States ran the risk of getting lost in the gritty details, and missing the wider scope. The process needed freedom for creativity and judgement. Mr Nielson agreed that economisation was necessary, but believing that it could be reduced to an exact science was an illusion. He underlined this with the example of the erosion of membership figures of classic labour unions and employer organisations. Many people worked without having one real employer, without building a pension and without having certain rights. This way, the two sides of the labour market dialogue would erode. Maintaining the validity of this dialogue was what the Nordic Model was about.



Mr Jan Guz

**OPZZ President and the
Co-President of the Baltic Sea Trade
Union Network**

When parliamentarians, business and employers gathered, it was hard for unions not to follow suit, Mr Guz opened. The trade union network of the Baltic Sea was there to exchange information, ideas and best practices in order to improve efficiency. He congratulated the

conference with its 25 years, and encouraged them to take the energy of any twenty-five-year-old and stretch that energy until the 100th anniversary. Discussions on competitiveness, innovation and technological progress were difficult to hold, Mr Guz offered, because the different member states were all at different stages of development and progress. A need to learn was therefore all the more urgent, a topic discussed at length at Bastun and the European Confederation of Trade Conferences.

Competitiveness usually resulted in cost cutting, which generally meant laying off staff and cutting down wages. In a single labour market that caused difficulties, and the national parliaments and EU Parliament were now busy liquidating these irregularities. Europe needed expenditure on education and R&D, Mr Guz stated, not forcing young people into an education but encouraging them with a good work environment and fair rewards. As such, trade unions were necessary to structure this type of investment in social capital. Trade unions should not be treated as a necessary evil but as a partner, also in the quest for education. If life-long learning really was a goal, then infrastructure had to be put in place, such as kindergartens and schools, in order to free the hands of the adults long enough to learn and not worry about their children.

Leaders of progress were vital in this matter. The plan of President Juncker to realise equal pay for equal work in different places was met with loathing, and Mr Guz wondered why. The elimination of dumping in prices, allowing innovation to result in higher wages than was currently being received for manual labour, was crucial, and combining the education system with the labour market would be positively perceived in society. Mr Guz saw a lot of opportunity for improvement on this front, such as rewarding people for getting educated and giving them time off to achieve

this. Employers, Mr Guz pointed out, wanted their employees to walk through the door ready-made and were often not interested in shaping them to their liking. Germany was a good example of a best practice scenario; they had achieved a lot in this field already with their dual study system.

Mr Guz finally pushed that the member states had to improve cooperation, because education protected against joblessness. However, it was crucial to distribute investment over Europe, and not let the east be the assembly line of big business in the west. He was eager to cooperate and invest, but he needed a reliable partner on the other side of the table to develop a concept that would be profitable for the Baltic Sea Region.



Dr Martin Sauer **Baltic Sea Labour Forum**

In an increasingly globalised world, the competitiveness of regions was of ever growing importance as an economic policy instruments for job security, Mr Sauer opened. All parties should try to achieve a balance of interest by consensus-building, or social partnership. The Baltic Sea Labour

Forum was an organisation where politics, unions and employers came together to create sustainable regional labour markets within the Region. 17 unions, 11 employers' organisations and 2 international organisations endeavoured to promote social dialogue and implement the EU Strategy for the Baltic Sea Region and the EU 2020 Agenda.

The Baltic Sea Region was populated by approximately 90 million inhabitants, 76 percent of which were citizens of the EU. The population density was higher than the EU average, which could be surprising considering the low population density of the Nordic countries.

The Baltic Sea Labour Forum worked to capture the impulses of joint self-government, encourage public relations activities, encouraging women to participate and to get the European

dimension to the forefront. This for instance, to counteract the youth unemployment rate which troubled many countries by providing proper work and training. Calling on government for investment promotion was an important part of this task, for instance at the CBSS. Mr Sauer encouraged the delegates to join similar projects. Organising busses to inform young students about their options were an eagerly used tool in achieving this, and were handed on to Latvia and Lithuania for the same purpose.

Mr Sauer urged the CBSS to contribute to social dialogue by financing a proportional permanent position at its offices in Stockholm.



Mr Vatanyar Yagiya
Professor of the St. Petersburg State
University and Counsellor to the
Chairman of the St. Petersburg
Legislative Assembly

The Baltic Sea Region was often referred to as an exemplary region in the global system with regard to good neighbourliness and peacefulness. It was diverse and known for its development in education. Education was a

sought after tool in the search for interstate cooperation. The quality of education was of great importance to the population and the economy of a region, it was the cornerstone of development in the 21st century. Culture had always been an important stimulus for the economy, but it should not be forgotten that culture embraced science too.

Education in the Region was competitive, and compared well to other regions in the world. The modernity, the level of teaching, the quality of the students and the affordability of schooling all made the Region stand out relatively well. The international aspect, with its cross border courses and exchange programmes also added to attractiveness.

Mr Yagiya then offered another topic: what to do with universities that are not performing too well? The Russian minister of education preferred pairing high performing universities with

ones that were perhaps struggling a bit more, rather than shutting them down. Mr Yagiya was more in favour of closing struggling universities, in light of the survival of the fittest.

St Petersburg was proud to be part of the Baltic University Network. The Baltic Federal University, where 9,000 students were enrolled every year, and many successful programmes and activities were planned. The north-western universities had a combined international student number of 270,000 and in St Petersburg, many students from the Baltic Regions were matriculated. Here, they would also be in a position to develop a Baltic mentality and understand each other. Cooperation with Finnish, German and Latvian universities were excellent examples of such relations. A joined master programme between Hamburg and St Petersburg awarded students a certificate from both, giving them a strong position in a globalised world. St Petersburg, after all, was one of the best in the world.

Mr Yagiya wished for a closer exchange of expertise, of teaching and research. The quality of this cooperation was more important to the professor than the quantity, and he suggested adding such language to the BSPC resolution.

Discussion

Ms Ingrid Johansson: Ms Johansson requested the floor to promote the importance of adequate child care in achieving the goal of linking educated women to the labour market. Presently, the delegate argued, there were two significant trends: more women achieved a higher education, and most women took responsibility for the household. The representative argued that in order to successfully support a sustainable labour market, highly educated women should not be confined to the home. Ms Johansson further argued that equal pay for equal work was paramount, and that typically female jobs should not be compensated less than typical male jobs. She encouraged her colleagues to work harder on gender equality issues in their respective parliaments.

Ms Silke Gajek: Ms Gajek thanked Ms Johansson for her contribution and concurred. The representative from Mecklenburg-Vorpommern informed the participants of the conference that her state had recently ordered an enquiry about the relation between education and labour and recommended to them the accompanying website with the results. In the light of this enquiry, they had discussed the role of women and labour, and discovered that especially the older generation had been trained vocationally, often in the GDR era. Their qualifications had not always proven sufficient after the fall of the Wall, which had regularly resulted in broken careers and poverty in old age. Ms Gajek wondered how they could make sure a dual educational system work in rural areas, for nurses and kindergarten teachers. She also argued that a paradigm shift in income was necessary in order to let the labour market function in the future, and that a serious discussion had to be held regarding an unconditional income. Ms Gajek believed that from a feminist perspective, this debate had to take place. Too many people were coming up without success.

Ms Regine Lück: Ms Lück argued that it was very important to make a major contribution to higher employment rates. For this, it was necessary to join EU efforts and strengthen programmes for mobility. Summer schools and language programmes as well as international exchange programmes were a key tool in achieving more mobility, but were insufficiently visible. Ms Lück argued for a push for such programmes that encouraged mobility, already at a ground school level.

Mr Veiko Spolītis: Mr Spolītis offered a question to Mr Sauer and Mr Guz regarding the difficulties in the labour sector. It was necessary, Mr Spolītis believed, to speak of convergence of the EU labour market. The new economies were still at about 75 percent of the EU average. The representative therefore wondered what mechanisms were in place to ensure that Polish workers were paid the same wage as local workers in for instance Belgium. Because in a way, the low wages of the labourers from the newer economies were also undermining the wages in the western states. He then asked Mr Sauer about his position on the directive from the EU, which Mr Spolītis believed to be quite neo-liberal, namely that everything would trickle down and that the market would regulate this issue. The representative offered that if such processes were not managed, nothing would trickle down, and societal problems would form in Latvia because people moved to Ireland and the United Kingdom to work. Finally, he asked Mr Yagiya how he saw Russia competing if they did not modernise their economy.

Mr Franz Thönnies: Mr Thönnies agreed that it was important to have a close link between education and business, and that it was important to educate people as self-reliant in their professional lives. The representative wondered, how Poland ensured the integration of businesses in the process of getting people onto the labour market. He also asked the representative from Poland how they handled the integration of teachers, and suggested that teachers could take an active role, and should be offered internships at companies in order to be able to teach what is expected in the work place, and offer personal insight into the process. Mr Thönnies then proposed that the Northern Dimension could start a partnership in education.

Mr Herbert Behrens: Referring to the speech by Mr Nielson, Mr Behrens believed one was in the position to look into the future. Staying connected would allow for the construction of a solid educational system, and at the same time allow the member states to be more competitive, winning the struggle for the most talented people, and not just the high level education students. Europe was talking of industry 4.0 and the human resource challenges it was faced with. In order to come close to a solution, its member states would have to look beyond narrow, specialised education and widen its scope to include vocational training too. In the past, Germany too had had a close bond between unions and employers, and this had resulted in a strong educational system. Today, however, Germany was witnessing a race to the bottom in the labour market. He therefore asked Mr Nielson about the role of competition in creating better standard and a better environment for the future.

Mr Bernd Voß: Mr Voß agreed with Ms Johansson that a better education system needed to be created for both sexes. He also agreed with Mr Spolitis that the market could not solve every problem. In Schleswig-Holstein and Hamburg they had made an effort to include everyone, for instance by creating youth vocational training and offer a single spot where a solid training could be acquired and youth unemployment could be avoided. He then wondered how many people had used the extended Erasmus programme to go abroad within the framework of vocational training. He also wondered how far other states had gotten in achieving the goal of better dual vocational training. Mr Voß argued that although it was true that more university graduates were needed, it was also crucial to have those who could actually produce the ideas dreamt up by these university graduates.

Mr Vatanyar Yagiya: Mr Yagiya concurred with Mr Thönnies that a partnership in education would be a good idea. He was optimistic about the state of education in the Baltic Sea Region. Regarding the question if Russia would be capable of modernising its production processes, Mr Yagiya informed the delegates that in Russia the Strategy 2030 was currently being developed and that St. Petersburg had been involved in its strategic development. Stepping up production had already been started and had borne fruit. In May, a Commission had been set up that linked employer organisations and education. This model would ideally soon be used in other regions of the state and other universities.

Mr Martin Sauer: Mr Sauer was asked about the difficulties caused by the freedom of movement and labour and he acknowledged that it was indeed an issue, not just between countries, but also between states within countries. He pointed to the significant social problem for Mecklenburg-Vorpommern. Hamburg had become so attractive for many, that they left the state, with significant brain drain as a result. He argued for the promotion of the region and a significant investment for infrastructure, including its kindergarten network. He considered it crucial to create lasting contacts with social partners, and to make the region so attractive that people would stay. This also included offering attractive salaries.

Mr Jan Guz: Mr Guz argued that work was one of the foundations of life, and therefore had to be well organised. In religion, he argued, work was there to serve the people and not the other way around. Organisations should function the same. Mr Guz furthermore argued that equal rights for women, and equal work for equal pay deserved a real discussion. He argued in favour of spreading the burden of responsibilities within the family, for instance by involving kindergartens more. Many Poles had left the country in search of work, tearing families apart. He ardently stated that a country is not an assembly line, and that the market should not be given complete liberty to shape society to their liking. The hand of the market, Mr Guz argued, would not solve all problems.

Ms Dorota Arciszewska-Mielewczyk: Ms Arciszewska-Mielewczyk supported the claim that after Poland joined the EU, many of the skilled labourers, masters and university graduates left the country in order to work elsewhere. This left Poland in a difficult position while it tried to rebuild its economy and its labour market. This lack of professionals had hit the economy very hard.

Ms Līga Serna: Ms Serna praised Erasmus Plus as one of the drivers of labour mobility, and it had been successfully implemented in Latvia, making it a catalyst for development. She further argued in favour of equality in employment and household tasks. In Latvia, she stated, women were especially active regarding adult education, forming a positive trend despite modest numbers. She finally argued that technological advances were putting pressure on education demands. It was important to make general and secondary education more skill-oriented, which Latvia was actively pursuing.

Ms Jadwiga Parada: Ms Parada wondered how to help young people who were in need of extra support, for instance by offering mandatory classes on entrepreneurship, vocational counselling for students and a push in the back for those at the start of their careers. She also supported a stronger link between the labour market and vocational schooling. In Poland, employers directly inform the minister of education of their needs, and regulations are swiftly introduced. For this, schools must and do possess a certain level of flexibility. Employers were furthermore not only involved in examination, they also took students and teachers under their wing to guide them and support them. Finally, teachers would soon be offered courses about managerial skills within companies, and be provided more in-depth knowledge about how companies operated. Adult education was offered on the same level as regular vocational training, but it was possible for adults to fast-track their learning, which proved very popular, also for university graduates.

Mr Nielson: Mr Nielson warned against underestimating the value of sharing experiences, indeed it should be stepped up and that different sectors should share experiences across the board, not just amongst each other. He praised the broad interaction, which was soft-footed but very effective. Furthermore, Corporate Social Responsibility was a wonderful concept but it often remained a concept only. Preventing the race to the bottom was only possible by thinking out of the box, by being ambitious and reaching for high goals, for example in the way our forefathers opened up schools for all children. Making such cooperation mandatory was key, in order to force the different institutions to get organised. Mr Nielson finally warned that it was necessary to have another look at those within society who saw the necessity of education as a threat, and not a gift. They deserved to be noticed.



Ceremonial Session

in honour of the 25th anniversary
of the BSPC: yesterday, today
and tomorrow

Mr Trivimi Velliste

**Former President of the Baltic
Assembly, Former member of the
Standing Committee of the BSPC
from Estonia**



Mr Velliste described a scene from a well-known Estonian book, “The Silverwhite”, in which the main characters, upon arriving in Estonia, wondered if the Baltic Sea was going to be divisive or uniting. Throughout history, be it the Viking Age, the Hanseatic Age or the Cold War, the Sea has been both. Even in times of division, it was a sea of peace, although peace had been stone cold at times. After the fall of the Berlin Wall, a sense of hope and promise had spread across the Baltic Sea Region. It was in this mood that the BSPC had been founded. Now, 25 years later, cooperation and open debate between Parliaments and other bodies within the Baltic Sea Region has been thoroughly established. A window of opportunity had been opened, and this road had led to increased stability and prosperity for its citizens.

Although not all challenges could be faced in cooperation, the BSPC had contributed to considerable progress in some policy areas, such as the environmental protection of the Baltic Sea which connected them. It had substantially contributed to cross-border and interregional economic cooperation and social integration. In doing so, it had leaned on its fundamental objectives: strengthening the common identity and guiding new political activities,

endowing them with additional authority. The fact that representatives from both national and sub-national parliaments were involved only made the construct more heterogeneous and added another dimension to democracy: the dialogue between different political levels.

Mr Velliste concluded that the best the Baltic Sea Region could offer is its identity: the historical, the geographical and the cultural. Preserving it would mean to preserve the bridge between nations.



Mr Franz Thönnies

**Chairman of the delegation of
the German Bundestag**

Mr Thönnies congratulated Latvia and Estonia on their 25 years of independence, which so wonderfully coincided with the anniversary of the BSPC. He then remarked that a journalist had asked

him about the common identity of the Baltic Sea Region. A shared identity, Mr Thönnies remarked, was not an easy thing to achieve in a Region where there were more than nine ethnicities, eleven languages, seven currencies, three different types of Christianity and even more political cultures. Still, common ground could be found. Maritime history and activity was at the foundation of all nations around the Baltic Sea. Its red brick architecture could be found throughout the region. More recently, wind farms and cruise ships, but also a love for herring and amber connected the people that lived by the Baltic Sea.

What united most was the diverse cooperation structures along the shores of the Sea that had proven themselves exemplary. Following the fall of the Berlin Wall, national and regional parliaments had met in Helsinki in 1991, upon the invitation of the Speaker of the Finnish Parliament, Kalevi Sorsa. They had discussed how good neighbourly relations and stable democracies could be fostered, and they had had a chance to uncover common interests and enter into trust-based partnerships.

A quarter of a century later, Mr Thönnes underlined, it was justified to ask what had been achieved. The BSPC had gained autonomy; it had built a Standing Committee that worked with a consensus based model. Its collaborations had intensified, and systems for surveying governments on the implementation of conference resolutions had been put in place. Themes, which in the early days had been limited to democratic stabilisation, broadened and spread to common ground regarding maritime policy, green growth, education and employment amongst others. Starting at its 16th conference, it had started to garner attention in Brussels, which was the start of the first regional strategy, the EUSBSR.

By now, almost 95 percent of Baltic shores fell within the EU, compared to only five percent in the early years. Largely due to the Northern Dimension policy and the Northwest Russian Strategy, Iceland, Norway and Russia had become full-fledged BSPC member states.

Although the annual conference and the concrete political work were shining examples of international cooperation, Mr Thönnes still believed it valid to ask, “what good does it all do?” Celebrating one’s successes would be justified: the wish to protect the Baltic Sea marine environment had led to the IMO prohibiting new passenger ships from discharging untreated waste. Imposing stricter controls on eutrophication had also been partly due to the efforts of the BSPC. The BSPC had campaigned to declare the BSPC a Particularly Sensitive Sea Area, and had made principle shipping lanes safer. It has also pushed for the Clean Ship Concept, aiming for zero-emission from shipping.

In line of the EUSBSR, partnerships had arisen between states, educational systems, research facilities, companies and trade unions. The Baltic Sea Labour Forum, with its roots in the Baltic Sea Labour Network, had grown into a permanent body for social dialogue with over 30 employers’ organisations, unions and other partners. The 21st BSPC conference in St. Petersburg had responded to the high level of youth unemployment, for which EU funding now approximated 6 billion euro.

Dark times, Mr Thönnes acknowledged, had been known. In 2014, the CBSS ministerial meetings had been cancelled, based on the tensions surrounding Russia’s involvement in Ukraine. The BSPC had appealed to its member states to make every effort to ensure that the Baltic Sea Region would continue to be a region of intense cooperation and peaceful neighbourliness. Under the Polish Presidency, the council-level talks were continued.

Mr Thönnnes wondered what the future would bring for the BSPC. He believed it would have to mean an international approach to the challenges of our time. It would mean putting key future opportunities and questions on the common agenda and working on them together, for instance by developing the “Green growth for a bluer Baltic Sea project.” It would mean being united in the common duty of protecting refugees, the Baltic Sea Region being one of the most prosperous regions in the world. It would mean placing more emphasis on multilateral cultural networks and schools. Finally, it would mean strengthening common security together, protecting citizens from threats and disaster and doing so without military or rhetorical provocation.

Encouraging citizens, and especially youth to articulate their political ideas would be crucial in letting the Baltic Sea Region flourish, Mr Thönnnes believed. NGOs and civil society should play an increased role here. Finally, the way in which the Region treated its minorities should be exemplary. The transition from hostility to co-existence proved to be a difficult one, the German Member of Parliament claimed. Although looking back on history may have invited some to proclaim that thing used to be easier, Mr Thönnnes reminded that nothing happened by itself. Dialogue, compromise and cooperation were needed. The Baltic Sea Region needed each other.



Ms Anna Abrahamsson
President of the Nordic Youth
Council

Ms Abrahamsson thanked the delegations for the opportunity to speak, and introduced herself as the President of the Nordic Youth Council, a platform where political youth organisations across the board gather to discuss issues that bring them together. Ms Abrahamsson was encouraged to see the lively debate

going on, and underlined that mutual understanding and solution-seeking was of the utmost importance in current times.

A core issue on the mind of the Nordic Youth Council was education and employment. Although her generation was the most healthy, wealthy and educated of all time, there was still great concern about

the developing of the economic situation, education and job opportunities. Pushed by economic turbulence, increased globalisation and growing technological development, the division between winners and losers had been made disturbingly sharp. Unemployment had hit young people especially hard; uncertain careers had become the new normal, and such insecurities had resulted in young people turning on each other.

The second issue was the pressure of the global footprint catching up on the next generation. Our welfare had caused a great threat to well-being and our planet, which could be witnessed upon the shores of the Baltic Sea. Intense cooperation, unity above self-interest was paramount, Ms Abrahamsson argued, in order to succeed at all.

In order to succeed on all levels, strong parliamentary cooperation was necessary, but it would only succeed if the democratic foundation it relied on was strong. Involving all members of society, especially those who had trouble making their own voices heard should not be forgotten. Youth was becoming a demographic minority, and its underrepresentation was making them apathetic. Such facts could fuel radical and extreme ideas brooding in society.

Ms Abrahamsson concluded that multinational cooperation was the road to walk, isolationism could not be the answer. She expressed herself hopeful that many possibilities had not yet been exhausted, and that amongst the member states in the room were those leading in innovation, in competitiveness and championing sustainability. As such, they should be able to find new paths for inclusion and participation. The trick would be to learn from each other.



Discussion

Ms Carola Veit asked Mr Velliste how, in light of his experience within the BSPC, he believed the relationship between the member states had changed over the years.

Mr Trivimi Velliste replied that he believed the cooperation had become more concrete over the years, and that the hope for the future had been more considerable at the beginning. This was not unusual, Mr Velliste added, since day dreams tend to be more beautiful than the best possible reality. Regardless, he believed that the very real progress that had been made was very significant. The iron curtain, which was very solid in the past, had become a historical notion. An example could be found in Finland, which due to its linguistic and cultural similarities had become a great asset to Estonia, but also a curse, because many young Estonians left. As such, young people were becoming a minority in many societies, particularly in Estonia. If there was absolute freedom, many would use it to leave their country, which was of course a paradox.

Ms Veit wondered how the current security issues, for instance the stationing of NATO troops in the Baltic States, would influence the work at the BSPC.

Mr Franz Thönnnes agreed that there was still some conflict within the BSPC, but that a close cooperation that had already lasted 25 years was a great fundament to discuss different points of view. It had created a certain level of trust amongst the delegates, even though the last few years this trust had been put under pressure by the violation of international regulations. It would be in everybody's interest to behave in a calculable way, and to re-establish this trust. With big powers such as the EU, Russia and NATO, it was crucial to cooperate, because security and trust could not live without such cooperation. The EU could only function with Russia, and Russia could only function with the EU. As neighbours, the two powers would have to come to terms with this. In that, Mr Thönnnes was in full agreement with Ms Abrahamsson.

Mr Jörgen Pettersson thanked the hosts for a wonderful welcome. The Baltic Sea was a common castle that had to be defended and strengthened by all present, for them to be able to continue to enjoy it. This was challenging, as cultures and languages and daily lives did not overlap one hundred percent. The BSPC had been founded to achieve exactly this protection. The challenges had made the organisation stronger. Open discussions among friends and neighbours was important, because it led to mutual understanding. The day had been

an inspiration to Mr Pettersson, who believed that it required all hands on deck to manoeuvre a ship as grand as the BSPC.

Mr Vatanyar Yagiya had been present at the second BSPC conference in 1992 in Oslo, and resumed this in 1998. In 1992 Mr Yagiya had given a presentation on behalf of the mayor of St Petersburg, regarding the city in a new dimension. Mr Yagiya reminded the attendees to not just speak about the accomplishments, but also about the tasks ahead. In 1992 he had brought up the necessity of a procedure to decontaminate the Baltic Sea from unexploded remnants of the World War II. Unfortunately, the subject was only rarely touched upon. In 1992, the Soviet Union had just collapsed, leaving new states to be born from its ashes, including the Russian Federation. Mr Yagiya agreed with Mr Thönnes that there were many opportunities to create dialogue and confidence.

Mr Detlef Müller lauded the speakers who took the delegates back into the history of the BSPC whilst also discussing the future, which the representative from Mecklenburg-Vorpommern believed to be very appropriate. It was a special conference for the speaker, since it would be his last. He had attended over ten times, and was grateful to his colleagues for contributing so helpfully to his work as a representative and a politician. The work on the resolution always included topics that concerned all represented countries, and allowed their delegates to offer demands to their regional and national governments as well as the EU. When the going got tough in Europe, it was important to have this organisation. A good format had been established, where it was possible to resolve issues. Mr Müller declared himself honoured to be part of such constructive surroundings and wished the attendees a successful continuation of cooperation.

Mr Sören Schumacher admitted that although this was only his second conference, he was very pleased with the concept. Looking at the future, he believed the idea of a youth conference to be an excellent notion. He then offered that having youth delegates within the BSPC would be an alternative idea, and thought it would be wonderful to if every delegation would bring a young delegate as they often provided a richness to any discussion.

Ms Angelika Berg subscribed to the words spoken already. She remarked that trust and confidence could become empty words, and that they were often not enough. She believed success could only be achieved with a good balance between confidence and mutual respect. Confidence alone would never bring anyone through a crisis in one piece.

Mr Veiko Spolitis reminded that the restoration of Baltic independence touched upon the Baltic Sea Parliamentary Conference. In 1991 many would not have believed that today the Baltic States would be members of NATO and the EU. This membership had not come out of thin air, the representative reminded. The Baltic States and Poland had actively searched to move closer into the European circle. Mr Spolitis expressed his happiness to see representatives from Belarus, the Russian Federation, St Petersburg and Kaliningrad, because it enabled those present to have discussions similar to those of 1975, when the Helsinki accords were discussed. It had been an opportunity to speak about the importance of human rights, and thus slowly chip away at the USSR. Mr Spolitis believed that renewed discussions could have similar results in the present day.



Session three

Realising employment opportunities: Improving labour mobility and combating youth unemployment

Mr Jānis Reirs

Minister of Welfare, Latvia

The minister argued that although the Baltic Sea countries faced a large variety of issues, they also faced common challenges, such as the link between the labour market and education and labour mobility. Latvia had always had highly successful cross-border cooperation experiences with its direct neighbours Estonia and Lithuania. They had exchanged information on their respective labour markets, mutual learning, had had joint job fairs and cross-border workshops. The European Network of Public Employment Services had played a significant role here, and had supported over twenty events promoting labour mobility. The learning process had spread beyond the Baltic states, and Latvia had learned valuable lessons from the German employment services. Mr Reirs proclaimed that Latvia was honoured by the recognition from Europe; it had served as a best practices example at the European Network of Public Employment Services.



The minister reminded that although there was a lot of cause for hope, it was still necessary to stay alert. For instance, in making sure that social security and the taxation system were synchronised, resolving problems regarding tax compliance and the payment of benefits. Regional unemployment differences

were more pronounced in Latvia than with its direct neighbours, and it was necessary to also draw attention to domestic labour mobility, which could benefit the individual in finding a job, and the state in reducing its unemployment numbers. In 2013, Latvia had introduced a programme encouraging people to move to more fruitful areas of the country. Although it had helped over 600 people it was still difficult to convince people to leave the region they were rooted in, especially if they were of a pre-retirement age.

The alternative to domestic mobility for many had been international mobility, which had led to a significant population decline. Mr Reirs argued that it was of high importance for the state to maintain a close relationship with its citizens, and to encourage their sense of belonging and their willingness to return home, taking their newly learned skill and abilities with them. The other path would be to attract foreign talent to Latvia by relaxing any possible integration and immigration barriers that existed. Mr Reirs did stress, that the country should ideally be selective in attracting mainly those foreigners that would fill the gaps of Latvia's own existing labour capabilities.

He concluded that labour migration policies had always tended to attract public scrutiny, but that the Baltic Sea Region seemed to move down a promising path.



Ms Algimanta Pabedinskiene

**Minister of Social Security and
Labour of Lithuania**

Ms Pabedinskiene maintained that well-balanced youth mobility was a good measure helping the labour market to match demand and supply, since the mobility of 24-29 year olds was the highest compared to other groups in

Europe. Although this helped in filling vacancies in some places, it also caused issues for countries like Lithuania, which had a negative overall net migration balance which not only caused problems for the labour market, but to the sustainability of the entire social system.

Lithuania dealt with the emigration of both low-qualified and highly qualified personnel, which was difficult to stem without offering all the necessary conditions to work, earn a living and live with dignity within the country. By crafting a legal framework that allowed for a flexible and modern regulation of industrial relations that would both benefit business and employees, the state aimed to create and maintain jobs in a number of sectors. Changes included a greater variety in employment contracts and a better regulation of the work-life balance. Secondly, achieving a higher population rate included the attempt to remove social, economic and other reasons for leaving, but also to encourage EU and non-EU labour to migrate to Lithuania and to encourage the EU to balance the movement of EU citizens. The minister saw room for improvement in the EU's ability to react to the demand on high-skilled third country nationals. She also believed that the ability for citizens and companies to offer services in other countries should be ensured. The posting of EU citizens could contribute to well-balanced migration. Any additional restrictions to provide services for other countries at the national and EU level could further encourage emigration.

She summarised that migration was a positive phenomenon in that it brought in fresh knowledge and language skills obtained abroad, returned income and investment and provided fresh air to cross-cultural life. On the other hand, for small countries such as Lithuania, the decreasing population meant loss of intellectual potential, of the investment of people and a deceleration of technological advancement.

Youth unemployment especially was a tough battle to fight. The state was confronted with skills that mismatched the labour market, a lack of qualification and skills generally, and a lack of existing measures to combine work, education and family life. However, Lithuania had set itself new objectives for 2016. It wanted to ensure a high quality implementation of the Youth Employment Initiative, which supported young people in developing the needed additional skills and knowledge to find employment, or start a business. A part of the Initiative included integrating inactive youth, by forming a network of 57 partners to reach out to these youths on the streets and provide them with opportunities. Another part of the initiative helped youth obtain new qualifications by participating in vocational training, or encouraged them to start on their own by providing loans to start-ups, consultations on business plans by successful entrepreneurs, or by encouraging employers to hire newcomers on the labour market by compensating part of their salary.

The minister concluded that such investments were crucial to improve the employment system, which in turn was necessary to keep up the pace with the changing world.



Ms Anette Kramme
**Parliamentary State Secretary of
Labour and Social Affairs, Germany**

Mr Kramme offered that she was fully committed to the free movement of workers, also after the UK's decision. It helped people to embrace the idea of the EU in modern times. She wondered if it was easier for Germany than for other countries, because for them it meant a brain drain. Germany

however, had had an excellent employment situation for years. Its unemployment rate was 4,6 percent, versus a European average of 9,4 percent. Youth unemployment was also doing well comparatively.

Migration from inside the EU and outside the EU was subject to a differentiation, which Ms Kramme was sorry about, since the acceptance of people coming from outside the EU was significantly lower. Why did Germany have such an excellent employment situation? The country had learned a lot from Scandinavia, back in the 1990s, when Germany's labour policies were uncoordinated. A construct like the BSPC had made this learning from best practices possible. It had since re-evaluated its policy tools. The labour situation was also good because of the prosperous economic growth, and the overcoming of the economic crisis. Finally, demography was an important factor. Germany was shrinking, its gainfully employed people were shrinking with it, with up to 11 million people less in 2060. Because of this demographic factor, it had become easier for Germany to come to terms with the necessity of migration. A lack of skilled labour meant a necessity to open up to non-EU migrants, because the EU member states were hesitant to lose their labour force. Germany also had a list of vocations where the state felt there was a lack. It mostly consisted of crafts and the healthcare sector professions.

Furthermore, it was possible for migrants to go anywhere in Germany where employment was available. For six months they were

allowed to stay and look for employment, during which they were not entitled to social benefits. Unskilled labour did still come to the country, potentially to use the social system. As a result, a bill was in the making that would exclude people from social benefits for a period of five years if they did not find employment. For refugees and other migrants, the labour agency offered counselling services which were linked to job centres. The project “Fair Mobility” offered counselling services in migrant’s mother tongues, to overcome the initial thresholds. It allowed young people from all over the EU to come to Germany, where language courses and living facilities were provided for them, for instance youth from Spain.

Youth unemployment was low because of dual vocational training: a close combination between practical training and studies. It helped young people overcome a barrier upon entering the labour market. To prevent people from entering the labour market with too few skills, the German government had come up with Assisted Vocational Training, a programme designed to support troubled youth who were in the danger of dropping out of school or failing their exams.

Integrating refugees would take a long time, Ms Kramme estimated. Germany being an industrialised nation, the refugees would have to speak the language perfectly before they could be fully integrated in the labour market, especially because their overall qualifications were not good.



Mr Thor Kleppen Sættem

**State Secretary of the Ministry
of Labour and Social Affairs,
Norway**

Mr Kleppen Sættem hoped to share the Norwegian story of immigration with the delegates. The country had seen a large economic growth over the last 20 years, for which the oil and

gas industry had to be thanked at least partially, but also because of immigration. Norway had had 30,000 people coming to the country every year, on a population of approximately 4,6 million. Sweden,

Lithuania and Poland were the most important sources of immigration. Although it had not benefitted these countries too much, it had greatly helped Norway.

Norway had been able to be quite lazy about helping people with problems to get onto the labour market, like people with disabilities. Youth unemployment was a problem that was not being solved too actively either. Rather, the country had hidden the problem, by putting youth on social benefits, which made entering the labour force after a period of time even more difficult.

Norway strived to create an employment oriented economic policy. A facilitation of a dialogue between labour and employers by the government was also very important. Furthermore, Norway aimed to fulfil the following strategies: active and mainstream labour market policies; a priority towards youth, the long term unemployed, immigrants and the disabled; a universal and fair social security system; and the ability to balance work and family life.

Norway focussed on youth by tailoring support programmes to them and through local pilot projects. Unfortunately, it had not been the silver bullet yet, but until that was discovered, these programmes formed a suitable placeholder. In answering what could really help, the Norwegians had compared the Nordic countries to Germany, the UK and the Netherlands. Education (including vocational education) had proven most important. Youth guarantees, although they were politically interesting, only had a weak or even uncertain effect. Active labour market policies however, did play an important role. Wage subsidies and on-the-job training programmes seemed to have the most positive effects, however generally it could be concluded that there were great variations in documented outcomes and effects.

Mr Kleppen Sættem concluded that the most important was to make sure that a state had an open and inclusive job market, which allowed people to find their own job, without help.

Ms Egle Käärats

**Deputy State Secretary General on Labour and
Employment Policy, Estonia**

Ms Käärats opened by arguing that the overall labour situation in Estonia is relatively good, but not satisfactory. Although the Estonian economy had bounced back from the recent economic crisis

relatively well, the general GDP growth was still not optimal. The demographic challenges, which faced many European countries, were felt even more starkly in a state that only had 1,2 million inhabitants.

Regarding labour migration, Ms Käärats mentioned that Estonia had never been high on the ranking of favourite labour destinations. Migration to Estonia existed, but as her colleagues from Latvia and Lithuania had also explained, migration from the country formed a very significant challenge for the country. Many Estonians had moved to Finland, but lately, many Finnish had also moved to Estonia to work in its IT sector, slowly building up a structural balance in the movement of labour across European and Baltic Sea borders.



Estonia further suffered from a significant mismatching of skills. It dealt with a significant level of unemployment in its general population, while at the same time it had to cope with a lack of qualified labour for its booming IT sector. In order to improve this situation, Estonia planned to loosen its regulations, crippling bureaucracy being one of the breaks on development. It also hoped to attract more investment this way. A bundle of amendments would be presented to the Estonian Parliament in a matter of days. Additionally, it was to implement new policy to boost internal labour mobility.

Regarding youth unemployment, Estonia was doing better than the European average, but Estonian youth was still doing worse than the general population of the country. Approaching youth in the correct manner was a difficult task, and although Estonia was aiming to implement the Youth Guarantee, and initiate a project called “My First Job”, the state was still struggling to successfully reach the targeted youth. Estonia had therefore designed an information system to help local authorities find unemployed and uneducated youth and offer the necessary services.

Ms Käärats concluded that although there were serious demographic and migration challenges, the labour market in Estonia was doing well. In order to maintain this optimistic future however, a brain drain or a lost generation had to be prevented at all costs.

Discussions

Mr André Brie: Mr Brie called the freedom of labour – an important pillar of the European Union – a great good, and underlined that Germany had done a lot in the past to support the lowering of unemployment. However, the representative argued, Germany had to stay critical. The delegates at the conference had heard concrete examples of how the free movement of labour had impacted states like Poland and Lithuania. Germany had initiated an integration programme for young people from Spain to find employment, but its implementation, amongst others in Mecklenburg-Vorpommern, had shown that it also comes with problems. As a result, the EU had announced changes to improve the weaknesses in the programme. Mr Brie then stated his believe that wages should be paid according to national tariffs, and suggested to Mr Thönnies that it could be put on the agenda for the 26th Baltic Sea Parliamentary Conference in Hamburg.

Mr Daniel Riazad: Mr Riazad offered that he wanted to discuss a sensitive issue: migration and refugees. This was a personal subject for him, having fled from Iran 16 years ago. He urged the delegates to remember why people flee en masse: because of war and repression. Yet many countries in Europe sold weapons to Turkey, which was in the process of becoming a de facto dictatorship. He passionately reminded that people, not countries, were the victims of the refugee issue. It had taken Mr Riazad four years to get a permit, and another nine to acquire citizenship. When the state did not come through for his family, a solidary community stepped in to support them. Mr Riazad was tired of being diplomatic, and underlined that these issues concerned real people. He called upon those present to stop selling weapons to dictatorships.

Ms Annette Holmberg-Jansson: Ms Holmberg-Jansson argued that it was paramount to recognise foreign exams and qualifications in order to make immigration and integration smoother, increase labour mobility and address youth unemployment. Language, she argued, was the key to labour. Highly skilled people were currently working in restaurants and cleaning companies because they were confronted with a labour market gap they could not bridge. She realised it was not the type of brain drain that had so far been the topic of the conference, but Ms Holmberg-Jansson believed it was a waste of brain power nonetheless.

Mr Jānis Reirs: Mr Reirs thanked his German colleague for bringing up the posting of workers directive, as it had proven quite controversial. Latvia had sent a letter that the figures referred to in the directive had been wrong in their case, and that they could be wrong for other member states too. Mr Reirs expressed his outrage about the matter. The real concern should be for people working without contracts, working undeclared, getting paid under the table. He concluded with a case of Belgian construction companies paying foreigners according to where they originated, and not where they worked, and called this behaviour unacceptable and urged that it be corrected.

Ms Annette Kramme: Ms Kramme argued that during her speech, she did not have enough time to address all issues. She expressed her support for the posting of workers directive, pointing to two examples. Truck drivers passing through Germany, living an almost undignified life, was upsetting to her. She also mentioned the example of people working in slaughter houses in short shifts, so their employers would not have to pay social benefits. Ms Kramme concluded that if people came to Germany, they should be in a financial position to live a full and well-adjusted life.

Ms Ulrike Sparr: Ms Sparr wanted to draw attention to the fact that sustainability was crucial for the future, not just to keep nature alive, but also to keep the economy and labour market viable. Cruise ships did not just bring in tourists, they also brought employment and profit with them. However, it was crucial that they would emit less pollutants and cause less algal bloom. The Baltic Sea, Ms Sparr argued, already had dead zones, where no more life or oxygen could be found.

Mr Poul Nielson: Mr Nielson concluded that the examples provided during this session had shown the different approaches in different member states with regards to labour market legislation. However, from a Nordic viewpoint, legislation in itself could prove problematic, for the Nordic states had over a long period of time established a system, in which employers and employees were in a position to solve most – if not all – problems concerning the labour market on their own. Brussels-steered legislation might impede this system. Balance highly valuable, enables societies to do things that is very difficult to agree on to carry out in many other countries. Against this background, Mr Nielson urged for understanding for Nordic opposition to any sort of European minimum wage. Mr Nielson urged the parliamentarians to focus instead on addressing the question of labour market fragmentation and self-employment.



Contributions by the BSPC Working Group and Rapporteurs



Ms Sara Kemetter

Working Group Vice-Chairman

“Interim report by the BSPC Working Group on Sustainable Tourism”

The midway report was meant as a strategic overview of the first sessions of the Working Group, Ms Kemetter reminded the attendees. Since the last annual conference in Rostock, the Working Group had met three times, in Rostock, Helsinki and Petrozavodsk respectively. Its objective was to elaborate political positions and recommendations pertaining to sustainable tourism. As such, the Working Group invited respected experts, to inform them about themes such as: Baltic Sea Tourism Forum and the policy field ‘tourism’ in the context of the EU Baltic Sea Strategy, but also national tourism strategies, such as cycling tourism in Europe, and the Iron Curtain Trail. By casting the net wide, the Working Group hoped to achieve a comprehensive overview. A result of establishing new contacts could be witnessed in the fact that the next meeting would be back-to-back to the 9th Baltic Sea Tourism Forum in Pärnu in October, where it would contribute to the proceedings.

With intensive discussions, the Working Group had elaborated on its Programme, which was based on its Mandate. The scope of the work would have to cover, but not be limited to issues such as:

- The state of sustainable tourism in the Baltic Sea Region
- Cooperation of actors on all levels
- Knowledge- and competence-building in sustainable tourism, including in the curricula on all levels of the educational system
- Promoting the image of the Baltic Sea Region as a travel destination
- Promoting sustainable tourism as a competitive advantage for the Region, for instance by developing attractive seasonal products, but also as a business advantage for SMEs, for instance by offering tax incentives
- Collecting best practices in sustainable tourism
- Sustainable transport and infrastructure opportunities
- The importance of currently unresolved Baltic Sea environmental issues.

Ms Kemetter finally made an appeal. The Working Group had been informed by relevant actors in these fields that the Steering Committee for the Priority Area Tourism of the EU Strategy for the Baltic Sea was not being equally supported by every respective government. She therefore wanted to remind everyone to do so.

Sonja Mandt

BSPC Rapporteur on Cultural Affairs

Ms Mandt pointed out that for her first report, she had chosen to focus on culture and maritime heritage. She had studied the work of the Baltic Sea Monitoring Group on Heritage Cooperation and observed that the national representation and participation varied a lot, most likely due to budget restraints.



Educational programmes that spread cross-border knowledge about traditional handicraft, should be supported. She further underlined that it is necessary to educate craftsmen and increase knowledge and competence in the communities that safeguard buildings. Lighthouses made a wonderful example, since finding a new use for an old lighthouse could successfully preserve many of them.

She drew furthermore to a large issue: Since 40 percent of the Baltic Sea was divided into economic zones, there was no way to effectively apply heritage legislation to underwater heritage. She urged to BSPC to take initiative. Coasts too, were endangered by cultural damage because of a crisis in coastal industries.

Regarding the EU Strategy; Priority Area Culture, she reminded the conference of the importance of strong parliamentary support and urged the BSPC to consider observing the work of the Steering Group.



Closing of the 25th BSPPC



Mr Jānis Vucāns Chair of the BSPPC

Mr Vucāns thanked the attendees for the energetic, productive Conference. He reminded the delegations that everyone had received a first draft of the resolution in early July, and were given until August 19 to send in additional proposals. Any proposals received after the deadline had not been taken into consideration. He then reminded the delegates that decisions could only be taken by unanimous consent.

The 25th Baltic Sea Parliamentary Conference then agreed to the new Rules of Procedure and the Work Programme for 2016-2017.

Mr Vucāns then thanked the Drafting Committee for their hard work. The distributed resolution included matters related to the title of the 25th conference. Point 19 said that partners agreed to strengthen the contact between schools, universities and businesses in order to make sure that education would be closely and concretely oriented towards the labour market. Point 25 supported continuous cooperation between business and education, for instance through a systemic exchange of expertise in the labour market and educational sectors.

The delegates then voted in favour of adoption the 25th resolution of the Baltic Sea Parliamentary Conference.

Mr Vucāns then informed that the Standing Committee had agreed to give the honour to the Parliament of Åland to preside over the BSPC in the year 2017-2018 and the Parliament of Norway the session following. It also decided that the BSPC President would be Ms Carola Veit, with Mr Jörgen Pettersson and Mr Jānis Vucāns as Vice-Presidents.



Carola Veit

Incoming Chairman of the BSPC

Ms Veit warmly invited all the delegates to the 26th BSPC Conference in the Free and Hanseatic City of Hamburg. She believed it to be excellent timing, shortly after the G20 summit planned to be held two months prior to the annual meeting.

She underlined that Hamburg had always been close in spirit to the BSPC, which was one of the reasons it had joined the organisation upon its formation in 1991. It shared a history and a tradition with its Baltic Sea partners from fighting pirates together to achieving economic success together, in which the Port of Hamburg was one of the lynchpins. Architects who offered their wisdom, travelled around the area and had built both the St. Katharinen in Hamburg and the St. Peter in Riga. Hamburg had been connected with the Baltic Area for centuries, and it would stay important to its citizens.

Today, Hamburg was an attractive place for work and life, and it felt a strong responsibility towards nature. It was the only city in Germany to have made the top ten of 'most attractive cities in the

world'. It was also home to a large port, a leading place for aviation industries and renewables, and a key creative hub in Germany.

Considering this background, Hamburg had decided to focus on three themes for its work programme for 2017:

- Democracy and participation, in connection to youth exchange
- Science, education and youth
- Sustainable tourism

She then announced that she looked forward to welcoming the delegates to Hamburg..

Mr Jānis Vucāns Outgoing Chair of the BSPC

Mr Vucāns symbolically handed over the relay baton, underlining its power of good thoughts and wished for the new Presidency. He asked all Germans to support Ms Veit in her upcoming duties.

The Latvian Presidency had strived to reach an agreement on joint policy as implemented by the legislature and the executive power in order to provide all citizens with the sense that they lived in a secure, open and unified region.

He finally thanked the organisers and declared the Conference closed.



Annex 1

Conference Resolution

Adopted by the 25th Baltic Sea Parliamentary Conference (BSPC)

The participants, elected representatives from the Baltic Sea Region States*, assembling in Riga, Latvia, 28-30 August 2016,

taking into account a significant number of acts of international terrorism that have occurred since the last BSPC in Rostock, August 2015,

- condemn terrorism in all its forms as a common threat for our citizens and our shared values,

- deplore the loss of innocent lives, express sympathy and solidarity with the victims of all terrorist attacks, their families and all those who suffered in these inhumane attacks,

- express the crucial need for the joint fight against this major threat to our societies and to uphold our democratic values, while stressing that this fight has to respect the rule of law and civil and human rights,

discussing Cooperation in the Baltic Sea Region, Innovation and Competitiveness in the Baltic Sea Region by linking Education and Labour Market, Employment Opportunities, Labour Mobility and Youth Unemployment, and Sustainable Tourism,

- against the background of the BSPC's Silver Jubilee recognizing the Baltic Sea Parliamentary Conference's model character as a

* **Parliaments and parliamentary institutions: Baltic Assembly,*

Free Hanseatic City of Bremen, Denmark, Estonia, European Parliament, Federal Republic of Germany, Finland, Free and Hanseatic City of Hamburg, Iceland, Kaliningrad Region, Latvia, Lithuania, Mecklenburg-Vorpommern, Nordic Council, Norway, Poland, City of St. Petersburg, Council of Federation of the Federal Assembly of the Russian Federation, State Duma of the Federal Assembly of the Russian Federation, Schleswig-Holstein, Sweden, Åland Islands.

platform for inter-parliamentary cooperation in the region in the face of the current political climate;

- committed to adapting experiences from the past to a common future so that the integration of the Baltic Sea Region shall be carried on while preserving regional identities;

- convinced that respecting the rights of minorities would provide a benefit for all regions in the Baltic Sea Area;

- welcoming that the implementation of the Baltic Sea Parliamentary Conference resolutions has progressively become more comprehensive;

1- affirming the importance of the United Nations 2030 Agenda for Sustainable Development that is devoted to the people, the protection of the planet, prosperity in harmony with nature, peace and partnership, and believing in the necessity of the implementation of the 17 Sustainable Development Goals, especially Goal 14 which targets to conserve and sustainably use the oceans, seas and marine resources for sustainable development;

- welcoming the adoption of the Warsaw Declaration: Regional Responses to Global Challenges at the Meeting of Deputy Foreign Ministers of the Council of the Baltic Sea States (CBSS) in Warsaw on 8 June, 2016;

- welcoming the adoption of the Declaration Baltic 2030: Renewing the Commitment to Sustainable Development in the Baltic Sea Region adopted by the high representatives of the CBSS government institutions responsible for sustainable development on 6 June, 2016;

- welcoming the acceptance of Chair's Conclusions of CBSS Science Ministers' Conference called Baltic Science: Renewing the Commitment to Science/Research Joint Actions in the Baltic Sea Region in Kraków, on 16 June, 2016;

- welcoming the International Maritime Organization's (IMO) decision that the Baltic Sea special area for sewage discharges from passenger ships under Annex IV or the MARPOL Convention will take effect by latest 2021 for IMO registered passenger vessels, in line with previous BSPC resolutions;

call on the governments in the Baltic Sea Region, the CBSS and the EU,

Regarding Cooperation in the Region, to

1. welcome mutual cooperation and peaceful solutions of international disputes taking into account best practises for example in the Baltic Sea region;
2. take further steps to re-establish mutual trust and dialogue in the Baltic Sea Region, in particular within the Council of the Baltic Sea States in order to ensure the most efficient use of the organization's potential as a forum for multilateral intergovernmental cooperation as well as political and policy dialogue in the Baltic Sea Region;
3. further enhance regional synergy and cohesion through deepening collaboration and structured dialogue between organizations and cooperation formats in the Baltic Sea Region;
4. further promote and encourage public-private practical interaction as a tool for cross-border cooperation, economically viable actions and projects for the benefit of the Baltic Sea Region, taking into account and advancing the success of the Saint Petersburg Initiative and encouraging fuller use of the CBSS Pilot Financial Initiative, if the situation permits;
5. build on success of the CBSS Project Support Facility as a tool for supporting the strategically important project activities in the Baltic Sea Region, taking particular note of Russia's and Finland's voluntary contribution to the Facility for 2016, and to explore the possibilities for a continuation of the CBSS funding facility in a form of the Baltic Sea Cooperation Fund after 2016;
6. further strengthen and develop HELCOM as the main coordinating body in the effort to protect the Baltic marine environment, and to strongly support and encourage a fast implementation of the Marine Litter Action Plan, as well as the implementation of the NOx emission control area Roadmap for the Baltic Sea, and to stress the importance of the Baltic Sea Action Plan (BSAP) as one of the environmental pillars of the EU strategy for the Baltic Sea Region;
7. discuss mutual definitions regarding sustainable development throughout the Baltic Sea region and to support innovations within green and blue technologies as well as to create a joint web portal for the Baltic Sea region for sharing good examples regarding research, education and environmental best practices;

8. take the lead and coordinate development of a new regulations framework for autonomous vessels with the aim to make proposals to IMO as well as to support research, technology development and standards for autonomous vessels;
9. continue cooperation between each other in areas where mutual benefits and synergies can be achieved among relevant regional strategies and action plans;
10. against the background of the general competitive situation in the tourism economy as well as the current tense situation in Europe to encourage transnational strategies and long-term commitments for fostering cross-border approaches primarily in the field of sustainable tourism in the Baltic Sea Region;
11. closely work together in coping with the ongoing challenges connected with the refugees in the region and to continue to ensure the decent treatment of and the right to safe asylum for these refugees in the countries of the Baltic Sea Region;
12. foster closer cooperation and, as far as necessary, following EU respectively UN declarations in tackling illegal and irregular migration;
13. foster cooperation in the field of research and innovation towards more competitive and sustainable region;
14. pay greater attention to the issue of ensuring predictability that could be strengthened through reciprocal transparency and risk reduction measures. This is important in order to avoid any unnecessary risks and tensions, including with regard to the movement of military vessels and planes in the Baltic Sea Region;

Regarding Competitiveness in the Baltic Sea Region by linking Education and Labour Market, to

15. recognize the need to link education and the labour market more closely;
16. against this background to support the New Skills Agenda for Europe;

17. provide vocational training and skills development opportunities to young people which are geared to the needs of industry and which, by way of generally recognized formal qualifications, form one of the most important prerequisites for workplace success;

18. strengthen the contacts between schools, universities and business in order to make sure that university education and vocational education and training are closely and concretely oriented towards labour market and to identify as well as to prevent labour market mismatches;

19. build on success of the CBSS EuroFaculty programme as an example of long- term project-based cooperation in higher education and science for the benefit of the people of the Baltic Sea Region and to explore the possible steps forward for this programme;

20 foster the further development and upgrade of skills (basic and specialized) and employability through establishment of a right for lifelong learning;

21. improve transparency and comparability of qualifications, and thereby to further develop the mutual recognition of formal qualifications;

22. facilitate anticipating labour markets' skills needs;

23. explore the need for a Northern Dimension Partnership for Labour Market and Education to further develop education and labour market in the Baltic Sea Region;

24. support business and education cooperation for a sustainable economic area in the Baltic Sea Region, especially a systematic exchange of expertise in the labour market and education sectors;

25. strengthen the cooperation between social associations, the social partners and governmental organisations in a social dialogue;

26. support research and standardization within cyber security, with focus on maritime context and applications and to foster data governance in order to enable a fair and fertile environment for new data driven services that will capitalize our regions technology excellence and trigger high skill job creation;

27. implement the Baltic Sea Region as a leading learning region;

28. call for more intensified “bottom-up” collaboration and networking in order to pursue development and synergies in specific areas of science, research, innovation and clusters collaboration;

29. facilitate continuous dialogue and collaboration in science, research, innovation and higher education using existing political and regional formats and initiatives;

Regarding Employment Opportunities, Labour Mobility and Youth Unemployment, to

30. work towards the creation of a joint, collaborative labour market in the Baltic Sea Region;

31. support a common jobs platform and to raise its awareness in order to harness its full potential for the labour force of the Baltic Sea Region;

32. bring together national employment services and private employment agencies, including the social partners, in order to boost job seekers' chances;

33. use and further develop good approaches such as the EU's Youth Guarantee scheme in order to develop sustainable and broad-based concepts for tackling youth unemployment and promote the transition from school to working life;

34. provide targeted measures to NEETS to integrate them successfully into training and work;

35. promote the integration of the long-term unemployed in the labour market, using tried and tested methods based on a coordinated and individualized approach which includes employers;

36. also use for this purpose good approaches such as the recommendation of the Council of the European Union on the integration of long-term unemployed into the labour market;

37. pursue the goal of stepping up efforts to encourage in particular low-skilled, long-term unemployed and older employees to take part in continuing vocational education and training;

38. further develop the promotion of continuing training and improve the conditions for continuing training provision geared to the acquisition of vocational training qualifications, including for young adults;
39. facilitate mobility especially in cross-border regions and to provide information services to frontier workers who are subject to different national practices and legal systems;
40. utilize cross-border capacities for commuters in education and studies thereby understanding cross-border commuting as a means to reduce the risk of unemployment;
41. make better use of the resources of an ageing society;
42. facilitate cooperation between education and business to enable young people to find work and employers to fill vacancies;
43. rigorously and continuously pursue the goal of reducing youth unemployment and opening up job prospects and life chances for all young people, to use financial funds by the European Union to this and to monitor results;
44. intervene at an early stage to inform young people making the transition from school to work about pathways and possibilities with respect to career development and promote successful entry into the jobs market;
45. strive to ensure fair wages and to work towards the reduction of subcontracted, temporary agency work and temporary service contracts where permanent jobs are possible;
46. educate and integrate refugees into the labour market as soon as possible and to exchange experiences with best practice examples within the Baltic Sea Region. And also embed the social partners comprehensively and at an early stage in these efforts;
47. promote the participation of people with disabilities in working life, where possible in business in the general labour market, having regard for the principle of inclusion in the meaning of the UN Convention on the Rights of Persons with Disabilities;
48. support their public labour administrations to promote the mobility of their citizens in the entire Baltic Sea Region;

Regarding Sustainable Tourism, to

49. against the background of the unique natural environment of the Baltic Sea and the vulnerability of many habitats, to work on cross-border strategies in order to minimize existing conflicts between tourism, marine and coastal protection;

50. strengthen the rural development and agricultural production in accordance with the environment in such a way, that the natural landscape and sound environment as precondition for a sustainable tourism in rural areas are protected and restored;

51. support transnational strategies which promote the development of tourism in the Baltic Sea Region and to include the creation of synergies between projects and a communication strategy for the Policy Area Tourism;

52. ensure the better inclusion of all Baltic Sea countries in joint projects and strategies as well as of the private sector to improve direct economic impact;

53. work towards increased coherence with regard to approaches to Sustainable Tourism in the region;

54. in order to help mobilize the full potential of Sustainable Tourism to establish the Baltic Sea Region as a common and coherent tourism destination;

55. jointly work towards a common understanding of Sustainable Tourism and to strive to establish joint marketing and joint labels;

56. support the Baltic Sea Tourism Forum and its newly-established project for a permanent platform for information and know-how exchange – the Baltic Sea Tourism Center – as coordinator for the implementation of activities on Sustainable Tourism in the region;

57. especially support the application for the 2nd call by the Baltic Sea Tourism Center for financial support via the EU-INTERREG-Programme South Baltic 2014- 2020 to achieve the establishment of an operational service unit for Sustainable Tourism cooperation and permanent platform for information and know-how exchange at transnational level, the so-called “Baltic Sea Tourism Center”;

58. support the objectives of the Policy Area Tourism in the EU Strategy for the Baltic Sea Region to facilitate and strengthen the

Baltic Sea Tourism Forum process as well as to facilitate coordination with stakeholders through joint workshops;

59. facilitate the networking and clustering of tourism stakeholders;

60. reinvigorate and update existing but untapped knowledge in the Baltic Sea Region about Sustainable Tourism, for instance the Agora Strategy for Sustainable Tourism Development in the Baltic Sea Region;

61. work towards creating longer-term impacts and benefits, thus increasing public acceptance;

Furthermore, the Conference Decides to

62. welcome with gratitude the kind offer of the Parliament of the Free and Hanseatic City of Hamburg to host the 26th Baltic Sea Parliamentary Conference in Hamburg on 3 - 5 September 2017.

Rezolūcija

Baltijas jūras parlamentārās konferences dalībnieki – Baltijas jūras reģiona valstu* vēlētie pārstāvji –, sapulcējušies Rīgā, Latvijā, 2016. gada 28.–30. augustā,

ņemot vērā daudzos starptautiskos teroristu uzbrukumus, kas notikuši kopš pēdējās BJPK sesijas Rostokā 2015. gada augustā,

- nosoda terorismu jebkurā tā izpausmes formā kā visu mūsu pilsoņu un kopīgo vērtību apdraudējumu;

- piemin nevainīgos bojā gājušos cilvēkus, izsaka līdzjūtību un apliecina solidaritāti ar teroristu uzbrukumu upuriem, to ģimenēm un itin visiem, kas cietuši šo necilvēcīgo uzbrukumu dēļ;

- norāda uz neatliekamu nepieciešamību kopīgiem spēkiem cīnīties pret šo būtisko mūsu sabiedrības apdraudējumu un aizstāvēt mūsu demokrātiskās vērtības, bet arī uzsver, ka šajā cīņā ir jāievēro tiesiskums, civilās un cilvēka tiesības;

apspriežoties par Baltijas jūras reģionā attīstīto sadarbību, inovāciju un konkurētspējas sasaisti ar izglītību un darba tirgu, darba iespējām, darbaspēka mobilitāti un jauniešu bezdarbu, kā arī ilgtspējīgu tūrismu,

- BJPK 25 gadu jubilejas kontekstā atzīmējot, ka Baltijas jūras parlamentārajai konferencei pašreizējos politiskajos apstākļos ir liela nozīme kā reģionālai starpparlamentu sadarbības platformai;

- apņemoties pagātnē gūtās mācības izmantot kopīgas nākotnes veidošanā tā, lai, turpinoties Baltijas jūras reģiona integrācijai, tomēr tiktu saglabātas reģionālās identitātes;

- uzskatot, ka minoritāšu tiesību ievērošana nāk par labu visiem ap Baltijas jūru esošajiem reģioniem;

* *Parlamenti un parlamentārās organizācijas:*

Baltijas Asambleja, Brīvā Hanzas pilsēta Brēmene, Dānija, Igaunija, Eiropas Parlaments, Vācijas Federatīvā Republika, Somija, Brīvā Hanzas pilsēta Hamburga, Islande, Kaļiņingradas apgabals, Latvija, Lietuva, Mēklenburga-Priekšpomerānija, Ziemeļu Padome, Norvēģija, Polija, Sanktpēterburgas pilsēta, Krievijas Federācijas Federālās sapulces Federācijas padome, Krievijas Federācijas Federālās sapulces Valsts dome, Šlēsviga-Holšteina, Zviedrija, Ālandu salas.

- atzinīgi vērtējot to, ka Baltijas jūras parlamentārās konferences rezolūcijas kļūst aizvien aptverošākas;

- atzīstot, cik lielā mērā cilvēki, planētas aizsardzība, labklājība un dzīve saskaņā ar dabu, kā arī miers un partnerība ir saistīti ar Apvienoto Nāciju Darba kārtību ilgtspējīgai attīstībai līdz 2030. gadam, un būdami pārliecināti par nepieciešamību īstenot 17 ilgtspējīgas attīstības mērķus, it sevišķi 14. mērķi – saglabāt un saudzīgi izmantot okeānus, jūras un ūdens resursus, bez kuriem nav iespējama ilgtspējīga attīstība;

- atzinīgi vērtējot Baltijas jūras valstu padomes (BJVP) ārlietu ministru vietnieku sanāsmē Varšavā 2016. gada 8. jūnijā pieņemto deklarāciju par reģionāliem globālu problēmu risinājumiem;

- atzinīgi vērtējot apņemšanos nodrošināt ilgtspējīgu Baltijas jūras reģiona attīstību, kas no jauna tika apliecināta Baltijas deklarācijā 2030. gadam, kuru pieņēma BJVP par ilgtspējīgu attīstību atbildīgo valsts institūciju augstie pārstāvji 2016. gada 6. jūnijā;

- atzinīgi vērtējot Krakovā 2016. gada 16. jūnijā pieņemtos BJVP zinātnes ministru konferences priekšsēdētāja secinājumus “Baltijas zinātne: atjaunota apņemšanās nodrošināt kopīgus zinātnes/izpētes pasākumus Baltijas jūras reģionā”;

- atzinīgi vērtējot ar iepriekšējām BJPK rezolūcijām saskanīgo Starptautiskās Jūrniecības organizācijas (IMO) lēmumu par MARPOL konvencijas IV pielikumā ietvertā noteikuma par Baltijas jūru kā īpašu zonu saistībā ar pasažieru kuģu notekūdeņu noplūdināšanu stāšanos spēkā līdz 2021. gadam attiecībā uz IMO reģistrētiem pasažieru kuģiem,

aicina Baltijas jūras reģiona valstu valdības, BJVP un ES

attiecībā uz reģionālo sadarbību

1. atzinīgi vērtēt savstarpēju sadarbību un starptautisku strīdu miermīlīgu risināšanu, ņemot vērā labās prakses paraugus, piemēram, no Baltijas jūras reģiona;

2. veikt nākamos pasākumus savstarpējās uzticības un dialoga atjaunošanai Baltijas jūras reģionā, it sevišķi Baltijas jūras valstu padomes ietvaros, lai nodrošinātu organizācijas kā daudzpusēja starpvaldību sadarbības foruma potenciālu, kā arī veicinātu politisko dialogu Baltijas jūras reģionā;

3. turpināt reģionālās sinerģijas un kohēzijas veicināšanu, padziļinot Baltijas jūras reģiona organizāciju un sadarbības formātu savstarpējo sadarbību un strukturētu dialogu;

4. arī turpmāk veicināt un atbalstīt praktisku publiskā un privātā sektora sadarbību kā garantiju visa Baltijas jūras reģiona interesēm atbilstošai pārrobežu sadarbībai, ekonomiski dzīvotspējīgiem pasākumiem un projektiem, ņemot vērā un tālāk attīstot Sanktpēterburgas iniciatīvas sasniegumus un atbalstot pilnvērtīgu BJVP finanšu pilotiniciatīvas izmantošanu, kad vien tas iespējams;

5. paplašināt BJVP projektu atbalsta instrumenta lietošanu Baltijas jūras reģionam stratēģiski svarīgu projektu veicināšanā, īpaši ņemot vērā Krievijas un Somijas brīvprātīgās iemaksas, kas veiktas 2016. gadā, un apsvērt iespējas šo finanšu instrumentu uzturēt arī pēc 2016. gada, pārveidojot par Baltijas jūras sadarbības fondu;

7. tālāk nostiprināt un attīstīt HELCOM kā galveno Baltijas jūras vides aizsardzības koordinācijas iestādi, stingri atbalstīt un veicināt Rīcības plāna jūru piesārņojošo atkritumu jomā ātru īstenošanu, kā arī Ceļa kartē Baltijas jūrai ietverto ar NOx emisiju kontroles zonu saistīto noteikumu īstenošanu un uzsvērt, ka Baltijas jūras rīcības plāns ir nozīmīgs kā viens no ES Stratēģijas Baltijas jūras reģionam pamatā esošajiem vides aizsardzības pilāriem;

8. diskusiju rezultātā panākt vienotu izpratni par ilgtspējīgu attīstību visā Baltijas jūras reģionā, atbalstīt t. s. zaļās un zilās tehnoloģiskās inovācijas, kā arī izveidot kopīgu Baltijas jūras reģiona interneta portālu labās prakses piemēru apmaiņai pētniecības, izglītības un vides aizsardzības jomās;

9. uzņemties iniciatīvas un koordinācijas funkcijas jauna likumdošanas ietvara izstrādē attiecībā uz autonomas vadības kuģiem, lai iesniegtu priekšlikumus IMO izvērtēšanai, kā arī atbalstītu pētniecību attiecībā uz autonomas vadības kuģiem, to tehnoloģiju un standartu izstrādi;

10. turpināt sadarbību jomās, kurās iespējami savstarpēji ieguvumi un attiecīgo reģionālo stratēģiju un rīcības plānu sinerģijas;

11. ņemot vērā vispārējo konkurenci tūrisma nozarē, kā arī pašreizējo saspringto situāciju Eiropā, atbalstīt pārnacionālas stratēģijas un ilgtermiņa pasākumus pārrobežu pieeju īstenošanai, galvenokārt ilgtspējīga tūrisma veicināšanai Baltijas jūras reģionā;

12. cieši sadarboties joprojām aktuālo ar bēgļiem saistīto problēmu risināšanā reģionā, arī turpmāk Baltijas jūras reģiona valstīs nodrošināt pienācīgu izturēšanos pret šiem bēgļiem un cienīt viņu tiesības uz drošu patvērumu;

13. veidot ciešāku sadarbību nelegālās un nevienmērīgās migrācijas jautājumu risināšanā, tiktāl, ciktāl tas nepieciešams, ievērojot ES un ANO deklarācijas;

14. ciešāk sadarboties pētniecības un inovāciju jomā reģiona konkurētspējas un ilgtspējas veicināšanai;

15. pievērst lielāku uzmanību jautājumam par paredzamību, ko palīdz nodrošināt vispusēja caurskatāmība un riska mazināšanas pasākumi. Tas ir svarīgs priekšnoteikums nevajadzīgu risku un spriedzes mazināšanai, citstarp attiecībā uz militāro kuģu un lidmašīnu pārvietošanos Baltijas jūras reģionā;

attiecībā uz izglītības un darba tirgus sasaisti Baltijas jūras reģiona konkurētspējas veicināšanai

16. atzīt nepieciešamību ciešāk sasaistīt izglītību un darba tirgu;

17. šajā kontekstā atbalstīt Eiropas darba kārtību “Jaunas prasmes”;

18. nodrošināt jauniešiem konkrētām nozarēm atbilstošu arodapmācību un iespējas attīstīt prasmes, kuras kā vispāratzītas oficiālas kvalifikācijas garants ir viens no galvenajiem priekšnoteikumiem veiksmīgai integrācijai darba tirgū;

19. stiprināt skolu, universitāšu un uzņēmumu savstarpējos kontaktus, lai nodrošinātu akadēmiskās un profesionālās izglītības un apmācības ciešu sasaisti ar darba tirgu un orientāciju uz to, kā arī identificēt un novērst prasmju neatbilstību darba tirgus vajadzībām;

20. attīstīt BJVP Eirofakultātes programmu kā paraugu Baltijas jūras reģiona iedzīvotāju interesēm atbilstoši uz projektiem balstītai ilgtermiņa sadarbībai augstākās izglītības un zinātnes jomā un apsvērt iespējamos nākamos šīs programmas posmus;
21. veicināt prasmju (pamata un specializēto) attīstību, uzlabošanu un nodarbinātību, nostiprinot cilvēka tiesības uz mūžizglītību;
22. uzlabot kvalifikāciju pārskatāmību un salīdzināmību, tādējādi turpinot attīstīt oficiālo kvalifikāciju savstarpēju atzišanu;
23. veicināt darba tirgū pieprasīto prasmju prognozēšanu;
24. izvērtēt nepieciešamību Ziemeļu dimensijas ietvaros izveidot partnerību darba tirgus un izglītības turpmākajai attīstīšanai Baltijas jūras reģionā;
25. atbalstīt Baltijas jūras reģiona pārvēršanai par ilgtspējīgas ekonomikas zonu nepieciešamo uzņēmējdarbības un izglītības sektoru sadarbību, it sevišķi sistemātisku zināšanu apmaiņu darba tirgus un izglītības jautājumos;
26. stiprināt pilsonisko organizāciju, sociālo partneru un valsts iestāžu sadarbību sociālā dialoga ietvaros;
27. atbalstīt pētniecību un standartizāciju kibernetikas jomā, uzsvāru liekot uz jūrniecību un attiecīgu pielietojamību, un veicināt datu pārvaldību, lai nodrošinātu godīgu un auglīgu vidi tādu jaunu uz datiem balstītu pakalpojumu ieviešanai, kuri veicinās mūsu reģiona tehnoloģisko izcilību un augsti kvalificēta darba vietu rašanos;
28. izvirzīt Baltijas jūras reģionu avangardā izglītības jomā;
29. aicināt uz aktīvākas horizontālās sadarbības un kontaktu izvērsšanu, lai veicinātu attīstību un sinerģiju konkrētās zinātnes, pētniecības un inovāciju jomās, kā arī attiecīgo klasteru sadarbību;
30. veicināt nepārtrauktu dialogu un sadarbību zinātnes, pētniecības, inovāciju un augstākās izglītības jomās uz jau iedibināto politisko un reģionālo sadarbības formātu un iniciatīvu pamata;

attiecībā uz nodarbinātības iespējām, darbaspēka mobilitāti un jauniešu bezdarbu

31. veidot kopīgu, uz sadarbību balstītu Baltijas jūras reģiona darba tirgu;

32. atbalstīt vienotas pieejamo darba vietu platformas izveidi un popularizēšanu, lai pilnībā izmantotu Baltijas jūras reģiona darbaspēka potenciālu;

33. stiprināt reģiona valstu nodarbinātības dienestu, privāto nodarbinātības aģentūru un sociālo partneru sadarbību, tādējādi vairojot darba meklētāju izredzes;

34. izmantot un pilnveidot tādus labus instrumentus kā iniciatīva ES “Jauniešu garantija”, izstrādājot ilgtspējīgas un visaptverošas jauniešu bezdarba mazināšanas koncepcijas, kas atvieglotu pāreju no skolas uz darba dzīvi;

35. izstrādāt un īstenot mērķtiecīgus pasākumus to jauniešu iekļaušanai apmācības programmās un darba tirgū, kuri šobrīd nemācās, nestrādā un neapgūst arodu;

36. veicināt ilgstošo bezdarbnieku iekļaušanos darba tirgū, šai nolūkā izmantojot pārbaudītas, koordinētas un individualizētas metodes, tostarp sadarbību ar darba devējiem;

37. izmantot šai nolūkā arī citu paraugpraksi, piemēram, ES Pado-
mes rekomendācijas par ilgstošo bezdarbnieku iekļaušanu darba tirgū;

38. veltīt lielākus pūliņus mazkvalificētu darbinieku, ilgstošu bezdarbnieku un vecāka gadagājuma darbinieku iesaistīšanai arodapmācības programmās;

39. turpināt tālākizglītības popularizēšanu un tālākizglītības pakalpojumu pilnveidi, tādējādi palīdzot, īpaši jauniešiem, iegūt profesionālo kvalifikāciju;

40. veicināt mobilitāti, īpaši pierobežas zonās, un nodrošināt darba ņēmējiem tajās nepieciešamos informācijas pakalpojumus, tādējādi palīdzot viņiem labāk orientēties atšķirīgā darba vidē un tiesību sistēmā;

41. pilnveidot svārstmigrantu pārrobežu izglītošanu un apmācību, tādējādi pārvēršot svārstmigrāciju par bezdarba riska mazināšanas rīku;

42. optimizēt novecojošas sabiedrības rīcībā esošo resursu izlietojumu;
43. sekmēt izglītības iestāžu un uzņēmēju sadarbību, tādējādi palīdzot jauniešiem atrast darbu un darba devējiem aizpildīt vakances;
44. neatlaidīgi turpināt jauniešu bezdarba mazināšanas pasākumus, radot jaunas darba izredzes un piedāvājot izvēles iespējas ikvienam jauniešim, šai nolūkā izmantot ES fondu līdzekļus un kontrolēt panāktos rezultātus;
45. laikus sagatavot jauniešus pārejai no skolas uz darba dzīvi, iepazīstinot viņus ar iespējām attīstīt karjeru un sekmīgi iekļauties darba tirgū;
46. censties nodrošināt taisnīgu atalgojumu un samazināt ārpalpojumu, pagaidu darba un īslaicīgu pakalpojumu līgumu izmantošanu, ja tos pašus rezultātus iespējams panākt ar pastāvīgām darba vietām;
47. pēc iespējas ātrāk nodrošināt bēgļu apmācību un iekļaušanos darba tirgū, kā arī attiecīgās paraugprakses piemēru apmaiņu Baltijas jūras reģionā, šajā procesā iesaistot sociālos partnerus jau sākotnējos tā posmos un visos tā aspektos;
48. veicināt cilvēku ar invaliditāti iesaisti darba dzīvē, ja vien tas iespējams, uzņēmējdarbībā un vispārējā darba tirgū, ievērojot ANO Konvencijā par cilvēku ar invaliditāti tiesībām noteikto iekļaušanas principu;
49. atbalstīt valstu nodarbinātības aģentūru centienus veicināt pilsoņu mobilitāti visā Baltijas jūras reģionā;

attiecībā uz ilgtspējīgu tūrismu

50. ņemot vērā Baltijas jūras dabiskās vides unikalitāti un vairāku dzīvotņu apdraudējumu, izstrādāt pārrobežu stratēģijas, kas mazinātu pretrunas starp tūrisma attīstību un jūras, kā arī piekrastes aizsardzību;

51. veicināt lauku un lauksaimnieciskās ražošanas attīstību saskaņā ar vides prasībām un tādā veidā, lai dabiska ainava un veselīga vide lauku apvidos tiktu saglabāta un atjaunota kā ilgtspējīga tūrisma priekšnosacījumi;

52. atbalstīt pārrobežu stratēģijas, kas vērstas uz tūrisma attīstību Baltijas jūras reģionā, un tūrisma politikā ietvert projektu un komunikācijas stratēģiju sinerģiju;

53. nodrošināt visu Baltijas jūras reģiona valstu, citstarp arī to privātā sektora, pilnvērtīgāku iesaisti kopīgajos projektos un stratēģijās, tādējādi palielinot tiešo ekonomisko ieguvumu;

54. labāk saskaņot uz ilgtspējīga tūrisma attīstīšanu reģionā vērstos pasākumus;

55. pozicionēt Baltijas jūras reģionu kā kopēju tūrisma galamērķi, lai pilnībā izmantotu ilgtspējīga tūrisma potenciālu;

56. panākt vienotu izpratni par ilgtspējīgu tūrismu, kā arī izstrādāt kopīgas mārketinga stratēģijas un zīmolus;

57. atbalstīt Baltijas jūras tūrisma forumu un tā jaunizveidoto pastāvīgas informācijas un pieredzes apmaiņas platformas projektu – Baltijas jūras Tūrisma centru, kas koordinēs ilgtspējīga tūrisma veicināšanas pasākumu īstenošanu reģionā;

58. īpaši atbalstīt Baltijas jūras Tūrisma centra pieteikumu finansējuma saņemšanai ES INERREG programmas “Dienvidbaltija 2014-2020” otrajā kārtā, lai izveidotu struktūrvienību sadarbības koordinēšanai ilgtspējīga tūrisma jomā, kā arī pastāvīgu starptautiska līmeņa informācijas un pieredzes apmaiņas platformu – t.s. Baltijas jūras Tūrisma centru;

59. atbalstīt ES Stratēģijā Baltijas jūras reģionam ietvertos tūrisma politikas mērķus, sekmēt un nostiprināt Baltijas jūras tūrisma foruma darbību un labāk saskaņot iesaistīto pušu darbību, rīkojot kopīgus seminārus;

60. sekmēt tūrisma aģentūru sadarbību un klasteru veidošanu;
61. atjaunināt un aktualizēt Baltijas jūras reģionā pieejamās, bet nepilnīgi izmantotās zināšanas par ilgtspējīgu tūrismu, piemēram, projektu AGORA – ilgtspējīga tūrisma attīstības tīklu Baltijas jūras reģionā;
62. tiekties pēc ilgtermiņa rezultātiem un ieguvumiem, tādējādi panākot iedzīvotāju atbalstu;

turklāt konferencē tiek nolemts

63. atzinīgi novērtēt un pieņemt Brīvās Hanzas pilsētas Hamburgas parlamenta piedāvājumu 26. Baltijas jūras parlamentāro konferenci rīkot Hamburgā 2017. gada 3.–5. septembrī.

KONFERENCIJOS REZOLIUCIJA

Priimta 25-ojoje Baltijos jūros šalių parlamentinėje konferencijoje (BJŠPK)

Konferencijos dalyviai, Baltijos jūros regiono valstybių* išrinktieji atstovai, 2016 m. rugpjūčio

28–30 dienomis posėdžiavę Rygoje (Latvija),

atsižvelgdami į daugybę tarptautinio terorizmo aktų, įvykdytų po paskutinės BJŠPK, vykusios 2015 m. rugpjūčio mėn. Rostoke,

– smerkia terorizmą ir visas jo formas kaip bendrą grėsmę mūsų piliečiams ir mūsų bendroms vertybėms;

– apgailestauja dėl nekaltų žmonių žūties, reiškia užuojautą ir solidarumą visų teroristinių išpuolių aukoms, jų artimiesiems ir visiems, patyrusiems šiuos nežmoniškus išpuolius;

– pabrėžia būtinybę kartu kovoti su šia didžiule grėsme mūsų visuo-
menėms ir saugoti demokratines vertybes, kartu akcentuodami, kad
ši kova turi būti vykdoma gerbiant teisinės valstybės principą, pilie-
tines ir žmogaus teises;

aptardami Baltijos jūros regiono bendradarbiavimą, inovacijas ir
konkurencingumą Baltijos jūros regione ir sieję tai su švietimu ir
darbo rinka, įsidarbinimo galimybėmis, darbo jėgos judumu, jau-
nimo nedarbu ir tvariuoju turizmu;

– BJŠPK švenčiant sidabrinį jubiliejų, suvokdami Baltijos jūros
šalių parlamentinės konferencijos modelį kaip tarpparlamentinio
bendradarbiavimo regione platformą dabartinės politinės padėties
sąlygomis;

1 *Parlamentai ir parlamentinės institucijos:

Baltijos Asamblėja, Laisvasis Hanzos miestas Brėmenas, Danija, Estija, Europos Parlamentas, Vokietijos Federacinė Respublika, Suomija, Laisvasis Hanzos miestas Hamburgas, Islandija, Kaliningrado sritis, Latvija, Lietuva, Meklenburgas-Priešakinė Pomeranija, Šiaurės Taryba, Norvegija, Lenkija, Sankt Peterburgas, Rusijos Federacijos Taryba, Rusijos Federacijos Valstybės Dūma, Šlėzvigas-Holšteinas, Švedija, Alandų salos

- įsipareigoję remtis patirtimi bendros ateities labui, kad Baltijos jūros regiono integracija vyktų išsaugant regionų tapatybę;
 - įsitikinę, kad pagarba mažumų teisėms būtų naudinga visiems Baltijos jūros valstybių regionams;
 - džiaugdamiesi, kad Baltijos jūros šalių parlamentinės konferencijos rezoliucijų įgyvendinimas palaipsniui tampa labiau visa apiman-
tis;
 - pabrėždami Jungtinių Tautų 2030 m. darnaus vystymosi darbo-
tvarkės, skirtos žmogui, planetos apsaugai, klestėjimui gyvenant
darniai su gamta, taikai ir partnerystei, svarbą ir manydami, kad
būtina įgyvendinti 17 darnaus vystymosi tikslų, ypač 14-ąjį tikslą –
išsaugoti vandenynus, jūras, jūrų išteklius ir juos tausiai naudoti
darniam vystymuisi;
 - pritardami Baltijos jūros valstybių tarybos (BJVT) užsienio rei-
kalų ministrų pavaduotojų susitikime Varšuvoje 2016 m. birželio 8
d. priimtai Varšuvos deklaracijai „Regiono atsakas į globalius iššū-
kius“;
 - pritardami 2016 m. birželio 6 d. aukštų už darnų vystymąsi atsa-
kingų BJVT vyriausybių pareigūnų priimtai „Baltijos deklaracijai
2030: atnaujinti Baltijos jūros regiono darnaus vystymosi įsiparei-
gojimai“;
 - džiaugdamiesi, kad buvo pritarta 2016 m. birželio 16 d. Kroku-
voje pirmininkaujančios valstybės priimtoms BJVT švietimo minis-
trų konferencijos išvadoms „Baltijos mokslas: atnaujinti įsipareigo-
jimai dėl mokslo ir mokslinių tyrimų ir bendri veiksmai Baltijos
jūros regione“;
 - pritardami Tarptautinės jūrų organizacijos (IMO) sprendimui dėl
IMO registruotų laivų, kad speciali Baltijos jūros zona keleivinių
laivų nuotekoms išleisti, remiantis MARPOL konvencijos IV
priedu, būtų pradėta naudoti ne vėliau kaip iki 2021 m., atsižvel-
giant į ankstesnes BJŠPK rezoliucijas;
- ragina Baltijos jūros regiono, BJŠPK ir ES valstybių narių vyriausy-
bes:

dėl bendradarbiavimo regione:

1) pritarti tarpusavio bendradarbiavimui ir taikiam tarptautinių ginčų sprendimui, atsižvelgiant į geriausią praktiką, pavyzdžiui, Baltijos jūros regione;

2) imtis tolesnių veiksmų siekiant atkurti tarpusavio pasitikėjimą ir dialogą Baltijos jūros regione, ypač Baltijos jūros valstybių taryboje, siekiant kuo veiksmingiau panaudoti organizacijos, kaip daugiašalio tarpvyriausybinių bendradarbiavimo forumo, taip pat kaip politinio dialogo ir dialogo politikos klausimais Baltijos jūros regione, potencialą;

3) toliau stiprinti regionų sinergiją ir sanglaudą, stiprinant Baltijos jūros regiono organizacijų bendradarbiavimą bei struktūrinį dialogą ir bendradarbiavimo formas;

4) toliau remti ir skatinti viešojo ir privataus sektorių praktinę sąveiką kaip tarpvalstybinio bendradarbiavimo, ekonomiškai perspektyvių veiksmų ir Baltijos jūros regionui naudingų projektų plėtojimo priemonę, atsižvelgiant į sėkmingą Sankt Peterburgo iniciatyvą ir toliau ją plėtojant, taip pat skatinant, jeigu padėtis tam palanki, visapusiškiau naudotis BJVT Bandomąja finansine iniciatyva;

5) remtis sėkminga BJVT projektų rėmimo priemone, kaip strategiškai svarbių Baltijos jūros regiono projektų paramos priemonė, patirtimi, ypač atsižvelgiant į savanorišką Rusijos ir Suomijos paramą 2016 metais, taip pat išsiaiškinti BJVT finansavimo priemonės, kaip Baltijos jūros bendradarbiavimo fondo, pratęsimo galimybes ir po 2016 metų;

6) ir toliau plėtoti bei stiprinti Baltijos jūros aplinkos apsaugos komisiją (HELCOM) kaip pagrindinį koordinuojantį organą, siekiant saugoti Baltijos jūros aplinką, ir labiau remti bei skatinti greičiau įgyvendinti Veiksmų dėl jūros taršos planą, taip pat įgyvendinti Veiksmų dėl išmetamo azoto oksido kontrolės zonų Baltijos jūroje planą, pabrėžti Baltijos jūros regiono veiksmų plano svarbą kaip vieną iš ES Baltijos jūros regiono strategijos aplinkosaugos srityje ramsčių;

7) aptarti bendras Baltijos jūros regiono tvaraus vystymosi apibrėžtis ir remti inovacijas pasitelkiant žaliąsias ir mėlynąsias technologijas, taip pat sukurti bendrą Baltijos jūros regiono interneto portalą, skirtą dalytis geraisiais mokslinių tyrimų, švietimo ir aplinkosaugos geriausios praktikos pavyzdžiais;

8) imtis iniciatyvos ir koordinuoti naujos autonominių laivų reguliavimo sistemos kūrimą, siekiant teikti pasiūlymus IMO ir remti mokslinius tyrimus, technologijų plėtrą ir autonominių laivų standartus;

9) tęsti tarpusavio bendradarbiavimą srityse, kuriose abipusė nauda ir sinergija gali būti pasiekta įgyvendinant atitinkamas regionines strategijas ir veiksmų planus;

10) atsižvelgiant į bendrąjį konkurencingumą turizmo ekonomikoje, taip pat į įtemptą dabartinę padėtį Europoje, skatinti tarpvalstybines strategijas ir ilgalaikius išpareigojimus taikant tarpvalstybinius metodus Baltijos jūros regione, visų pirma, tvaraus turizmo srityje;

11) glaudžiau bendradarbiauti kovojant su nuolatiniais regione kylančiais iššūkiais, susijusiais su pabėgėliais, ir toliau užtikrinti tinkamą elgesį su pabėgėliais ir teisę į saugų prieglobstį Baltijos jūros regiono šalyse;

12) skatinti glaudesnę bendradarbiavimą ir, tiek, kiek būtina, atsižvelgti į Europos Sąjungos ir atitinkamas Jungtinių Tautų deklaracijas, kovojant su nelegalia ir nereguliaria migracija;

13) skatinti bendradarbiavimą mokslinių tyrimų ir inovacijų srityse kuriant konkurencingesnę ir tvaresnę regioną;

14) skirti daugiau dėmesio nuspėjamumo užtikrinimui, stiprinant tarpusavio skaidrumą ir rizikos mažinimo priemonėmis. Tai svarbu siekiant išvengti nereikalingos rizikos ir įtampų, įskaitant įtampą, susijusią su karinių laivų ir lėktuvų judėjimu Baltijos jūros regione;

dėl konkurencingumo Baltijos jūros regione, atsižvelgiant į švietimo ir darbo rinkos sąsajas:

15) pripažinti glaudesnių švietimo ir darbo rinkos sąsajų poreikį;

16) remti Europos naujų įgūdžių darbotvarkę;

17) suteikti jaunimui profesinio mokymo ir kvalifikacijos tobulinimo galimybių, kurios padėtų prisitaikyti prie pramonės poreikių ir kurios, taikant visuotinai pripažintas oficialias kvalifikacijas, yra viena iš svarbiausių sėkmės darbe priedaidų;

- 18) stiprinti mokyklų, universitetų ir verslo ryšius, siekiant užtikrinti, kad universitetinis ir profesinis švietimas bei mokymas būtų labiau ir konkrečiau orientuoti į darbo rinką, tam, kad būtų galima nustatyti darbo rinkos pasiūlos ir paklausos neatitiktį ir užkirsti jai kelią;
- 19) remtis BJVT programa „EuroFaculty“, kaip ilgalaikio projekto pagrindu paremto bendradarbiavimo švietimo ir mokslo srityse Baltijos jūros regiono žmonių labai pavyzdžiu, ir išsiaiškinti tolesnes šiai programai reikalingas priemones;
- 20) skatinti įgytos kvalifikacijos (pagrindinės ir specializuotos) kėlimą ir galimybes įsidarbinti užtikrinant teisę į mokymąsi visą gyvenimą;
- 21) pagerinti kvalifikacijų skaidrumą ir palyginamumą bei toliau plėtoti abipusį formalios kvalifikacijos pripažinimą;
- 22) palengvinti įgūdžių, reikalingų darbo rinkai, nuspėjimą;
- 23) išsiaiškinti Šiaurės matmens darbo rinkos ir švietimo partnerystės poreikius toliau plėtoti švietimą ir darbo rinką Baltijos jūros regione;
- 24) remti verslo ir švietimo bendradarbiavimą, siekiant tvarios ekonominės teritorijos Baltijos jūros regione, ypač – sisteminį keitimąsi patirtimi darbo rinkos ir švietimo sektoriuose;
- 25) stiprinti socialinių įstaigų, socialinių partnerių ir vyriausybinių organizacijų bendradarbiavimą plėtojant socialinį dialogą;
- 26) remti mokslinius tyrimus ir standartizavimą kibernetinio saugumo srityje, ypatingą dėmesį skiriant jūrinei aplinkai ir taikomosios programoms, ir skatinti duomenų valdymą siekiant teisingos ir palankios aplinkos naujais duomenimis grįstoms paslaugoms, kurios pagerins regiono technologijų kokybę ir paskatins aukštos kvalifikacijos darbo vietų kūrimą;
- 27) Baltijos jūros regioną paversti mokymosi srityje pirmaujančiu regionu;
- 28) paskatinti intensyvesnį „iš apačios į viršų“ principu paremtą bendradarbiavimą ir tinklų kūrimą, siekiant išplėtoti konkrečių mokslo, mokslinių tyrimų, inovacijų ir klasterystės sričių bendradarbiavimą ir sukurti sinergiją;

29) palengvinti tęstinį dialogą ir bendradarbiavimą mokslo, tyrimų, inovacijų ir aukštojo mokslo srityse pasitelkus politinius ir regioninius formatus ir iniciatyvas;

dėl išsidarbinimo galimybių, darbo jėgos judumo ir jaunimo nedarbo:

30) dirbti siekiant bendros ir bendradarbiavimu grindžiamos darbo rinkos Baltijos jūros regione;

31) remti bendrą darbo vietų platformą ir didinti jos žinomumą, kad Baltijos jūros regiono darbo jėga išnaudotų jos visą teikiamą potencialą;

32) suburti nacionalines užimtumo tarnybas ir privačias įdarbinimo agentūras, įskaitant socialinius partnerius, siekiant padidinti darbo ieškančių asmenų galimybes;

33) taikyti ir plėtoti geruosius metodus, pavyzdžiui, Europos Sąjungos Jaunimo garantijų iniciatyvą, siekiant kurti tvarias ir plataus masto koncepcijas jaunimo nedarbo problemai spręsti ir skatinti perėjimą iš mokyklos į darbinę veiklą;

34) taikyti tikslingas priemones niekur nedirbantiems ir nesimokantiems jaunuoliams, siekiant juos sėkmingai įtraukti į mokymąsi ir darbą;

35) skatinti ilgalaikių bedarbių integraciją į darbo rinką, taikant patikrintus ir pasiteisinusius metodus, paremtus koordinuotu ir individualizuotu požiūriu, apimančiu ir darbdavius;

36) šiam tikslui taip pat taikyti geruosius metodus, pavyzdžiui, Europos Sąjungos Tarybos rekomendacijas dėl ilgalaikių bedarbių integracijos į darbo rinką;

37) stengtis paskatinti pirmiausia žemos kvalifikacijos ir ilgalaikius bedarbius bei vyresnio amžiaus darbuotojus dalyvauti tęstiniame profesiniame mokyme;

38) toliau populiarinti tęstinį mokymąsi ir gerinti tęstinio mokymosi siekiant įgyti profesinio mokymosi kvalifikaciją sąlygas, įskaitant jaunos suaugusiųsias asmenis;

- 39) palengvinti judumą, ypač pasienio regionuose, ir teikti informacijos paslaugas pasienio darbuotojams, kurie yra skirtingų nacionalinės praktikos ir teisinių sistemų subjektai;
- 40) išnaudoti tarpvalstybinius pajėgumus asmenims, važinėjančiams kiekvieną dieną mokytis ar studijuoti anapus sienos, taip skatinant sampratą, kad važinėjimas anapus sienos dirbti gali būti nedarbo rizikos mažinimo priemonė;
- 41) geriau išnaudoti senėjančios visuomenės išteklius;
- 42) palengvinti švietimo institucijų ir verslo bendradarbiavimą, siekiant padėti jauniems žmonėms rasti darbą, o darbdaviams – priimti į laisvas darbo vietas;
- 43) imtis griežtų ir ilgalaikių priemonių, siekiant sumažinti jaunimo nedarbą ir atverti darbo perspektyvas ir gyvenimo galimybes visiems jauniems žmonėms, tam panaudojant ES finansines lėšas, ir stebėti rezultatus;
- 44) kuo anksčiau informuoti jaunimą pereinamuoju iš mokyklos į darbo rinką laikotarpiu apie mokymosi būdus ir galimybes, atsižvelgiant į karjeros planavimą, ir taip skatinti jų sėkmingą įsitraukimą į darbo rinką;
- 45) siekti užtikrinti sąžiningą darbo užmokestį ir darbą, mažinant darbus pagal subrangos sutartis, darbus per laikinojo įdarbinimo agentūras ir pagal laikinųjų paslaugų sutartis, ten, kur galimas nuolatinis darbas;
- 46) kaip įmanoma greičiau šviesti pabėgėlius ir integruoti juos į darbo rinką, keistis gerosios patirties pavyzdžiais Baltijos jūros regione. Kuo anksčiau ir visapusiškai į šią veiklą įtraukti ir socialinius partnerius;
- 47) skatinti neįgaliųjų dalyvavimą darbo rinkoje, kur įmanoma – įsitraukiant į verslą, bendrojoje darbo rinkoje, atsižvelgiant į įtraukties principus pagal Jungtinių Tautų neįgaliųjų teisių konvenciją;
- 48) remti viešojo darbo administravimo institucijų pastangas skatinti piliečių mobilumą visame Baltijos jūros regione;

dėl tvaraus turizmo:

49) atsižvelgiant į unikalią Baltijos jūros gamtą ir daugelio jos arealų pažeidžiamumą, parengti tarpvalstybines strategijas, siekiant mažinti turizmo ir jūros bei pakrančių apsaugos priešpriešą;

50) stiprinti kaimo plėtrą ir žemės ūkio produktų gamybą, atsižvelgus į aplinkosaugą taip, kad būtų saugomas ir atkuriamas gamtos kraštovaizdis ir natūrali aplinka – išankstinė tvaraus turizmo kaimo vietovėse sąlyga;

51) remti tarptautines strategijas, skatinančias turizmo plėtrą Baltijos jūros regione, ir kurti regiono turizmo politikos projektų ir komunikacijos strategijos sąveiką;

52) užtikrinti geresnę visų Baltijos jūros šalių įtrauktį į bendrus projektus ir strategijas, taip pat ir privataus sektoriaus, siekiant didesnio tiesioginio ekonominio poveikio;

53) dirbti išvien, siekiant bendro požiūrio į tvarų turizmą regione;

54) sutelkti visas tvaraus turizmo galimybes, siekiant padaryti Baltijos jūros regioną bendru ir vientisu turizmo centru;

55) bendradarbiauti, siekiant bendros tvaraus turizmo sampratos ir kurti bendrą rinkodarą ir ženklumą;

56) remti Baltijos jūros turizmo forumą ir jo naujai įgyvendinamą projektą nuolatinę keitimosi informacija ir praktine patirtimi platformą – Baltijos jūros turizmo centrą – kaip tvaraus turizmo regione veiklos įgyvendinimo koordinatorių;

57) ypač remti 2-ąjį kvietimą teikti paraišką dėl finansinės paramos Baltijos jūros turizmo centrui pagal ES Bendrijos iniciatyvos dėl pasienio regionų (INTERREG) programą „Baltijos jūros Pietų regionas 2014–2020“, siekiant įsteigti bendradarbiavimo tvaraus turizmo srityje paslaugų centrą ir nuolatinę keitimosi informacija ir praktine patirtimi tarptautiniu lygmeniu platformą, vadinamąjį Baltijos jūros turizmo centrą;

58) remti ES Baltijos jūros regiono strategijos turizmo srityje politikos tikslus palengvinti ir sustiprinti Baltijos jūros turizmo forumo procesą, taip pat padaryti paprastesnį suinteresuotųjų šalių, rengiančių bendrus seminarus, koordinavimą;

59) padėti suinteresuotosioms šalims jungtis į turizmo tinklus ir kurti klasterius;

60) atgaivinti ir atnaujinti turimas, bet neišnaudotas Baltijos jūros regiono žinias apie tvarų turizmą, pavyzdžiui, Agoros strategiją dėl tvaraus turizmo plėtros Baltijos jūros regione;

61) siekti ilgalaikio poveikio ir naudos, kurie stiprintų visuomenės pritarimą;

be to, Konferencija nusprendė:

62) išreikšti padėką laisvajam Hanzos miestui Hamburgui ir pritarti jo pasiūlymui 26-ąją Baltijos jūros parlamentinę konferenciją surengti 2017 m. rugsėjo 3–5 dienomis Hamburge.

Annex II – Programme

Saturday, 27 August

- Arrival of participants and check-in
Radisson Blu Hotel Latvia,
Elizabetes iela 55, LV-1010, Riga
- 18:00 – 20:00 Participant registration and information desk
available at the hotel

Sunday, 28 August

- 8:00-20:00 Participant registration and information desk
available at the hotel
- 9:30 Departure for the Saeima
- 10:00-12:00 **Meeting of the BSPC Drafting Committee**
Jēkaba iela 10/12, Room 409
- 12:00 Coffee break
- 12:30-14:00 **Meeting of the BSPC Standing Committee**
Jēkaba iela 10/12, Room 409
- 14:00 Departure for the hotel
- 16:00 Departure for Pilsrundāle
Rundāles pagasts, Rundāles novads, LV- 3921
- 17:30 Tour of Rundāle Castle
<http://rundale.net>
- 19:00-21:30 Reception hosted by **Dr Jānis Vucāns**,
President of the BSPC, in honour of the 25th
anniversary (Silver Jubilee) of the Baltic Sea
Parliamentary Conference
Rundāle Castle
- 21:30 Departure for Riga

Monday, 29 August

- 9:00-18:30 Participant registration and information desk
available *University of Latvia Academic
Centre of Natural Sciences Jelgavas iela 1,
Riga, LV – 1004*
- 8:40 Departure for the University of Latvia Academic
Centre of Natural Sciences
- 9:30 Cultural introduction – musical performance

OPENING

Chair: **Dr Jānis Vucāns**, President of the BSPC
Vice-chair: **Ms Carola Veit**, Vice-president of the
BSPC

Introductory remarks: **Dr Jānis Vucāns**,
President of the BSPC

Welcome address:

H.E. Mr Raimonds Vējonis,
President of the Republic of Latvia
Confirmed

H.E. Ms Ināra Mūrniece,
Speaker of the Saeima of the Republic of Latvia
Confirmed

10:00-13:00 **FIRST SESSION**

Cooperation in the Baltic Sea region

Chair: **Dr Jānis Vucāns**, President of the BSPC
Vice-chair: **Mr Franz Thönnies**, MP, Germany

Report by **Dr Jānis Vucāns**, President of the BSPC

Mr Valdis Dombrovskis,
Vice-president of the European Commission
Questions and Answers

Report from the Council of the Baltic States (CBSS)

- **Mr Michał Czyż**, Outgoing CBSS Chair,
Committee of Senior Officials, Ambassador of
Poland

- **Mr Guðmundur Árni Stefánsson**,
Committee of Senior Officials, Ambassador of
Iceland

11:00 **Family Photo**

11:00-11:30 Coffee break

11:30

CONTINUATION OF THE FIRST SESSION

Cooperation in the Baltic Sea region

Ms Zanda Kalniņa-Lukaševica, Parliamentary Secretary of the Ministry of Foreign Affairs, Latvia

Implementation of the BSPC Resolution

- **Ms Carola Veit**, Vice-president of the BSPC

Report from HELCOM

- **Ms Monika Stankiewicz**, Executive Secretary of HELCOM

Report from the Baltic Sea NGO Forum

- **Ms Darja Akhutina**, Coordinative Committee member, BS NGO Forum and Network, Russian Platform Chairperson
- **Ms Magda Leszczyna-Rzucidło**, BS NGO Network 2016 Forum Coordinator

Addresses by the representatives of other Parliamentary Assemblies and international guests

H.E. Ms Maja Gojković, President of the Parliamentary Assembly of the Black Sea Economic Cooperation (PABSEC) and Speaker of the National Assembly of the Republic of Serbia

Mr Vitaly Busko, Chairman of the Commission on International Affairs of the House of Representatives of the National Assembly of the Republic of Belarus

Discussions

13:00-14:00

Lunch

14:00-15:30

SECOND SESSION

How to develop competitiveness in the Baltic Sea Region by linking education and the labour market

Chair: **Ms Dorota Arciszewska-Mielewczyk**, MP, Poland

Vice-chair: **Mr Pyry Niemi**, MP, Sweden

- Defining labour market needs, tools for forecasting trends in the labour market; vocational education;
- Cooperation in higher education;
- Corporate social responsibility for systematic and sustainable introduction of work-based learning.

- **Ms Līga Lejiņa**, State Secretary of the Ministry of Education and Science, Latvia
- **Ms Jadwiga Parada**, Director of Vocational and Continuing Education Department from Ministry of National Education, Poland
- **Mr Poul Nielson**, former EU Commissioner and Danish cabinet minister, Author of the announced strategic review of the Nordic labour market
- **Mr Jan Guz**, OPZZ President and the Co-president of the Baltic Sea Trade Union Network
- **Dr Martin Sauer**, Baltic Sea Labour Forum
- **Mr Vatanyar Yagiya**, Professor of the Saint Petersburg State University and Counsellor to the Chairman of the Saint Petersburg Legislative Assembly

Discussions

CEREMONIAL SESSION in honour of the 25th anniversary of the BSPC

Baltic Sea parliamentary cooperation: yesterday, today, tomorrow

Moderator: Ms Carola Veit,
Vice-president of the BSPC

- **Mr Trivimi Velliste**, Former President of the Baltic Assembly, Former member of the Standing Committee of the BSPC, Estonia
- **Mr Franz Thönnies**, Chairman of the delegation of the German Bundestag to the BSPC
- **Ms Anna Abrahamsson**, President of the Nordic Youth Council

Discussions

17:00	Departure for the hotel
17:00-18:30	Meeting of the Drafting Committee (<i>if necessary</i>)
18:30	Departure for the hotel
19:40	Departure for the Saeima
20:00-21:30	Reception at the Saeima hosted by H.E. Ms Ināra Mūrniece , Speaker of the Saeima
21:30	Departure for the hotel

Tuesday, 30 August

8:30-14:00	Participant registration and information desk available <i>University of Latvia Academic Centre of Natural Sciences Jelgavas iela 1, Riga, LV – 1004</i>
8:15	Departure for the University of Latvia Academic Centre of Natural Sciences
9:00-11:00	<p>THIRD SESSION</p> <p><i>Realising employment opportunities – Improving labour mobility and combating youth unemployment</i></p> <p><i>Chair: Mr Jörgen Petterson, MP, Åland</i></p> <p><i>Vice-chair: Ms Giedrė Purvaneckienė, MP, Lithuania</i></p> <ul style="list-style-type: none"> - Labour mobility, including emigration/immigration aspects, urbanization; - Trends, causes, solutions of youth unemployment; - Support mechanisms – the Youth Guarantee (support in the framework of active labour market policies, vocational education opportunities, measures to involve NEETs). <ul style="list-style-type: none"> - Mr Jānis Reirs, Minister of Welfare, Latvia - Ms Algimanta Pabedinskiene, Minister of Social Security and Labour, Lithuania - Ms Anette Kramme, Parliamentary State Secretary of the Labour and Social Affairs Ministry, Germany - Mr Thor Kleppen Sættem, State Secretary of the Ministry of Labour and Social Affairs, Norway - Ms Egle Käärats, Deputy State Secretary General on Labour and Employment Policy, Estonia <p>Discussions</p>
11:00	Coffee break
11:30	<p>Contributions by the BSPC Working Group and Rapporteurs:</p> <ul style="list-style-type: none"> - Interim report by BSPC Working Group on Sustainable Tourism, Ms Sara Kemetter, WG Vice-Chairman - Report by Ms Sonja Mandt, BSPC Rapporteur on Cultural Affairs

12:00

CLOSING OF THE 25TH BSPCChair: **Dr Jānis Vucāns**, President of the BSPCVice-chair: **Ms Carola Veit**, Vice-president of the BSPC

- Adoption of the Conference Resolution
- Address by the incoming President of the BSPC 2016-2017
- Presentation by the incoming presidency

12:30

Lunch

Departure of delegations

Annex III – List of Attendees

President of the Republic of Latvia

1. H.E. Mr Raimonds Vējonis

Speaker of the Saeima

2. H.E. Ms Ināra Mūrniece

Baltic Assembly

3. **Ms Giedrė Purvaneckienė**, Vice President of the Baltic Assembly, Chair of the Lithuanian delegation to the Baltic Assembly, Member of the Parliament
4. **Mr Romualds Ražuks**, Member of the Parliament of Latvia, Member of the Presidium of the Baltic Assembly
5. **Ms Marika Laizāne-Jurkāne**, Secretary General
6. **Ms Anete Kalnāja**, Senior Consultant

Bremen

Bürgerschaft

7. **Ms Sülmez Dogan**, Vice President of the Bremen State Parliament
8. **Ms Antje Grotheer**, Member of the Bremen State Parliament

Denmark

Folketinget

9. **Ms Annette Lind**, Member of the Danish Parliament
10. **Ms Kamilla Kjølgaard**, Head of Section of the Danish Parliament

Estonia

11. **Mr Trivimi Velliste**, Former president of the Baltic Assembly

Riigikogu

12. **Ms Ene Rõngelep**, Senior Advisor of the Parliament of Estonia

Ministry of Social Affairs

13. **Ms Egle Käärats**, Deputy Secretary General on Labour and Employment Policy

European Parliament

14. **Mr Jorn Dohrmann**, Chair of the SINEEA-delegation, European Parliament
15. **Ms Amelia Padurariu**, EU Foreign Policy Advisor, European Parliament

Finland

Eduskunta

16. **Ms Saara-Sofia Sirén**, Member of the Parliament of Finland
17. **Mr Mika Laaksonen**, Secretary for International Affairs of the Parliament of Finland

Ministry of Foreign Affairs

18. **Ms Kristina Pingoud**, Senior Adviser

Germany

Bundestag

19. **Mr Franz Thönnies**, Member of the German Bundestag, Chairman of the German delegation to the BSPC
20. **Mr Herbert Behrens**, Member of the German Bundestag
21. **Mr Frank Michael Junge**, Member of the German Bundestag
22. **Mr Peter Stein**, Member of the German Bundestag
23. **Mr Thomas Stritzl**, Member of the German Bundestag
24. **Ms Nicole Tepasse**, Secretary of the delegation of the German Bundestag
25. **Mr Torsten Schneider**, Secretary of the delegation of the German Bundestag

Labour and Social Affairs Ministry

26. **Ms Anette Kramme**, Parliamentary State Secretary

Hamburg

Bürgerschaft

27. **Ms Carola Veit**, President of the Parliament of Hamburg
28. **Dr Kurt Duwe**, Member of the Parliament of Hamburg
29. **Mr Stephan Jersch**, Member of the Parliament of Hamburg
30. **Mr Soeren Schumacher**, Member of the Parliament of Hamburg
31. **Ms Ulrike Sparr**, Member of the Parliament of Hamburg
32. **Dr Michael Westenberger**, Member of the Parliament of Hamburg
33. **Dr Alexander Wolf**, Member of the Parliament of Hamburg
34. **Mr Johannes Duewel**, Director of the Parliament of Hamburg

Iceland

Althingi

- 35. **Ms Vigdis Hauksdottir**, Member of Parliament of Iceland
- 36. **Mr Róbert Marshall**, Member of Parliament of Iceland
- 37. **Mr Helgi Thorsteinsson**, Secretary to the Icelandic Delegation to the Nordic Council

Kaliningrad Region

Kaliningrad Regional Duma

- 38. **Ms Galina Yankovskaya**, Member of the Parliament of the Kaliningrad Regional Duma
- 39. **Mr Vladimir Belkov**, Employee of the Kaliningrad Regional Duma

Latvia

Saeima

- 40. **Dr Jānis Vucāns**, President of the BSPC, Member of the Parliament of Latvia
- 41. **Mr Ojārs Ēriks Kalniņš**, Chairman of the Foreign Affairs Committee, Member of the Parliament
- 42. **Mr Juris Viļums**, Chairman of the Education, Science and Culture Committee of the Baltic Assembly, Member of the Parliament
- 43. **Mr Veiko Spolītis**, Member of the Latvian delegation to the Baltic Assembly, Member of the Parliament
- 44. **Ms Ingrida Sticenka**, Senior Adviser of the Interparliamentary Relations Bureau

Ministry of Foreign Affairs

- 45. **Ms Zanda Kalniņa-Lukaševica**, Parliamentary Secretary
- 46. **Mr Māris Klišāns**, Ambassador
- 47. **Ms Anda Catlaka**, Director of Europe Department
- 48. **Ms Iveta Staņislavska**, Deputy Director of Europe Department
- 49. **Ms Egija Eglīte**, Second Secretary
- 50. **Ms Vita Zivtīņa**, Deputy Head of Baltic, Nordic Countries and Regional Co-operation

Ministry of Welfare

- 51. **Mr Jānis Reirs**, Minister of Welfare
- 52. **Mr Imants Lipskis**, Director of Labour Market Policy Department
- 53. **Ms Ineta Tāre**, Director of International Cooperation and EU Policy Department
- 54. **Ms Ina Elksne**, Deputy Director of International Cooperation and EU Policy Department
- 55. **Ms Aija Bukova – Židelūna**, Adviser to the Minister of Communication
- 56. **Mr Nauris Kozuliņš**, Senior Expert

- 57. **Mr Gundars Ignats**, Senior Expert
Ministry of Education and Science
- 58. **Ms Līga Lejiņa**, State Secretary
State Employment Agency
- 59. **Ms Inese Kalvāne**, Director
- 60. **Ms Aiga Balode**, Deputy Director of Finance and
Development Department

Lithuania

Seimas

- 61. **Ms Irena Šiaulienė**, Member of the Lithuanian delegation
to the Baltic Assembly, Member of the Parliament
- 62. **Mr Mindaugas Geibavičius**, Driver of the Seimas of the
Republic of Lithuania

Ministry of Social Security and Labour

- 63. **Ms Algimanta Pabedinskiene**, Minister
- 64. **Mr Kestutis Zaura**, Deputy Director of Labour Department

Mecklenburg-Vorpommern

Landtag

- 65. **Ms Silke Gajek**, Vice President of the Landtag
Mecklenburg-Vorpommern
- 66. **Ms Regine Lück**, Vice President of the Landtag
Mecklenburg-Vorpommern
- 67. **Mr André Brie**, Member of Parliament of the Landtag
Mecklenburg-Vorpommern
- 68. **Mr Detlef Müller**, Member of Parliament of the Landtag
Mecklenburg-Vorpommern
- 69. **Mr Georg Strätker**, Senior advisor, Landtag Mecklenburg-
Vorpommern
- 70. **Mr Florian Lipowski**, Advisor, Landtag Mecklenburg-
Vorpommern

Nordic Council

- 71. **Mr Wille Rydman**, Member of the Parliament of Finland
and Nordic Council
- 72. **Mr Torkil Sørensen**, International advisor of the Nordic
Council
- 73. **Mr Hrannar Arnarsson**, General Secretary for the Social
democratic group

Norway

Stortinget

- 74. **Mr Jorodd Asphjell**, Member of the Norwegian Parliament
- 75. **Ms Heidi Nordby Lunde**, Member of the Norwegian
Parliament

- 76. **Ms Sonja Mandt**, Member of the Norwegian Parliament
- 77. **Ms Marianne Seip**, Political Advisor, Norwegian Parliament
- 78. **Mr Bjørn Andreassen**, Senior Advisor, Norwegian Parliament

Ministry of Labour and Social Affairs

- 79. **Mr Thor Kleppen Sættem**, State Secretary

Poland

Sejm

- 80. **Mr Grzegorz Matusiak**, Member of the Delegation of the Sejm and the Senate of the Republic of Poland to the BSPC, Sejm of the Republic of Poland
- 81. **Mr Jacek Protas**, Member of the Delegation of the Sejm and the Senate of the Republic of Poland to the BSPC, Sejm of the Republic of Poland
- 82. **Mr Michał Stasiński**, Member of the Delegation of the Sejm and the Senate of the Republic of Poland to the BSPC

Senate

- 83. **Ms Dorota Arciszewska-Mielewczyk**, Chair of the Delegation of the Sejm and the Senate of the Republic of Poland to the BSPC, Senate of the Republic of Poland
- 84. **Mr Andrzej Mioduszeński**, Member of the Delegation of the Sejm and the Senate of the Republic of Poland to the BSPC
- 85. **Mr Piotr Koperski**, Secretary of the Delegation of the Sejm and the Senate of the Republic of Poland to the BSPC, Chancellery of the Senate of the Republic of Poland

Ministry of National Education

- 86. **Ms Jadwiga Parada**, Director of Vocational and Continuing Education Department

Russian Federation

Council of the Federation

- 87. **Mr Igor Morozov**, Member of the Committee for Foreign Affairs Council of the Federation
- 88. **Ms Anna Zhiltsova**, Councillor of the Committee for Foreign Affairs of the Council of the Federation

State Duma

- 89. **Mr Iliya Kostunov**, Member of the Parliament of the State Duma
- 90. **Ms Yulia Guskova**, Adviser of the State Duma

Ministry of Foreign Affairs

- 91. **Mr Sergey Petrovich**, Deputy Director of the Second European Department, Russian Senior Official at the CBSS Committee of Senior Officials

Schleswig-Holstein

Landtag

- 92. **Ms Angelika Beer**, Member of the State Parliament of Schleswig-Holstein
- 93. **Dr Ekkehard Klug**, Member of the State Parliament of Schleswig-Holstein
- 94. **Ms Regina Poersch**, Member of the State Parliament of Schleswig-Holstein
- 95. **Mr Bernd Voß**, Member of the State Parliament of Schleswig-Holstein
- 96. **Ms Jette Waldinger-Thiering**, Member of the State Parliament of Schleswig-Holstein
- 97. **Mr Rainer Wiegard**, Member of the State Parliament of Schleswig-Holstein
- 98. **Ms Jutta Schmidt Holländer**, Member of the staff of the State Parliament of Schleswig-Holstein

St. Petersburg

Legislative Assembly

- 99. **Ms Tatiana Zakharenkova**, Plenipotentiary of the Saint Petersburg Legislative Assembly for International Relations
- 100. **Mr Vatanayar Yagiya**, International Relations Adviser to the Chairman of the Legislative Assembly of Saint Petersburg

Sweden

Riksdag

- 101. **Mr Fredrik Christensson**, Member of the Parliament
- 102. **Mr Pyy Niemi**, Member of the Parliament
- 103. **Mr Daniel Riazat**, Member of the Parliament
- 104. **Ms Suzanne Svensson**, Member of the Parliament
- 105. **Ms Cecilie Tenfjord-Toftby**, Member of the Parliament
- 106. **Ms Petra Sjoestroem**, Senior Adviser of the Parliament

Åland Islands

Lagting

- 107. **Ms Annette Holmberg-Jansson**, Member of the Åland Parliament
- 108. **Ms Ingrid Johansson**, Member of the Åland Parliament
- 109. **Ms Sara Kemetter**, Member of the Åland Parliament
- 110. **Mr Jörgen Pettersson**, Member of the Åland Parliament
- 111. **Mr Stephan Toivonen**, Member of the Åland Parliament
- 112. **Mr Niclas Slotte**, Secretary of the delegation of the Åland Parliament

BSPC and OBSERVERS

BSPC – Baltic Sea Parliamentary conference

- 113. **Mr Bodo Bahr**, Head of the Secretariat of the Baltic Sea Parliamentary Conference
- 114. **Ms Kim Kleine**, Analyst
- 115. **Ms Claudia Peters**, Writer

BSLF- Baltic Sea Labour Forum

- 116. **Dr Martin Sauer**, Manager of the Labour Market
- 117. **Mr Uwe Sassenberg**, Science Link Coordinator

BASTUN - Baltic Sea Trade Union Network

- 118. **Mr Jan Guz**, President of the All-Poland Alliance of Trade Unions
- 119. **Mr Piotr Ostrowski**, Head of International Department of the All-Poland Alliance of Trade Unions

BSRUN - Baltic Sea Region University Network

- 120. **Mr Kari Hyppönen**, President of the Baltic Sea Region University Network

BSSSC - Baltic Sea States Sub-Regional Co-operation

- 121. **Mr Ossi Savolainen**, Chairman of the Baltic Sea States Sub-Regional Co-operation
- 122. **Mr Janne Tamminen**, Secretary General of the Baltic Sea States Subregional Cooperation
- 123. **Ms Małgorzata Ludwiczek**, Coordinator

CBSS - Council of Baltic Sea States

- 124. **H.E. Mr Guðmundur Árni Stefánsson**, Chair of the Committee of Senior Officials of the Council of the Baltic States, Ambassador of Iceland
- 125. **Mr Michał Czyż**, Outgoing CBSS Chair, Committee of Senior Officials, Ambassador of Poland
- 126. **Ms Maira Mora**, Director General of Secretariat of the CBSS

CIS-IPA – Inter-Parliamentary Assembly of the Commonwealth of Independent States

- 127. **Mr Petr Riabukhin**, Deputy Secretary General
- 128. **Mr Ivan Korotkiy**, Advisor, International Relations Department

CPMR - Baltic Sea Commission

- 129. **Mr Jari Sainio**, President of the CPMR Baltic Sea Commission
- 130. **Ms Åsa Bjering**, Executive Secretary of the CPMR-Baltic Sea Commission

European Commission

- 131. Mr Valdis Dombrovskis**, Vice-President of the European Commission
- 132. Mr Gints Freimanis**, Member of Cabinet Dombrovskis, European Commission
- 133. Ms Inna Šteinbuka**, Head of the European Commission's Representation in Latvia

HELCOM - Helsinki Commission

- 134. Ms Monika Stankiewicz**, Executive Secretary

NCM - Nordic Council of Ministers

- 135. Mr Poul Nielson**, Special Advisor of the Nordic Council of Ministers
- 136. Mr Jan Widberg**, Director of the Nordic Council of Ministers' Office in Latvia ***NDPHS - Northern Dimension Partnership in Public Health and Social Well-being***
- 137. Mr Marek Maciejowski**, Director of the Secretariat

NGO Forum

- 138. Ms Magda Leszczyna-Rzucidło**, Coordinating Committee member of the Baltic Sea NGO Network / „BSR youth social entrepreneurship development“ project leader
- 139. Ms Daria Akhutina**, CC member, Chairperson of the Russian Platform, BS NGO Network and Forum

Nordic Youth Council

- 140. Ms Anna Abrahamsson**, President

PABSEC - Parliamentary Assembly of the Black Sea Economic Co-operation

- 141. H.E. Ms Maja Gojkovic**, President
- 142. Mr Igor Becic**, Vice-president
- 143. Ms Natia Gaprindashvili**, Secretary of PABSEC Legal and Political Affairs Committee
- 144. Ms Milena Ljubinkovic**, Secretary
- 145. Mr Dragan Dejanovic**, Security officer

Policy Area Coordinator for EUSBSR

- 146. Ms Solveg Schmidt**, Policy Area Coordinator
- 147. Mr Anders Bergström**, Policy Area Coordinator, PA Education/EU Strategy for the Baltic Sea Region

UBC – Union of Baltic cities

- 148. Mr Mikko Lohikoski**, Strategy coordinator

Speakers of the Conference

- **Mr Jānis Vucāns**, President of the BSPC, Member of the Parliament of Latvia
- **Mr Valdis Dombrovskis**, Vice-President of the European Commission
- **Mr Michał Czyż**, Outgoing CBSS Chair, Committee of Senior Officials, Ambassador of Poland
- **H.E. Mr Guðmundur Árni Stefánsson**, Chair of the Committee of Senior Officials of the Council of the Baltic States, Ambassador of Iceland
- **Ms Zanda Kalniņa-Lukaševica**, Parliamentary Secretary, Ministry of Foreign Affairs of Latvia
- **Ms Carola Veit**, President of the Parliament of Hamburg, Vice-president of the BSPC
- **Ms Monika Stankiewicz**, Executive Secretary
- **Ms Daria Akhutina**, CC member, Chairperson of the Russian Platform, BS NGO Network and Forum
- **Ms Magda Leszczyna-Rzucidło**, Coordinating Committee member of the Baltic Sea NGO Network / „BSR youth social entrepreneurship development“ project leader
- **H.E. Ms Maja Gojkovic**, President of PABSEC
- **Mr Vitaly Busko**, Chairman of the Standing Commission on International Affairs of House of Representatives of the National Assembly of the Republic of Belarus
- **Ms Līga Lejiņa**, State Secretary of the Ministry of Education and Science of Latvia
- **Ms Jadwiga Parada**, Director of Vocational and Continuing Education Department
- **Mr Poul Nielson**, Special Advisor of the Nordic Council of Ministers
- **Mr Jan Guz**, President of the All-Poland Alliance of Trade Unions
- **Dr Martin Sauer**, Manager of the Labour Market
- **Mr Vatanyar Yagiya**, International Relations Adviser to the Chairman of the Legislative Assembly of Saint Petersburg
- **Mr Trivimi Velliste**, Former president of the Baltic Assembly
- **Mr Franz Thönnies**, Member of the German Bundestag, Chairman of the German delegation to the BSPC
- **Ms Anna Abrahamsson**, President of the Nordic Youth Council
- **Mr Jānis Reirs**, Minister of Welfare of Latvia
- **Ms Algimanta Pabedinskiene**, Minister
- **Ms Anette Kramme**, Parliamentary State Secretary of the Labour and social Affairs Ministry of Germany
- **Mr Thor Kleppen Sættem**, State Secretary of the Ministry of Labour and social Affairs of Norway

- **Ms Egle Käärats**, Deputy Secretary General on Labour and Employment Policy of the Ministry of Social Affairs of Estonia
- **Ms Sara Kemetter**, Member of the Åland Parliament, BSPC Rapporteur on Cultural Affairs
- **Ms Sonja Mandt**, Member of the Norwegian Parliament

Other participants

House of Representatives of the National Assembly of the Republic of Belarus

149. **Mr Vitaly Busko**, Chairman of the Standing Commission on International Affairs

Diplomatic corps

150. **H.E. Mr Hans Brask**, Ambassador Extraordinary and Plenipotentiary of the Kingdom of Denmark to the Republic of Latvia
151. **H.E. Ms Ewa Dębska**, Head of the Mission, Embassy of the Republic of Poland to the Republic of Latvia
152. **H.E. Mr Steinar Egil Hagen**, Ambassador Extraordinary and Plenipotentiary of the Kingdom of Norway to the Republic of Latvia
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154. **H.E. Mr Henrik Landerholm**, Ambassador Extraordinary and Plenipotentiary of the Kingdom of Sweden to the Republic of Latvia
155. **H.E. Mr Alexander Veshnyakov**, Ambassador Extraordinary and Plenipotentiary of the Russian Federation to the Republic of Latvia
156. **H.E. Mr Artūras Žurauskas**, Ambassador Extraordinary and Plenipotentiary of the Republic of Lithuania to the Republic of Latvia
157. **Ms Liana Dulova**, Second Secretary, Embassy of the Russian Federation to the Republic of Latvia
158. **Ms Ewelina Brudnicka**, Deputy Head of Mission, Embassy of the Republic of Poland to the Republic of Latvia
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160. **Mr Oleg Sloma**, Counselor of the Embassy of Belarus in Latvia
161. **Mr Zoran Jovanović**, Chargé d'Affaires of Embassy of the Serbia in the Kingdom of Sweden
162. **Mr Harald Tollan**, Chargé d'Affaires of Royal Norwegian Embassy

Administration of the Parliament of Latvia

- 163. **Ms Gunta Pastore**, Foreign Affairs Advisor of the Speaker
- 164. **Ms Sandra Paura**, Head of the Interparliamentary Relations Bureau
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- 167. **Mr Guntis Stungrevics**, Head of Technic Department
- 168. **Mr Igors Aizstrauts**, Deputy Head of the Interparliamentary Relations Bureau
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- 170. **Ms Ieva Apine**, Senior consultant
- 171. **Ms Signe Apsīte**, Senior Consultant of the Press Service
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- 181. **Mr Ernests Dinka**, Photographer
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216. **Ms Martina Würzburg**, Interpreter

The Standing Committee of the Baltic Sea Parliamentary Conference discusses continuously the implementation of the BSPC resolutions.

It is customary that the national and regional delegations to the BSPC inform their governments about the outcome of the respective annual conference, most importantly the respective resolution, with which the delegations call on the governments in the Baltic Sea Region, the CBSS, the EU and other pertinent actors to undertake a range of actions or measures.

In order to receive a comprehensive and – most significantly – comparative overview of the actions taken by the governments in the Baltic Sea Region in response to the resolution of the 24th Baltic Sea Parliamentary Conference in Rostock, the Standing Committee has decided to convey a set of follow-up questions to the recommendations contained in the resolution of particular common interest.

The Standing Committee of the BSPC decided to publish the attached feedback of the governments as an Annex of this report.

1. Åland
2. Denmark
3. Estonia
4. Germany
5. Hamburg
6. Latvia
7. Lithuania
8. Mecklenburg-Vorpommern
9. Norway
10. Poland
11. Russia

Åland



Dokumentnamn	Nr	Sidnr
BREV	32 Rk1c	1 (7)
Datum	Dnr	
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Contact person
Pamela Baarman

Unofficial translation: The Government of Åland's views on the BSPC resolution as well as information on what the government has done alternatively plans on doing as a result of the resolution.

Background

Following the resolution adopted in September 2015 in Rostock, Germany at the annual Baltic Sea Parliamentary Conference (BSPC), the BSPC-delegation from the Parliament of Åland has requested the Government of Åland's views on the resolution as well as information about what the government has done, alternatively plans on doing as a result of the resolution.

The initial request was complemented on the 8th of February 2016, after a meeting of the Standing Committee of the BSPC, where the Standing Committee decided to convey a set of follow-up questions to the recommendations contained in the resolution of particular common interest, with the aim to make the views from the various governments in the Baltic Sea region more comparable.

This year, the main topics of the resolution focus on cooperation in the Baltic Sea region, cross-border cooperation in health care, health and economy as well as sustainable and available social and health care.

Calls for action with regard to the preamble and Cooperation in the region

The Baltic Sea Parliamentary Conference has chosen to emphasise a few paragraphs under each main chapter of the resolution. With regard to the preamble of the resolution, as well as to the chapter entitled *Cooperation in the region*, the BSPC requests information from the governments on the following paragraphs:

The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to ensure the decent treatment of refugees especially concerning housing and healthcare (preamble of the resolution)

The Government of Åland views the current refugee crisis as part of a global shared responsibility in which Åland also should play its part. The Government of Åland has examined possible ways of assisting the Finnish Migration Board relating to the reception of persons seeking integrational protection (asylum). Reception of asylum seekers falls under the legislative realm of the Finnish state (746/2011, Law governing the reception of persons seeking international protection and of identification of and assistance to victims of human trafficking).

2 (7)

The Finnish Migration Board is the national authority that decides and enters into agreements relating to the opening and closing of reception centres. Formal parties to such agreements are the Finnish Migration Board and a service producer who operationally runs the reception centre. The Government of Åland concludes that there are no legal impediments for a reception centre to be established in Åland.

The Finnish Red Cross has entered a declaration of intent with the Ministry of the Interior to assist in the reception of refugees. This is one of the organisation's core areas of work. Following this, the Åland district of the Finnish Red Cross has since the beginning of 2016 started work to develop preparedness for a reception centre in Åland, with the Red Cross as service producer. The Government of Åland follows the matter closely in accordance with its government programme. It further notes that it is hard to predict how the situation of persons arriving in Finland to seek asylum will develop in the near future and that it is therefore appropriate to have preparedness for this also in Åland.

Since autumn 2015 preparedness to temporarily house a larger group of persons arriving in Åland en route to Finland to seek asylum (offer emergency housing), has increased. The Åland district of the Finnish Red Cross acts upon request of the local police should such a situation arise. The Government of Åland is assisting by putting a building and some equipment at the disposal of the Red Cross for this purpose.

The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to co-operate in order to strengthen the Baltic Sea Region as an important competitive knowledge region with an excellent higher education and research infrastructure (paragraph 4 of the resolution)

The Agreement on Education between the Government of Åland and the Åland University of Applied Sciences stipulates that the University shall develop its educational programmes in cooperation with other relevant universities and colleges, and that the university shall develop cooperation models with other universities and colleges in the surrounding area when it comes to applied research. In accordance with the Bologna process, mobility is to be a distinctive feature of European higher education, and before 2020 at least 20 % of those graduating shall have completed a study period or internship abroad during their studies. International activities are important for the students' attractiveness on the labour market, which is why the university sets the goal that at least 70 % of the students shall have completed study periods or internships outside Åland during their studies. In 2015, 60 % of those graduating had completed study periods or internships abroad.

In order to achieve the above-mentioned international goals, the Åland University of Applied Sciences participates in a number of cooperation programs. Nordplus, funded by the Nordic Council of Ministers, is an exchange program for higher education in the Nordic and Baltic countries. Within the Nordplus framework, the Åland University of Applied Sciences participates in seven different Nordplus Higher Education networks – the networks include around 80 universities and colleges altogether. The networks aim to provide student and teacher exchanges and organise intensive courses and development projects. The networks also enable the exchange of experiences, good practices and innovative results.

The Åland University of Applied Sciences also participates in the Erasmus+ programme, the European Union's exchange and cooperation programme for universities and colleges during 2014-2020. The programme promotes internationalisation and quality in higher education, and through the

3 (7)

programme, participants can study or teach their own subject abroad, develop their language skills, create networks as well as expand other international skills. Through the programme, the Åland University of Applied Sciences cooperates with many universities and colleges within the Baltic Sea region.

The Åland University of Applied Sciences participates in several research projects together with partners from the Baltic Sea region: For example, the university participated in an Interreg Central Baltic project called *ARCHOIL - Management of onshore cleanup operations of oil spills in archipelagos*, in order to establish cooperation between neighbouring regions to improve oil spill readiness in the archipelago and to create common strategies for oil protection and cross-border operational cooperation. The Åland University of Applied Sciences also runs a project called *The Marine Research Platform*, a project co-financed by the European Regional Development Fund, with the purpose of developing an autonomous mobile marine research platform using wind and solar energy. The platform will be evaluated for marine sensor measurements and harbour porpoise monitoring in the Baltic Sea.

The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to continue work to upgrade reception facilities for sewage in passenger ports to ensure a timely activation of the special area status of the Baltic Sea under Marpol Annex IV of the International Maritime Organization, with the aim to hinder the release of untreated sewage from passenger ships in the future and to reaffirm the commitment for the continued improvement and modernization of the waste water treatment capacity throughout the entire Baltic Sea Region, in compliance with the stricter threshold values agreed by HELCOM (para. 8)

The Government of Åland has actively pursued banning emissions from wastewater (sewage) from passenger ships throughout the Baltic Sea by the year 2018. HELCOM has coordinated the Baltic Sea countries' work to create such a ban, for which the timetable for implementation has been postponed.

In March 2016, the Government of Åland adopted a new Action Programme for the Åland marine environment. In the Action Programme, the Government concludes that a ban on the discharge of sewage from passenger ships in the Baltic Sea is one step closer to implementation, due to a decision by the International Maritime Organization's Environmental Committee in May 2015. A ban requires an amendment to the convention that regulates discharges from ships – an amendment is expected in April 2016. The directives are supposed to apply from 2019 for new ships, and from 2021 for existing ships in the Baltic Sea, with the exception of Russian waters.

The Government of Åland intends to continue to pursue the matter and to support the work striving towards implementing the ban as quickly as possible, by actively expressing their opinion when needed in different contexts. The Government of Åland has previously written to the Nordic ministers with an appeal to work for a ban on the discharge of sewage from ships, and has also sent an appeal to the Baltic Sea Parliamentary Conference (BSPC) and the Baltic Sea States (CBSS) to work towards maintaining the original schedule for the implementation of the ban.

Calls for action with regard to cross-border cooperation in healthcare

In regard to the chapter entitled *Cross-border cooperation in healthcare*, the BSPC requests information from the governments on the following three paragraphs, which the Government of Åland will answer collectively:

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The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment (para. 20)

... to regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin (para. 21)

... to reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance (para. 22)

The Government of Åland places great value in cross-border Baltic cooperation, and has long cooperated with neighbouring countries in various fields. Within the framework of cooperation between the Baltic countries and in the context of the Northern Dimension in the EU, the development of transnational cooperation and innovative approaches in health care and social welfare, and the economic aspects of these basic ideas form the basis for the BSPC-resolution. In the resolution, the BSPC puts forward the idea that through cooperation in the health sector, the Baltic Sea region can develop as a pioneer in terms of sustainable development, also with regard to environmental and economic conditions. The Government of Åland notes that these objectives are consistent with those of the Government's which are formulated in the government programme for a sustainable Åland.

The chapter on cross-border cooperation in health care focuses on objectives which in some respects have already been materialised within the Nordic cooperation, where Åland is an active participant. The resolution mentions *the Könberg report* identifying areas for development of Nordic cooperation on health as an example for similar cooperation in the whole Baltic Sea region. The Government of Åland currently participates in a number of joint Nordic working groups which aims at exchanging information, establishing common guidelines and coordinating the use of resources. Examples of such cooperation are highly specialised care, rare diseases, drug cooperation, financing of health care, education, legitimacy and supervision in the health care professions, as well as mental health and psychiatric care. Another Nordic area of cooperation is the prevention and management of antimicrobial resistance. The Government of Åland states in the budget for 2016 that one objective for the current year is to identify antibiotic use in animal husbandry.

The Government of Åland notes that the experience gained from the development of Nordic cooperation on health could be applied within the BSPC.

Calls for action with regard to Health & Economy

In regard to the chapter entitled *Health & Economy*, the BSPC requests information from the governments on the following paragraphs:

The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the "eHealth European Interoperability Framework" (eEIF) and observe the joint European initiatives,

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such as the “Guidelines under eHealth Network” of the responsible member state authorities (para. 31)

The Government of Åland has participated in a number of innovation projects in the health sector, including the projects *Äldreomsorg på distans* (~Elderly care remotely) and *Virtual Elderly Care Service on the Baltic Islands (VIRTU)*. More information on these projects can be found under the chapter *Sustainable and Accessible Social- and Healthcare* later in this report. The Government of Åland states in the budget for 2016 that one objective for the current year is to prepare for the introduction of e-prescriptions and to intensify the work to introduce a new health information system. The intention is that the Åland Healthcare services will introduce e-prescriptions from January 1st 2017.

Generally, the Åland Healthcare services support the development of innovations in health care: The Vitalis exhibition, the leading Nordic eHealth exhibition in Gothenburg, is covered annually. With regard to dentistry, SMS-reminders have been introduced to avoid missed appointments, and the web service klamydia.ax, which allows anonymous testing for chlamydia infection, was introduced in 2014. Currently, the Åland Healthcare services are working towards introducing the possibility of online bookings for the hospital’s laboratory patients. The intention is also to be able to offer patients’ health records online in the future.

The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to improve early intervention to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses (para. 34)

The Government of Åland has, with the aim to prevent, limit and manage hazardous use and abuse of alcohol, tobacco and drugs, adopted an action programme for 2013-2016. The programme is currently being implemented and has so far resulted in an increased collaboration between operators working toward limiting hazardous use and abuse, as well as a clarification of the distribution of labour in the action plan for people with hazardous use and abuse problems. The need for new legislation in this area has been raised by the three groups that drive the implementation of the action plan, and a project to promote responsible alcohol serving was initiated in 2013. In 2016, a survey was conducted with the aim to identify habits and attitudes of the people living on Åland toward alcohol, tobacco and drug use as well as gambling habits. The survey is a follow-up to similar studies conducted in 2001, 2005 and 2011.

The Government of Åland, in cooperation with the Åland Healthcare services, launched a project in 2014 called *Tobakskampen* (~the Tobacco Fight), a five-year project to strengthen the preventive and cessation efforts in the Åland Islands. By offering professional help for tobacco users, the aim of the project is to make as many as possible to permanently stop using tobacco. The target groups of the project are tobacco users without severe tobacco-related morbidity, youths in primary and secondary school, health professionals mainly in the public but also in the private sector, as well as other individuals/groups with an interest in tobacco prevention and cessation.

The aim of the project is:

- that *Tobakskampen* shall be a well-known and well-used resource for tobacco cessation and tobacco prevention work
- that the proportion of tobacco users in Åland decreases in surveys during the project period

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- that a total of at least 50 frequent tobacco smokers who were the subject of the measures under the first four years of the *Tobakskampen*-project should remain permanently free from tobacco smoking (> 12 months after the project)
- that the free telephone helpline for tobacco cessation is used at least 150 times during the project period

Other prevention programmes that the Government of Åland participates in include a web-based programme for anonymous testing for chlamydia infections, and a general society-funded TBE-vaccination programme for the prevention of tick-borne encephalitis.

Calls for action with regard to Sustainable and Accessible Social- and Healthcare

With regard to the chapter entitled *Sustainable and Accessible Social- and Healthcare*, the BSPC requests information from the governments on the following paragraphs:

The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas (para. 43)

In 2016, the Government of Åland launches a three-year project called *Äldres psykiska ohälsa* (~Mental health problems of the elderly). The aim of the project is to develop preventive, restorative and health-promoting work regarding older people's mental health, and to develop the structures for multi-professional cooperation regarding individuals who need extra support. The aim of the project is to create the most optimal structure and content of care and treatment based on a holistic view of the client/patient aged 65 and older with temporary or chronic mental illness, beginning with making sure that the appropriate care is given at the right time and at the right place.

In 2010-2013, the Government of Åland participated in the development project *Virtual Elderly Care Service on the Baltic Islands (VIRTU)*, in which – with the help of modern IT-technology – new services within the elderly care were developed. Regarding Åland, the project was funded jointly by the Central Baltic IVA Programme and the Government of Åland. In the years 2013-2015, the Government of Åland funded the project *Äldreomsorg på distans* (~Elderly care remotely). During 2016, the Government supports through funding the transition of the project to be part of the municipal ordinary activities. The aim is for municipalities to start using welfare technology on a permanent basis as one of several methods to support a safe living at home, prevention of health and social care needs, and as support in the development of economically sustainable solutions in a situation where the demographic trend points towards an increased number of elderly people. The possibilities to use technology for services in telemedicine are also being explored.

The Government of Åland has participated in a Nordic project called *Kvalitet inom äldreomsorgen* (~Quality in elderly care). The project focuses on the experiences and knowledge gathered about the structure and quality of elderly care in the Nordic countries and autonomous territories, as well as to form a picture of what the main challenges are in elderly care in the future in the light of demographic trends.

7 (7)

The participants, assembling in Rostock, call on the governments in the Baltic Sea Region...

... to create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue (para. 52)

The Government of Åland aims to create better working conditions for health and social care professions by currently implementing a work evaluation, as well as digitalizing the health and social care operation. In parallel with this work, the Government of Åland strives to improve cost efficiency and has initiated a public debate about what mission the public health care should fill, and what could be managed in cooperation with the third sector/private sector. The Government of Åland notes that the same question is relevant in the entire Baltic Sea region, which means there should be good opportunities to learn from each other.

Minister

Wille Valve

Senior Adviser

Pamela Baarman

Denmark



THE MINISTER FOR
FOREIGN AFFAIRS

File

2016-17188

Enclosure

1

Date 18.05.2016

Dear Karin Gaardsted,

Thank you for your letter dated 30 March 2016 on the Resolution of the 24th Baltic Sea Parliamentary Conference (BSPC) in Rostock, 30 August – 1 September 2015. In the letter, you request on behalf of the BSPC Standing Committee information on measures planned, initiated and implemented as follow-up to the BSPC resolution.

In October last year, my report to the Danish Folketing on Baltic Sea cooperation under the Estonian presidency of the Council of Baltic Sea States (CBSS) 2014 – 2015 clearly stated that Baltic Sea cooperation is a priority for the Danish Government. This continues to be Government policy. Denmark is actively engaged in Baltic Sea cooperation. And we are active not only within the framework of CBSS, but also in the EU Strategy for the Baltic Sea Region (EUSBSR), the Northern Dimension and other formats.

On the basis of your letter, the Foreign Ministry has acquired information from Danish line ministries and authorities on the contents of the BSPC resolution. The feedback received indicates that – as in previous years – the BSPC resolution from the 24th Baltic Sea Parliamentary Conference contains highly relevant input to and suggestions for the further development of Baltic Sea cooperation. The Resolution is generally in line with Danish Government positions and lists a number of areas where Denmark is already active.

You will find detailed responses to the BSPC resolution recommendations in the attached annex to this letter.

Kristian Jensen

Ms. Karin Gaardsted
Member of the Danish Parliament
Head of the BSPC-delegation of the Parliament of Denmark
Christiansborg
1240 København K

ANNEX

Danish responses to the 24th Baltic Sea Parliamentary Conference (BSPC) resolution, 2015

Recommendations with regard to the preamble and cooperation in the region

Denmark ensures all asylum seekers decent accommodation and sufficient access to healthcare in Denmark.

- *Accommodation of asylum seekers*

As a main rule, asylum seekers are required to live at an asylum center while the application is being processed. Special centers are provided for unaccompanied minors seeking asylum and for asylum seekers with special needs for care such as in the case of severe illness. Furthermore, asylum seekers may under certain conditions be permitted to live outside the asylum centers.

- *Asylum seekers' access to healthcare and social services*

The Danish Immigration Service provides for the healthcare treatment of asylum-seekers, including rejected asylum seekers. Asylum seekers under the age of 18 are entitled to the same healthcare as children who are residents in Denmark. As for adult asylum seekers, the Danish Immigration Service covers the expenses for healthcare, provided that the treatment is necessary in the meaning urgent or alleviating/soothing. Furthermore, all persons staying in Denmark – including asylum seekers and illegal immigrants – are entitled to free emergency hospital treatment, for example in cases of an accident, under the same conditions as persons residing in the country.

- *Refugees' access to healthcare and social services*

When granted asylum, the applicant will be referred to a municipality by the Danish Immigration Service. The local authorities are responsible for the integration of recognised refugees. As soon as possible after the responsibility for a refugee has passed to the local municipalities, the municipality must assign housing to the refugee. The local authorities cannot assign housing in deprived neighbourhoods. It is up to the local authorities to decide how they will provide housing.

With regard to health services, all residents in Denmark, including refugees who have received residence permit, are entitled to public health care. This includes hospital treatment and treatment by a general or specialist practitioner free of charge. If rehabilitation is needed after discharge from a hospital this must be provided free of charge by the municipality.

With regard to newly arrived refugees the municipality will decide whether a medical screening is needed. The purpose of the medical screening is to detect severe health problems at an early stage to ensure adequate health treatment or social measures thus preventing health problems from becoming a barrier to successful integration. The medical screenings are carried out by general practitioners.

- *The Baltic Sea Region as an important competitive knowledge region*

There is a constant Danish focus on actively using the Nordic Council of Ministers' Nordplus mobility program to foster increased co-operation across all fields of education between the participating Nordic and Baltic countries. This focus will once again be honored with the current process of preparing the 2017-2021 program period.

Denmark participates in the Baltic Science Network (BSN), which was established under the auspices of the Council of Baltic Sea States on 1 March 2016. The network consists of universities, relevant research organisations and public authorities. The aim of the BSN is to establish a coordination framework in the field of higher education, science and research policy in the Baltic Sea region in order to exploit the region's untapped potential in these areas – and ultimately to contribute to the realization of a European Research Area. The startup meeting of the BSN took place on 7-8 April in Hamburg. The project, which is financed via INTER-REG (3 million €), will run for three years. Expected output includes an action plan for overcoming barriers to transregional research, identification and development of areas of research excellence, optimizing use of existing/planned research and innovation infrastructures and Baltic Sea input to the EU's research and innovation agendas.

The European Spallation Source (ESS), which is currently under construction, will be the world's most advanced neutron science facility. The facility itself is located in Lund, while the corresponding data center (ESS DMSC) is established on the Danish side of Øresund in Copenhagen. ESS, together with XFEL and PETRA III in Hamburg and MAX IV in Lund form a cluster of research facilities in the Baltic Sea Region that will increase our knowledge of materials, down to molecular and atomic level, which is crucial for the progress of both the life sciences and materials technology as a whole. Most of the countries around the Baltic Sea are members or observers in the ESS-project and additional countries are considering future membership.

Over the past few years, Denmark has worked intensively to facilitate the broadest possible participation in the ESS-project among the Baltic Sea countries. Constituting the host region, it is imperative for Denmark to be in a position to take maximal advantage of the emerging scientific possibilities in relation to ESS and other new research facilities. As one means towards this goal, NordForsk together with the Norwegian research council, the Swedish Research Council and the Danish Agency for Science, Technology and Innovation have provided approximately 60 million NOK to fund a joint Nordic Neutron Research Program (NNRP) 2015-2019.

The aim of NNRP is to strengthen and increase the neutron scattering community in the region. Particular focus will be placed on attracting young scientists to use the neutron scattering techniques. This will both broaden the use of neutron scattering to new scientific fields and areas and strengthen/consolidate existing neutron user groups. The program is open for broader international collaborations and partners from the Baltic Sea States are welcome as collaborative partners.

The Danish Agency for Science, Technology and Innovation is part of the management team currently outlining the 2016-2020 EUSBSR Strategic Action Plan for Policy Area Innovation

(PA INNO) at the policy level. At the operational level of PA INNO, Denmark is – for the third consecutive year - coordinating partner of the Innovation Express concept, a transnational cluster-to-cluster collaboration framework with its point of departure in the Baltic Sea Region.

PA-INNO covers all activities related to strengthening the ability of the region to succeed in innovation-based competition. Innovation is one of the region's hallmarks, with several countries from the region regularly topping European and global rankings in innovative capacity. Enhancing these strengths, increasing their effectiveness in creating broadly-shared economic value, and spreading it to parts of the region that are not yet innovation-driven are key overarching guidelines for PA-INNO and the spirit behind the 2016-2020 Strategic Action Plan.

Innovation Express supports the internationalisation of SMEs through cluster initiatives, and encompasses a joint call for proposals and an annual cluster-to-cluster matchmaking conference. The call activities are supported by the Nordic Council of Ministers and approved projects are funded by national/regional funding agencies to initiate, develop or enhance transnational cooperation activities across all sectors. A particular focus in the upcoming 2016-call is supporting linkages between clusters with a comprehensive attention towards sustainability (environmental or social).

- *Shipping*

In the Sulphur Emissions Control Areas (SECA), the Danish Maritime Authority and the Danish Environment Protection Agency have established a task force on the basis of an action plan for Sulphur enforcement established a task force on compliance and enforcement of the Sulphur regulations. The enforcement of the Sulphur rules involves fuel sampling and close cooperation between relevant Danish authorities, such as the Danish Maritime Authority, the Danish Environmental Protection Agency, the Danish police and the District Attorney's Office, to ensure effective legal action. So far, one infraction has been reported to the police for investigation and possible prosecution. Other cases are pending further investigation.

The enforcement effort is supported by awareness raising measures, which in practice have ship-inspectors from the Danish Maritime Authority distribute info-hand-outs on the SECA rules when conducting surveys on ships in Danish ports. In addition to the control in ports, the Danish EPA monitors Sulphur emissions from ships in Danish waters using Sulphur detection equipment ("sniffers"). One sniffer is installed on the Great Belt Bridge and one in a small aircraft, which periodically inspects ships in major shipping lanes. The project started mid-2015 and runs till the end of 2016.

Furthermore, the Danish Maritime Authority is responsible for coordinating the Policy Area on Clean Shipping in the EU Strategy for the Baltic Sea Region (PA Ship). Actions and Flagship projects within PA Ship focus in particular on the support of efficient enforcement of the SECA regulations and on upgrading sewage reception facilities in the region.

The Danish Maritime Authority is also responsible for coordinating the Policy Area on Maritime Safety and Security in the EU Strategy for the Baltic Sea Region (PA Safe) jointly with

the Finland. Actions and Flagship projects within PA Safe focus in particular on enhancing the macro-regional capacity to respond to major maritime emergencies.

Recommendations with regard to cross-border cooperation in healthcare

In July 2014, the Danish Health Authority released a national strategy for rare diseases. The strategy aims to provide a comprehensive overview of rare diseases in Denmark and consists of 94 recommendations for a strengthened and more coherent effort for people with rare diseases. The Danish Health Authority in cooperation with The National Board of Social Services will evaluate the strategy and the implementation of the recommendations in 2016.

With regard to the question of regulating transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin, the Ministry of Health points to the following:

The Danish emergency standby system across the whole country ensures safe and fast treatment for people who are injured or suddenly have become seriously ill. Alert assistance is given in ambulances, by doctors on the scene or in specially equipped helicopters, where the treatment continues at one of the 21 emergency standby clinics established at hospitals and staffed with specialist doctors on a 24 hour basis in order to ensure that everybody receives the correct and appropriate treatment in case of sudden injury or illness. Additionally, a number of smaller emergency clinics have been established for patients who are not in need of hospital treatment.

As regards the BSPC recommendation about ensuring guaranteed transnational emergency care regardless of the healthcare provider's country of origin, Denmark continues to have well-functioning transnational agreements in place in regard to emergency care.

With regard to reducing the usage of antibiotics – in general – and for agriculture to an absolute minimum in order to prevent further increase on antimicrobial resistance, the Danish Ministry of Health wishes to highlight the following initiatives as regards the human side of antibiotics use:

- The National Antibiotic Committee consists of both representatives from the human and veterinarian sector and has the purpose to ensure a joint and coordinated effort to reduce AMR and the consumption of antibiotics among both humans and animals.
- Within the National Antibiotic Committee Denmark marks the annual European antibiotic awareness day with a national campaign. In 2014 and 2015 the focus has been on reducing the consumption of antibiotics.
- DANMAP (Danish Antimicrobial Resistance Monitoring and Research Program) has since 1995 surveyed the annual consumption of antibiotics and the prevalence of antimicrobial resistance among humans, food and animals in Denmark.
- The Danish government has allocated funds for projects regarding prevention of infections in the primary and secondary sector, consumption of antibiotics and resistance.
- The Danish Health Authority has published guidelines on prescribing antibiotics with general rules for prescribing antibiotics in the primary sector and at hospitals as well as special rules for prescribing three specific groups of antibiotics to ensure that they are reserved for seriously ill people and are only used when there are no alternatives.

Based on the WHO's action plan and the future EU council conclusions currently under discussion further initiatives are expected to be initiated.

Recommendations with regard to health and economy

In order to improve conditions to support the development of innovations in health care, eHealth and new technologies is a key answer to the challenges that health services in many countries are facing. For this reason, innovation and the use of e-Health is an integrated part of modern health services in the Danish Healthcare System. In recent years, a number of innovative projects and new e-Health solutions have been implemented or planned:

- A shared Medication Record contains updated information on a patient's prescription medicine have been implemented at all hospitals, general practitioners and municipalities.
- The national health website "sundhed.dk" (health.dk) gives patients access to their own medical records from hospitals is used by more than 1/5 of Danish population each month.
- Telemedical assessment of diabetic foot ulcers have been implemented in all municipalities leading to better and more efficient ulcer treatment.
- Towards 2019, telemedicine for patients with COPD is being implemented nationally
- The use of patient reported outcome measures (PROMs) for planning and differentiation of treatment is being implemented in three different types of diseases across all hospitals as first step in a widespread implementation of the use of PROMs in the Danish health care sector

With regard to the recommended early intervention to strengthen good public health through social investment such as vaccine programs, and strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses, the Government refers to the following initiatives:

- Alcohol

The Danish Health Authority has since September 2015 implemented the following initiatives to reduce alcohol consumption and to promote early intervention:

- A TV campaign supported by information activities in the municipalities with the message to drink below the low-risk drinking limit.
- Establishing a telephone hotline providing counseling to people with alcohol problems and their relatives.
- Initiation of a project with 66 out of 98 municipalities aiming to develop the alcohol treatment services to include a strong family focus in the alcohol treatment.
- Initiation of a program aiming at supporting pregnant women with alcohol and drug problems by establishing an in-patient treatment center. This is done in order to prevent fetal damages on the baby.
- Courses for health professionals in brief intervention.

- Focusing on implementing the prevention package on alcohol issued (2012) by the Danish Health Authority including professional recommendations for the local alcohol prevention intervention.

- *Drugs*

The Danish Health Authority is doing the following to reduce the consumption of illicit drugs:

- Supporting the implementation of the prevention package on drugs issued (2013) by the Danish Health Authority including professional recommendations for the local drug prevention intervention.
- Carrying out the anti-drug campaign “Music Against Drugs” in a variety of music festivals and music halls in Denmark.
- The social reserve agreement for 2015-2018 sets aside 3 million DKK to develop an evidence-based teaching course focusing on preventing cannabis smoking in commercial colleges and production schools.

- *Tobacco*

The Danish Health Authority is doing the following to reduce the consumption of tobacco:

- Supporting the implementation of the prevention package on tobacco issued (2012) by the Danish Health Authority including professional recommendations for the local tobacco prevention intervention.
- In 2013 the Government ensured funds for 2014-2017 (42 million DKK) to help heavy smokers quit smoking. This program includes services which comprise covering parts of the cost of pharmaceutical products to smokers (when relevant) and municipal smoking cessation services.
- A national campaign targeted at heavy smokers which focuses on enhancing the awareness of smoking cessation services available.
- In 2011 the Parliament earmarked funds for 2012-2015 (16 million DKK) allocated to prevention measures aimed at preventing youth smoking.
- In May 2016 the Danish Parliament passed an act regulating electronic cigarettes.
 - According to the act it is illegal to sell electronic cigarettes (with or without nicotine) to people younger than 18 years and to advertise electronic cigarettes (with or without nicotine).
- Furthermore, in 2016 the Government has presented an act on tobacco products which bans adding flavours to cigarettes and demands that warnings constitute a larger percentage of tobacco packaging.

Both acts from 2016 are implementing the EU tobacco products directive.

- *Type-2 diabetes and other lifestyle illnesses*

Physical activity, healthy diet and prevention of overweight are key elements in the prevention of type-2 diabetes and other lifestyle related diseases. The Danish Health Authority is doing the following to prevent lifestyle related diseases:

- Supporting the implementation of the prevention packages on physical activity (2012), health food and meals (2012) and overweight (2013) issued by the Danish Health Authority including professional recommendations for the local prevention intervention.
- The Danish Health Authority has a continuous focus on preventing physical inactivity and has since 2005 conducted a yearly nationwide campaign on physical activity for children and adolescents, entitled “Get moving”. It is important to focus on physical activity in children, as physically active children have a healthier level of risk factors for type-2 diabetes and coronary heart disease and a reduced risk of developing life style related diseases in adulthood. Moreover, physically active children are more physically active as adults than inactive children.

- *Vaccination programs*

The Danish Health Authority is continuously considering how to increase the uptake of the vaccines in the Danish childhood vaccination programme. At the moment, an initiative to strengthen the uptake of the HPV vaccine is being planned as the coverage of this particular vaccine has been decreasing significantly the past couple of years.

Two research projects at Statens Serum Institut aim to illuminate some of the aspects that seems to be a barrier for the uptake of the HPV vaccine.

Recommendations with regard to sustainable and accessible social- and healthcare

The Danish Ministry of Health points to the following with regard to strategies addressing demographic change, such as the European Innovation Partnership on Active and Health Ageing and especially considering public services in rural peripheral areas:

The older generation today lives longer and is healthier than previous generations. Preventive measures, promotion of healthy living and encouraging elderly to be more self-sufficient are essential elements in the Social Service Act. This is supported by specific legislation and specific political initiatives which will be laid out in the following.

- *Rethinking elder care*

Increasing awareness of the differentiated ways of life and needs of older citizens has made it essential for the Government to ensure the provision of tailor made support to help people continue to live independent and self-reliant lives.

In recent years there has been a shift away from performing the specific domestic tasks the citizen can no longer manage, for instance cleaning, towards focusing on the underlying problem, i.e. the functional impairment.

This change represents a new way of re-thinking elder care by ensuring the promotion of the individual person's capacity for self-reliance. The aim is to empower the citizen as much as possible *in cooperation with* the citizen.

- *Re-enablement (rehabilitation)*

Re-enablement is the promotion of independence in elderly people following deterioration in health or increase in the need for support.

Since January 2015, local authorities have been obligated to evaluate if a person in need of home care services could benefit from a re-enablement/rehabilitation scheme in the form of a

training program focusing on regaining independence, physical or social functionality and thereby a better quality of life.

The rehabilitation scheme is offered to all elderly citizens that are considered to be able to profit from this initiative. Every rehabilitation scheme must be adjusted to the individual needs and capabilities of the elderly citizens to improve functionality and quality of life.

Elderly individuals who are not capable of going through a rehabilitation scheme still receive home care service when needed.

- *Preventive home visits*

Local authorities are responsible for initiating preventive measures that can help each individual to manage his or her own life for as long as possible. This includes locally based social activities, physical training facilities, organisation of volunteer services and other efforts with preventive purposes.

A specific effort is the preventive work made through the so-called home visits. Every citizen in Denmark who has reached the age of 80 has the right to receive a preventive home visit at least once a year and preventive house visits must also be offered to vulnerable and socially exposed people between 65 and 80.

The aim of the home visit is to identify the need for individual assistance and discuss the well-being and current life situation, as well as give advice and provide guidance about activities and support services that will help elderly citizens to maintain their personal resources and functional capacity.

- *Welfare technology*

There is an increased focus on how welfare technology can support and solve future challenges in elder care. These years the municipalities are working on implementing welfare technologies in response to future challenges.

Welfare technology can in many cases support citizens to become more self-reliant and independent and help create a better working environment for care staff.

The strategy "Digital welfare - an easier everyday" has been established to support and increase the use of technology and digitalization within the major welfare areas, including elderly care. As a part of the strategy, the dissemination of four welfare technology solutions has been launched: lifting, washing toilets, better use of assistive technology and dining robots.

- *New action plan for the elderly patient*

By the Financial Act for 2016 the Government has prioritized an annual allocation of 300 million DKK to a new action plan for the elderly patient, including a plan for immediate action against hospital overcrowding.

The parties behind the Financial Act for 2016 agreed on the content of the plan for immediate action against hospital overcrowding in February 2016. The plan concentrates on methods and tools to secure better use of hospital capacity across departments. One element is better planning of the patient pathway in order to make sure that patients are admitted to departments with available wards during the entire hospital stay.

The content of the plan for the elderly patients will be decided in the spring 2016. The plan is expected to focus primarily on efforts before and after hospitalisation and increased coherence

across sectors, e.g. initiatives to strengthen the ability of the municipalities to prevent hospitalisation of elderly people due to a preventable condition.

- *Targeted effort for the weaker elderly*

By the special pool for the social areas for 2016-2019 266 million DKK were allocated to concrete initiatives in order to strengthen the effort for weaker elderly people. The initiatives include:

- projects with the aim to gain more knowledge on how to increase coherence in patient pathways across sectors
- development of national clinical guidelines
- follow-up home visits after hospitalisation

It is one of the main priorities of the Danish government that all Danes have access to high quality health care in all parts of the country, including access to medical specialists.

In November 2015 the Danish Minister for Health formed a committee to analyze and recommend initiatives that can support a more proper geographical distribution of doctors in Denmark. The committee is expected to release the analysis and recommendations by the end of 2016.

Copenhagen, May 2016

Estonia

Answers from ministries of the Republic of Estonia
about the implementation the Resolution of the 24th Baltic Sea Parliamentary Conference

Ministry of Social Affairs

(Sotsiaalministeerium)

Recommendation

-to ensure the decent treatment of refugees especially concerning housing and healthcare (preamble of the resolution)

Comment

The Ministry of Social shall organise the settlement of a person enjoying international protection in the territory of a local government in an agreement with the local government, taking into account the state of health of a person enjoying international protection, the place of the residence of the relatives by blood or marriage and other significant circumstances, and considering the housing and employment opportunities, including the proportional allocation of beneficiaries of international protection among the local governments. The Ministry of Social Affairs shall conclude a contract under public law with the local government or a legal person governed by private law for the admission of the person enjoying international protection and the provision of services. The local government a legal person governed by private law shall arrange for the admission of a person enjoying international protection and, if necessary, assist him or her in:
finding housing and renting thereof.

During his or her stay in Estonia, a person enjoying international protection has the right to receive state pensions, family support, employment services and employment subsidies, social benefits, health care and other assistance on the same grounds provided by legislation as permanent residents of Estonia.

-to improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment (paragraph 20)

The European Commission set up an expert group on rare diseases on 30 July 2013, among the expert group's tasks is advising the Commission on international cooperation as well as exchange of experience, policies and best practices. Estonia has been an active member of this expert group.

Also, under Directive 2011/24/EU the European Commission will support the development of European Reference Networks between healthcare providers in member states, in particular in the area of rare diseases. The aim of these networks is to improve cooperation regarding highly specialised healthcare, contribute to the pooling of knowledge and facilitate improvements in diagnosis and the delivery of high-quality, accessible and cost-effective healthcare for all patients with a medical condition requiring a particular concentration of expertise in medical domains where expertise is rare. The first call for networks and members opened on 16 March and will close on 21 June. Estonia is looking to actively participate in the European Reference Networks as well.

-to regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin (paragraph 21)

-to reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance (paragraph 22)

-to improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the „eHealth European Interoperability Framework“ (eEIF) and observe the joint European initiatives, such as the „Guidelines under eHealth Network“ of the responsible member state authorities (paragraph 31)

In 2010 Estonia and Latvia signed a Trilateral agreement between the Ministry of Social Affairs, Ministry of the Interior and the Ministry of Health of the Republic of Latvia on mutual aid on providing the ambulance service in close to border area. The agreement has been fully implemented and works very well.

Estonia is participating in various EU initiatives related to AMR, for example the ESAC-Net (European Surveillance of Antimicrobial Consumption Network) which collects and analyses data on antimicrobial consumption from EU and EEA/EFTA countries. During the last European Antibiotic Awareness Day, we organized a briefing for the press on AMR and antibiotic use that also involved members of the academia and experts. In the near future we are also planning to integrate AMR into the National Health Plan and conduct further studies on antibiotic prescription at the primary healthcare level as well as organize awareness campaigns.

On the agriculture side, the Ministry of Rural Affairs has developed guidelines for the rational use of antibiotics in livestock for veterinaries and farmers. The Ministry also established a working group for coming up with an action plan for reducing AMR in the field of veterinary medicine in early 2015. The action plan is currently in an early stage of development, but the main focuses would be on the use veterinary drugs and medicated feed; awareness raising among veterinaries, farmers and food producers through training, advice and information; AMR monitoring and research.

The Estonian eHealth Strategic Development Plan 2020 was approved in December 2015. Its implementation plan is currently under development and should be approved in April 2016. The main areas of focus in the plan are data quality, people-centeredness and personal medicine, integration of services and cooperation between organisations, improving capacity for analysis and development of remote services.

Estonia is looking to apply for financing under the Connecting Europe Facility to fund a national contact point for cross-border e-prescriptions as well as cross-border sharing of patient data. The goal is to get cross-border e-prescriptions to work in practice starting with Estonia-Finland. We are also preparing a study on factors affecting cross-border sharing of patient data across, it should be done by autumn 2016. The study would include people from all over Europe and focus on their expectations for access and use of their health data as well as the problems that member states have with regard to sharing patient information across borders.

-to improve early intervention to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses (paragraph 34)

-to check the possibility to establish a „Baltic Health Forum“, to ensure and improve a sustainable exchange and networking in this policy field around the Baltic Sea.

-to develop and strengthen strategies addressing demographic change, such as the European innovation partnership on Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas (paragraph 43)

Estonia continues to implement measures from the Green Papers on Alcohol and Tobacco Policy (both adopted in 2014) as well as measures from the white paper on drug abuse prevention. A Green Paper on Nutrition and Physical Activity is currently under development. Estonia also continues to follow its national immunization plan with regard to vaccination.

With regard to tobacco policy, we are currently implementing the EU Directive 2014/40/EU on Tobacco Products as well as conducting routine activities from the Green Paper on Tobacco Policy, such as providing counselling for quitting smoking, awareness campaigns, fighting against the smuggling and trade of illegal tobacco products. A ban against indoor smoking areas (not separate smoking rooms) will go into effect on June 1 2017.

With regard to alcohol policy, a bill for implementing restrictions on alcohol sale and advertising based on the Green Paper on Alcohol Policy is currently under discussion by the government. Various routine activities such as awareness campaigns are also being conducted. In the near future we will also expand treatment for alcohol addiction.

With regard to drug policy, we are currently updating the Act on Narcotic Drugs and Psychotropic Substances and precursors thereof to allow for adding substances by category. We are also conducting routine awareness campaigns.

Baltic Policy Dialog involving all three Baltic countries has been organized annually since 2004 with support from WHO Regional Office for Europe and European Observatory on Health Systems and Policies. It offers a focused platform for discussing health policy and networking.

The Northern Dimension Partnership in Public Health and Social Well-being is a regional organization currently involving the 3 Baltic countries as well as 6 others in the Baltic Sea Region. It was created in 2003 and provides a platform for more regional discussions on health policy, it currently has 7 expert groups and is chaired by Estonia and co-chaired by Latvia until 2017.

Estonia is currently working to reducing the burden on informal carers through local municipalities by providing them different services through the 2014-2020 European Social Fund. The services are day care, temporary care service and home care. An interministerial task force for reducing the burden of care was also created in November 2015 with the aim to provide policy measures on this topic. The Parliament also adopted the new Social Welfare Act in 2015 which, among other things, sets minimum standards for social services provided by local municipalities. The National Institute for Health Development is also supporting local municipalities with developing their health profiles to address specific local problems better. Currently 69% of local municipalities have health profiles.

-to carry out studies with the aim of developing prevention strategies in health care, such as the North Trondelag Health Study (HUNT) (paragraph 49)

Estonia has joined the World Health Organization's European Childhood Obesity Surveillance Initiative, the first study will be carried out in 2016 and the data will be used for developing potential interventions in the future. We are also involved in multiple other international studies such as the Identification and Prevention of Dietary- and Lifestyle- induced Health Effects in Children and Infants; Survey of Health, Ageing and Retirement in Europe. Estonia also carries out its own studies on Nutrition, Population Health and other topics. The data from all these studies will be used in the development of any strategies or other policy documents relevant to the research topics.

In 2012 the Centre for Health Technology Assessment was established at the Department of Public Health in the University of Tartu. The Centre assesses new services and pharmaceuticals by health economy evaluation and considers the perspectives of society and patients in addition to cost-effectiveness criteria. To date the centre has published 19 assessments and continues its work.

This year we are also planning to evaluate the National Health Plan and consider any recommendations from the evaluation when making the next implementation plan. We are also planning to evaluate the National HIV and AIDS Strategy 2006–2015 and the National Cancer Strategy 2007–2015 and also integrate any recommendations into the new National Health Plan implementation plan.

-to create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue (paragraph 52)

A bill was passed in 2015 to grant nurses the ability to write prescriptions, this went into effect 1 March 2016, we are currently working on creating the legal framework to allow nurses to also have independent patient visits.

With regard to improving the conditions, we are looking to implement a tool that allows family doctors to easily assess whether a person needs medical care or social care and find the best solution for that person specifically. Nurses and care workers are also always included in the collective salary negotiations and the agreement that establishes their minimum salaries.

With regard to training, we started a new programme in 2015 in order to bring nurses working in other sectors back to the health sector, 22 nurses completed it and returned to the health sector in 2015 and we will repeat the programme this year. Also the number of nurses trained each year has steadily increased over the last years.

Ministry of Education and Science
(*Haridus- ja Teadusministeerium*)

The Baltic States support the continuous cooperation in the field of education and research in order to strengthen the whole region as a competitive knowledge region.

Baltic research infrastructure

We continue to implement the Memorandum of Understanding between the Ministry of Education and Science of Latvia, the Ministry of Education and Science of Lithuania and the Ministry of Education and Research of Estonia on Closer Cooperation in Higher Education, Research and Innovation signed in November 2012. The aim of the Memorandum is to develop coordinated research and development policy and foster innovation in the Baltic republics. In 2014 Baltic research infrastructure expert group completed its tasks and published the results of Baltic research infrastructure mapping exercise on their respective internet pages by providing links to the lists of core research infrastructure objects of two other parties. The creation of these lists was a pilot project, which provides necessary background for the future collaboration of Latvian, Estonian and Lithuanian researchers and policy makers. The list is open for the public, and the content is being regularly updated (see at <http://www.etag.ee/en/funding/infrastructure-funding/core-infrastructures/>).

Baltic Summer Academy

The Baltic States will continue the ongoing international cooperation related to school sector. The project of the Regional Baltic Summer Academy was initiated in 2015 by the Ministry of Education and Research of Estonia in close cooperation with the Council of Europe and the Wergeland Centre, and later joined by the Ministry of Education and Science of Lithuania and the Ministry of Education and Science of Latvia (see at <http://www.theewc.org/Content/What-we-do/Summer-Academies/Regional-Baltic-Summer-Academy>). Regional Baltic Summer Academy focuses in particular on how human rights can be promoted in history teaching. Participants join the training as a team of four members. Each team consist of a representative of school administration, a teacher, a student representative (recommended age 16) and a representative from the community (NGO or local authority). It has been agreed that the piloting of project is going to rotate to the other Baltic States - this year to Lithuania and next year to Latvia.

Continuous cooperation between the MoER

22th Meeting of the Baltic Ministers of Education and Research/Science will take place in Estonia on 16-17 June 2016. Usually, the Ministers are accompanied by the delegation of max 9 people. This format offers a great opportunity to share the ideas and best practices in the field of common interest as well as enhance the longstanding trilateral cooperation between the Baltic countries. During the forthcoming meeting the key-topics are going to be **“Automatic recognition of qualifications between the Baltic States (status of the joint project AURBELL conducted by the Baltic Centres of ENIC/NARIC)”**, **“OECD cooperation on education”**, and **“STEM education as a tool for integration”**.

Ministry of Environment
(Keskkonnaministeerium)

On the implementation of the 23rd Baltic Sea Parliamentary Conference Resolution

Recommendations in regard to Environmental Legacy

- What measures have been taken and will be taken by the governments of the Baltic States in regard to the implementation of the HELCOM Baltic Sea Action Plan and decisions of the HELCOM 2013 Copenhagen ministerial meeting?

Pursuant to the 2013 declaration we continue with environmental pollution reduction activities. For our priorities, please see the link to Estonian Chairmanship in HELCOM 2014-2016: <http://helcom.fi/Documents/About%20us/Chairmanship/HELCOM%20priorities%20during%20the%20Estonian%20Chairmanship.pdf>

- How do the governments of the Baltic States support the joint HELCOM - VASAB Regional Baltic Maritime Spatial Planning Roadmap 2013 - 2020?

In the context of Maritime Spatial Planning (MSP) governments work on EU and regional levels (HELCOM-VASAB). Spatial data produced during MSP needs to be comparable to and usable with already existing systems. The INSPIRE directive provides framework for preparation, compilation and submission of data. Consequently, governments cooperate on both national and international levels in order to make the information gathered during MSP comprehensive, and accessible via already existing information systems. Estonia support continuation of relevant cooperation on MSP issues between HELCOM and VASAB.

- What measures have been taken and will be taken by the governments of the Baltic States in regard to the development of the reception facilities for sewage in passenger ports in line with the Special Area Status of the Baltic Sea under MARPOL Annex IV of the IMO?

In compliance with the MARPOL Annex IV requirements, big passenger ports of Estonia together with other Baltic Sea coastal states are ready for the Baltic Sea marine area to be declared as special area in the context of the Annex.

According to this Annex passenger ships sailing on the Baltic Sea are required to discharge their sewage in correspondent ports and these specific ports¹ receiving passenger ships shall have necessary adequate capacity to service incoming passenger ships. Thus, these ships must avoid discharging their sewage into the Baltic Sea.

¹ Situation in the Baltic in regard of MARPOL IV and port reception facilities readiness: <http://helcom.fi/Lists/Publications/Baltic%20Sea%20Sewage%20Port%20Reception%20Facilities.%20HELCOM%20overview%202014.pdf>

Germany

Federal Foreign Office

To
Member of the German Bundestag
Mr Franz Thönnies
Ret. Parliamentary State Secretary
Platz der Republik 1
11011 Berlin

Dr Frank-Walter Steinmeier
Federal Minister for Foreign Affairs
Member of the German Bundestag

Berlin, 27 April 2016

Dear colleague, *dear Franz*

Many thanks for your letter dated 18 February and the enclosed resolution of the 24th Baltic Sea Parliamentary Conference 2015 in Rostock.

I enclose the opinion of the Federal Government on this resolution you requested as an annex to this letter, which the Federal Foreign Office drafted in tandem with the relevant Federal Ministries. It also addresses the questions raised in your letter for each of the different points.

The resolutions of the Baltic Sea Parliamentary Conferences have provided a great deal of important impetus over the past years. I would like to thank you very much for your work for the region and your unfailing commitment in the scope of the Baltic Sea Parliamentary Conference. I wish you every success in the future.

Yours sincerely,

[signed by hand "Your Frank"]

Opinion on the resolution of the 24th Baltic Sea Parliamentary Conference 2015

The Federal Government welcomes the work by the Baltic Sea Parliamentary Conference to strengthen the Baltic Sea Region's shared identity and to foster the cooperation between government and non-governmental institutions – in particular through the Council of the Baltic Sea States and the Northern Dimension. By championing better cooperation between the parliaments, governments and civil societies in the Baltic Sea Region and initiating political activities, the Baltic Sea Parliamentary Conference acts as an important catalyst to the cohesion of the Baltic Sea Region.

The Federal Government adopts the following opinion on the resolution of the 24th Baltic Sea Parliamentary Conference 2015 in Rostock:

On the preamble and cooperation in the region:

The Federal Government's Baltic Sea cooperation consists of **three pillars: the Council of the Baltic Sea States, the EU Strategy for the Baltic Sea Region and the Northern Dimension**. Germany's interests in the Baltic Sea Region are boosting competitiveness, dealing with environmental challenges, closing gaps in the infrastructure and fostering economic solidarity in the region, which was politically and economically divided for a long time, to forge a common regional identity. The Federal Foreign Office assumes an active role as moderator between the different ministerial remits. Fundamentally, the Federal Government also sees one of the benefits of the cooperation in the Baltic Sea Region in the opportunity to engage in a confidence-building dialogue which promotes transparency in the Baltic Sea Region, and in particular with Russia, Member State on the Council of the Baltic Sea States. In spite of the strain on political relations as a result of the Ukraine crisis, international consultation and coordination with Russia also remains indispensable when it comes to dealing with shared challenges. The Council of the Baltic Sea States is an important forum for keeping communication channels with Russia open on such questions of common interest at an appropriate level.

Ensure decent treatment of refugees, especially in terms of housing and medical care:

The housing and medical treatment of refugees is a core task in the context of dealing with the current refugee movements. In Germany this comes under the remit of the federal states (*Länder*) and the municipalities. The Federal Government provides support in the scope of its remit.

On the basis of the decision by the Federal Government and the *Länder* on 24 September 2015, in the Act Introducing Expedited Asylum Procedures (*Asylverfahrensbeschleunigungsgesetz*) and the associated Ordinance, by changing the Federal Building Code (*Baugesetzbuch*), the Act on the Promotion of Renewable Energies in the Heat Sector (*EE-WärmeG*) and the Energy Saving Ordinance (*Energieeinsparverordnung*), the Federal Government launched the framework for accelerating the procedure and for the requisite flexibility in terms of using or establishing refugee housing to support the responsible *Länder* and municipalities in providing initial accommodation for refugees. In addition to this, the compensation funds for social housing for the period 2016 to 2019 have been doubled. The legislative package has provided the *Länder* and municipalities with very extensive scope for action to plan, approve and carry out conversion and building measures to house refugees.

As a second step, the aim is to respond to the growing demand on the housing market – not just as a result of the influx of refugees. The challenges in building new housing can only be met by major efforts on the part of all government actors, private investors and civil society. The aim is to provide enough affordable housing in Germany.

On the matter of health care, please also refer to the publically available documents of the Federal Ministry of Health.

Point 4

Cooperate to bolster the Baltic Sea Region as an important competitive region of knowledge with an excellent higher education and research infrastructure.

As an institution funded by the Federal Foreign Office, the DAAD (German Academic Exchange Service) has promoted the cooperation between higher education and research institutions in the Baltic Sea Region through a whole host of initiatives, programmes and projects since 01.09.2015. These include for example

- a) The Eastern Partnerships
- b) The Baltic-German University Liaison Office
- c) The EuroFaculty Pskov

On a) Eastern Partnerships

The DAAD uses funds provided by the Federal Foreign Office to promote partnerships between German universities and universities in eastern Central Europe, South East Europe and Eastern Europe and in the Caucasus and Central Asia, including many universities in the Baltic Sea Region. This is with the aim of contributing:

- to cementing existing and initiating new lasting partnerships with universities in the target region,
- to cooperation in teaching and research covering a broad range of disciplines,
- to scholar, graduate and student exchanges in the scope of the partnerships,
- to lasting structural improvements in the teaching and research conditions in the partner countries,
- to internationalising the German and foreign universities.

The German universities have the prospect of receiving funding for a period of three years. The autonomy and planning certainty the universities are thus afforded aims to encourage them to set priorities in their partnership activities and develop a partnership concept. The funding measures include *inter alia* German and foreign university lecturer exchanges, exchanges of scholars, students and graduates, the funding of German participants' travel costs and funding the costs of board and accommodation for foreign participants.

On b): Activities of the Baltic-German University Liaison Office (BDHK) since 1.9.2015 to promote cooperation in the Baltic Sea Region (as on: 09.3.2016)

The Baltic-German University Liaison Office supports the academic cooperation and academic exchange between Germany and the Baltic States. At the fore are scholar exchanges and networks. Over its ten-year history, the University Liaison Office has made a decisive contribution to the cooperation between German and Baltic academic institutions through events and by funding academic projects. The BDHK issues a call for projects twice a year and is open to all disciplines.

Since September 2015, the BDHK has organised 13 events in the Baltic countries on subjects linked to Germany and Europe. Generally, German and Baltic scholars are invited as speakers.

Furthermore, between September and December 2015, the BDHK funded eleven projects between Baltic and German higher education institutions. The projects contribute to the academic exchange, *inter alia* in the field of mathematics, engineering and natural sciences, languages and cultural studies as well as law, economics and social sciences.

Another seven projects have already been selected for funding in 2016 by an academic advisory council comprising German, Latvian, Estonian and Lithuanian university lecturers.

On c): Activities in the scope of the EuroFaculty Pskov since September 2015

The EuroFaculty Pskov (EF-P) is a higher education initiative by the Council of the Baltic Sea States. The aim in establishing a “EuroFaculty” is to support the universities benefiting from the project in their wide-ranging reform efforts, for instance in modernising their curricula, establishing quality assurance systems, setting up modern specialist libraries and providing modern foreign language lessons. In the scope of the EuroFaculty Pskov, during an initial project phase (2009-2011) first of all a model BA degree course and then in a second project phase (2012-2015) a model MA degree course were established at the Pskov State University in line with the Bologna model. The DAAD contributed Federal Foreign Office funds to the EuroFaculty Pskov through the European University Viadrina.

In October 2015, the final conference of the initiative, which ended in late 2015, took place. Some 200 international guests from the field of politics and higher education attended the event entitled “EuroFaculty — Towards A Modern University”. During the two-day conference, presentations and discussions were used to elucidate *inter alia* prospects for a modern university and to present the most important outcomes of the EuroFaculty Pskov project.

There are currently deliberations in the Council of the Baltic Sea States as to whether to continue the Council of the Baltic Sea States’ flagship program.

Measures funded by the Federal Ministry of Education and Research (BMBF): Summary of the cooperation to date and future outlook

From Germany’s perspective, the Baltic Sea Region is a model region for cross-border multilateral cooperation. It is a pilot region for EU Macro-Regional Strategies (since 2009). Furthermore, the Baltic Sea Region harbours great potential for measures in the context of the target fields one and two of the Internationalisation Strategy and exceptional competencies in the fields of action of the High-Tech Strategy 2020. The BMBF has taken action in and for the region in many different ways in recent years (for instance through the three Baltic Sea Announcements to date):

In 2010, 2011 and 2013, the BMBF published funding announcements to promote an ideas competition to establish and develop innovative R&D networks with partners in Baltic Sea States.

The aim of these funding measures is to use international cooperation to harness innovation potential in the context of the HTS and the EU Framework Programme for Research and Innovation Horizon 2020, to increase the competitive edge of German companies and research institutes in the Baltic Sea Region and enhance the research excellence in the Baltic Sea Region. The Baltic Sea Region boasts an excellent university and research infrastructure, but this needs to be networked further.

At least three partners have to be involved in the establishment or development of the R&D network: one German partner and additionally at least one partner from Denmark, Finland, Norway or Sweden and at least one partner from Estonia, Latvia, Lithuania or Poland.

There are currently a total of 15 projects from the third announcement round underway up until 2016. Since 2010, 195 partners have received funding for 55 projects.

The partners of the newly formed networks, universities, research institutions, scholars, students and SMEs work together very closely, network and apply successfully for the European Union's calls for proposals for funding. The BMBF's Baltic Sea Announcements mean there is high potential for raising EU funds jointly and there are prospects for direct follow-up funding.

Other projects

Another project worthy of note is G-Risc (German-Russian Interdisciplinary Science Center) at St. Petersburg University. G-Risc is funded by a collaborative project between the FU Berlin and St. Petersburg State University. It does not concentrate on the Baltic Sea Region, however, but instead promotes research cooperation in the natural sciences between Russia and Germany (<http://www.g-risc.org>).

Point 8

Continue the measures to improve sewage reception facilities in passenger ports to ensure the timely activation of the Baltic Sea's status as a special area in the meaning of Annex IV of the Convention of the International Maritime Organisation, whose aim is to prevent the release of untreated sewage from passenger ships in the future and to reaffirm the commitment to further improving and modernising the sewage processing capacities of the entire Baltic Sea Region in compliance with the stricter threshold values set by HELCOM.

The subject has been under examination since 2007 at relevant Baltic Sea bodies and is to be implemented under the HELCOM Baltic Sea Action Plan (BSAP, 2007) by 2021. For background information please refer to the past comments of the Federal Government on the last resolutions adopted by the Baltic Sea Parliamentary Conference.

The 68th IMO Marine Environment Protection Committee (MEPC 68, May 2015) established that the notification of availability of the port reception facilities for ship sewage in the Baltic Sea States (without Russia) is sufficient and that the implementation dates proposed by the Baltic States (2019 for new, 2021 for existing ships) should apply.

At the same time, MEPC identified the need for Annex IV of the MARPOL Convention to be amended to legally reflect the changed effective dates and the changed area of application (Baltic Sea without Russia). As the coordinating country ("Lead Country") in the scope of the Helsinki Convention (HELCOM), Sweden drafted the required MARPOL amendments in close consultation with the IMO Secretariat, which were also coordinated in several meetings of the relevant Council Working Party on Shipping within the group of the EU28 and submitted as a joint submission (notification) by all 28 EU Member States and the European Commission in time for the MEPC 69 meeting with the IMO resolution change.

The aim is to secure an amendment of MARPOL Annex IV during MEPC 69. The IMO Secretariat has submitted the proposed amendments and the draft resolution in line with due procedure in the form of a submission to agenda item 3 (Consideration and adoption of amendments to mandatory instruments) and as such laid the formal foundation for the adoption of the amendments at MEPC 69 from 18 to 22 April 2016 in London (Document MEPC 69/3/3).

In response to the submission by the EU MS, Russia submitted comments to MEPC (Document MEPC 69/10/4). In this document, Russia notes that while the proposed amendments to Annex IV of the MARPOL Convention circulated did contain the effective dates for the special area regulations, they did not contain any direct reference to the special area

of the Baltic Sea or parts thereof. Russia also criticises the fact that the proposed amendments were submitted with the support of 20 countries which were not even countries bordering on the Baltic Sea special area. This then led Russia to make the criticism that here a regional approach was being used to establish a global regulation. Russia accordingly called on MEPC to reject the proposed amendments.

In an additional submission (MEPC 69/10/5) Russia emphasises its concerns regarding the procedure to implement the MARPOL amendments and in particular on the later subdivision of the special area. Alongside this, the Cruise Lines International Association (CLIA) (MEPC 69/10/6) also made a submission, which again casts doubts on the availability of sufficient port reception facilities for ship sewage inside the special area and calls for the creation of an exceptional discharge provision.

Sweden is currently engaged in intensive bilateral endeavours with Russia to find a solution Russia also accepts in the scope of the Brussels EU mandate as well, which could mean that Russia is accorded additional temporary exemptions. In spite of all of this, it would be a major success globally (IMO) and regionally (HELCOM) if after years of negotiations at many decision-making levels the aim of the entry into force of stricter requirements for the Baltic Sea special sewage area as of 2019/2021 were to be achieved.

Recommendations regarding cross-border cooperation in the field of health care

Point 20

Improve cross-border cooperation and medical specialisation in the treatment of rare diseases with due regard for the cost-efficient use of medical equipment.

The Federal Government supports the wide-ranging initiatives in the Baltic Sea Region to promote cross-border health care geared towards the efficient shared use of medical equipment. The EU Member States have a network in place for the treatment of rare diseases. The possibility of expanding this to countries outside of the EU and including this issue in the Health Action Programme or the Horizon 2020 Programme of the European Union, for instance, should be examined.

Point 21

Regulate cross-border emergency care in a way that guarantees the fastest possible provision of medical services irrespective of the country of origin of the health provider.

Germany has concluded agreements and arrangements for the provision of cross-border emergency services with most of its neighbouring countries. There has been a framework agreement in place with Poland since 2012, which is currently being supplemented by execution agreements in negotiations conducted by the *Länder*. With Denmark, too, regular cooperation takes place between the emergency services. The main problems arising here relate to liability and the requisite insurance policies and can be resolved well in what in some cases are very involved bilateral negotiations.

Point 22

Reduce the use of antibiotics – in general – and in agriculture (livestock farming) to the bare minimum to prevent a further increase in antimicrobial resistance.

Lowering the use of antibiotics

Measures to reduce antimicrobial resistance and the use of antibiotics are outlined in the German Antibiotics Resistance Strategy (DART 2020). They were developed jointly by the Federal Ministry of Health (BMG), the Federal Ministry of Food and Agriculture (BMEL) and the Federal Ministry of Education and Research (BMBF) and adopted by the Federal Cabinet in May 2015.

DART 2020 supports a systematic approach to prevent the emergence and spread of cases of antimicrobial resistance in Germany and pursues the following specific aims:

1. Strengthening the One Health Approach nationally and internationally
2. Early detection of the development of resistance
3. Preserving and improving treatment options
4. Early interruption of chains of infection and prevention of infections
5. Raising awareness and boosting competences
6. Supporting research and development

Cross-sector cooperation to combat resistance to antibiotics in human and veterinary medicine is at the heart of DART 2020. All of DART 2020's aims target human and veterinary medicine alike. Both the improvement of rational therapy with antibiotics and reducing the use of antibiotics are important objectives for DART2020, for which the strategy sets forth specific measures for implementation. One joint activity by the relevant departments is the renewal of the research agreement on zoonoses in January 2016. The guiding principle of the new research agreement is the "One Health Approach", as zoonoses are a stark reminder that the health of humans and animals is closely intertwined. To implement the "One Health Approach" in research, cooperation is required between human and veterinary medicine and other disciplines such as biology, environmental research, agricultural sciences and food technology.

Human medicine

To improve rational antibiotic therapy, increased awareness-raising among the public and medical staff is required on the proper use of antibiotics and on resistance to antibiotics. The Federal Centre for Health Education (BZgA) has therefore developed a fact sheet on antimicrobial resistance and the proper use of antibiotics for the public and distributed it widely to doctor's surgeries, pharmacies and nursing homes. Additional information is available on the website of the Federal Centre for Health Education (BZgA) at http://www.bmg.bund.de/fileadmin/dateien/Publikationen/Ministerium/Flyer/Anbtibiotikaresistenz_Merkblatt.pdf.

A key component in strengthening the proper use of antibiotics and lowering antimicrobial resistance is ensuring hospitals are sufficiently staffed with qualified hygiene specialists and that nursing and medical staff receive continued and advanced training in this area. To support the hospitals in implementing the stipulations of the Protection Against Infections

Act (*Infektionsschutzgesetz*), in 2013 the Hospitals Hygiene Promotion Programme was set up. This provides funding to support the recruitment and continued training of hygiene specialists. It also promotes professional continued training in the field of antibiotic stewardship. This programme was recently extended to 2019 and expanded. Continued training in infectiology and advisory services by infectiologists are now also eligible for funding.

The existing systems to monitor antibiotic resistance and antibiotics use at the Robert Koch Institute are being expanded further. This will allow new pathogens and cases of resistance to be detected early on and important data to be gathered to develop and adapt treatment and hygiene recommendations. The extension of the reporting obligation to include Carbapenem-resistant Gram-negative pathogens and *Clostridium difficile* contributes to this. This enables the health authorities to take action as soon as they have evidence of individual cases rather than only once there has been an outbreak.

The increase in cases of antibiotic resistance means that fewer and fewer effective antibiotics are available to treat bacterial infections. The need for new active ingredients is therefore great. In the dialogue with the pharmaceuticals industry solutions are being developed to better cover the need for new APIs in the future. These will be incorporated into agreements reached within this dialogue.

Combatting resistance to antibiotics and lowering the use of antibiotics require a global approach, as resistance spreads globally *inter alia* due to commerce and travel. The Global Action Plan adopted by the WHO in 2015 provides the framework for this. Not all countries already have the requisite capacities to successfully fight resistance to antibiotics over the long term. Germany has been working since 2014 as a co-lead country for the “Action Package AMR” of the Global Health Security Agenda (GHSA) in concert with other countries (Great Britain, Netherlands, Sweden, Canada and Japan) to support partner countries in building these capacities.

Given the global significance of the issue and the need for a globally coordinated approach, Federal Chancellor and Member of the German Bundestag Dr Angela Merkel made the issue of antimicrobial resistance a priority for the German G7 presidency in 2015. In this context, the G7 partners committed *inter alia* to developing national AMR strategies or to further develop existing ones. Germany has already delivered on this pledge with DART 2020. A brochure with best practice examples from the G7 countries is designed to assist other countries in developing national action plans. In addition to this, incentive systems for developing new antibiotics, alternative treatments and diagnostics were discussed. Germany will organise an international expert meeting as the first concrete measure in the autumn of 2016.

Veterinarian medicine/agriculture

a) planned:

Please refer to the respective chapters of DART 2020 on which aims and measures are to be met or taken on which subject from the sector of agriculture and animals. We draw your attention to the following by way of example:

- Bolstering preventive measures to maintain the health of animal stocks without antibiotics as the key task for agriculture and veterinary medicine because infections need to be avoided and infection chains interrupted early.
- Continuation and expansion of resistance monitoring for zoonosis pathogens and animal pathogens to systematically monitor trends in the development of antimicrobial resistance. This will allow the success of measures to be evaluated. The law sets forth evaluation of the efficacy of the measures of the 16th amendment of the Medicinal Products Act in 2019.

b) Initiated:

To attain the aims and objectives stated in DART 2020 the following has already been initiated:

- Implementation of the authorisations to regulate the use of antibiotics on animals created with the 16th Amendment of the Medicinal Products Act, in particular by amending the Veterinary House Dispensary Ordinance (TÄHAV) with the aim of introducing restrictive provisions on the use of critical antibiotics on animals. In November the Federal Ministry of Food and Agriculture (BMEL) asked for opinions on the core principles put forward for further provisions governing the use of antibiotics on animals. The opinions received are currently being evaluated at the BMEL.
- BMEL funding of several research projects, *inter alia* on the issues of improving animal health, interrupting chains of infection, improved diagnosis and the development of vaccines.

c) implemented:

- introduction in 2011 of records of the quantities of antibiotics dispensed to veterinarians. The Federal Office of Consumer Protection and Food Safety publishes these annually. Between 2011 and 2014, the quantity of antibiotics dispensed dropped by 27%; the figures for 2015 are not available yet.
- The antibiotics minimisation concept established by the 16th Amendment of the Medicinal Products Act and launched in 2014 is a benchmarking system where those holding animals intended for slaughter have to report the number of animals kept and their treatment with antibiotics on a semi-annual basis. This information is used to calculate treatment frequencies for each farm semi-annually and to calculate nationwide benchmarks. Live-stock farmers whose individual treatment frequencies are higher than the benchmarks have to try to identify the causes of the frequent use of antibiotics and take countermeasures. If the treatment frequency is particularly high a written measures plan has to be presented to the relevant authority. If necessary, the authority in charge may order additional measures.
- The new Animal Health Act (*Tiergesundheitsgesetz*) enacted in 2014 focuses more on prevention and contains a host of new provisions to provide preventive protection against animal diseases and illnesses, on combatting these and improving monitoring. In this context, the conditions for the use of vaccines were adapted to reflect the current situation. The vaccination of animal stocks including against viral infections is of huge importance in reducing the use of antibiotics in animal husbandry to fight secondary bacterial infections.

In the field of studies on antimicrobial resistance, one project in the Baltic Sea Region can be referred to in particular. NoDARS (Northern Dimension Antibiotic Resistance Study) by the Northern Dimension's health partnership (NDPHS) is a research project Germany is involved in alongside the Baltic Sea States Finland, Latvia, Norway, Poland, Russia and Sweden. The aim of the study is to measure the extent of the specific cases of resistance in *E.coli* isolates in simple urinary tract infections. In addition to this, in a second study, the prevalence of ESBL

There are laws governing the conduct of vaccinations in Germany. Preventive measures and encouraging individual responsibility through information and awareness-raising activities are at the heart of the Protection Against Infections Act (*Infektionsschutzgesetz* - IfSG). For this reason, there is no statutory vaccination obligation in Germany. Under Section 20 (2) IfSG the Standing Committee on Vaccination (STIKO) based at the Robert Koch Institute issues vaccination recommendations. These are updated regularly and adjusted in line with the latest findings from vaccination research and the development of specific infectious diseases. The recommendations of the Standing Committee on Vaccination (STIKO) form the basis of the public vaccination recommendations of the *Länder*.

(Extended-Spectrum-Betalactamases) among the normal population is being investigated.

The project is of extremely high importance for this region as it aims to provide health specialists, authorities and policy-makers in the Member States with comparable data which shows the exact prevalence of antimicrobial resistance and its degree of penetration among the healthy population, as well as to assess existing strategies against antimicrobial resistance inside the partner countries involved and to encourage according improvements.

The data compiled as a result will enable the participating countries to develop evidence-based guidelines for screening for multi-resistant enterobacteriaceae and for fighting infections (urinary tract infections). In the future the project can directly [reduce] the burden on health and the economy posed by antimicrobial resistance (around EUR 1.5 billion per year).

Recommendations regarding health and the economy

Point 31

Improve the conditions for supporting the development of innovations in the health service, including in the areas of “eHealth” and telemedicine, whilst at the same time ensuring that investments in the area of “eHealth” support the adoption of standards and the interoperability across the whole health sector to foster the creation of the “eHealth European Interoperability Framework” (eEIF) and to monitor the joint European initiatives, for instance the “Guidelines under eHealth Network” of the relevant authorities of the Member States,

The Act for Secure Digital Communication and Applications in the Healthcare System and amending other Acts (referred to as the “eHealth” Act), which largely entered into force on 29 December 2015 created incentives for the swift introduction and use of the national telematics infrastructure and the medical and administrative applications based on this. The “eHealth” Act also includes provisions *inter alia* to promote telemedical services. Furthermore, with the establishment of a national directory at the *Gesellschaft für Telematikanwendungen der Gesundheitskarte mbH* (gematik) or Company for Telematic Health-card Applications, which also has to include the European decisions, progress has been made regarding the interoperability of the IT systems used in healthcare systems. The Federal Ministry of Health (BMG) actively supports the work of the EU “eHealth” network. The “eHealth” Act means that the European dimension of gematik has been bolstered, which has been acting since early 2015 as the national competence centre in the Joint Action to support the eHealth Network (JaseHN) and has already contributed to EU predecessor projects on interoperability. Currently the European Commission is promoting the establishment of the EU eHealth infrastructure through the financing instrument “Connecting Europe Facility” (CEF). With the support of the BMG, gematik will bid in the CEF tender to pilot and establish a cross-border exchange of abridged patient medical records. Germany’s high security standards will be incorporated into this project, allowing Germany to contribute to promoting Europe-wide interoperability in the field of “eHealth”.

Point 34

Improve early intervention to boost public health through social investments such as vaccination programmes, implementing decisive measures to lower consumption of alcohol, tobacco and illegal drugs and championing greater prevention in the area of diabetes II and other illnesses related to our way of life.

Vaccination programmes

STIKO's vaccination recommendations also form the basis for the assumption of the costs in the catalogue of benefits and services covered by the statutory health insurance funds (GKV). Under the Act to Strengthen Competition in the Statutory Health Insurance System (GKV-WSG) of 2007, general mandatory services have to be paid by the health insurance funds. This also applies to the recommended booster vaccinations for adolescents and adults and for catch-up vaccinations for missed standard vaccinations for children and adolescents. Some of the health insurance funds pay for vaccinations for travel abroad on a voluntary basis. Vaccinations for people with a higher occupational risk of infection have to be paid by the employer (Section 3, (3) Occupational Health and Safety Act - *Arbeitsschutzgesetz*).

In the area of child vaccination, in spite of major progress in recent years many children are still vaccinated too late and not by their second birthday as recommended by STIKO. In the age group of one to six year olds, the risk of falling ill – in particular for children attending communal facilities – therefore remains higher in the period up until full immunisation. Gaps in immunisation against measles, especially amongst adolescents and young adults, are problematic. The major outbreak of measles in Berlin and other parts of Germany last year highlight this fact.

Preventive Health Care Act (*Präventionsgesetz*)

The Preventive Health Care Act, which entered into force in 2015, sets forth numerous improvements in immunisation:

- Explicit inclusion of vaccination advice as part of the health check-ups for adults (Section 25 (1) German Social Code Book 5 (SGB V)) and the early diagnosis check-ups for children and adolescents (Section 26 (1) German Social Code Book 5 (SGB V)). Now it also has to be examined whether for check-ups under the Act on the Protection of Young People at Work (*Jugendarbeitsschutzgesetz*) measures to improve the level of immunisation are necessary (Section 37 (2) no. 2 and (3) no. 3 and Section 39 (1) no. 3 of the Act on the Protection of Young People at Work). Health Insurance Funds should provide bonuses for vaccinations (Section 65a (1) no. 2 German Social Code Book 5 (SGB V)).
- When children start attending care facilities there is a special public interest in them having been appropriately immunised for their age. That is why in the future when a child is first enrolled at a nursery proof must be provided that a doctor has advised the child's parents or guardians on the issue of vaccinations (Section 34 (10a) IfSG).
- If measles occur at a communal facility (e.g. nursery, school, afterschool care) then the authority in charge can temporarily ban susceptible persons (without immunisation or natural immunity) from attending the facility (Section 34 (10a) IfSG).
- Specifically with regard to staff coming under the scope of application of Section 23 (3) IfSG, there are provisions governing the collection, processing and use of employee data on their vaccination status and serostatus in relation to illnesses which can be prevented by vaccinations (Section 28 (2) IfSG).
- The provision of the vaccination record booklets will be part of the services covered by the health insurance funds as of 2016 (Section 20i (3) sentence 4 German Social Code Book Five - SGB V [previously Section 20d]); the provision enters into force on 1 January 2016.
- All the new vaccination record booklets will have to provide a field in which the doctor performing the vaccinations can enter a proposed date for the next booster vaccination (Section 22 (3) IfSG).
- The framework agreements between the health insurance funds and the public health service under Section 20i (3) SGB V (formerly Section 20d (3) SGB V), on the basis of which the *Länder* are reimbursed for the material expenses

for the vaccinations performed on the insured persons, should set forth simplified invoicing possibilities. This may concern, for instance, issues relating to individual invoicing, documentation, the availability of card-readers or electronic invoicing. This should facilitate the sometimes difficult negotiations between the *Länder* and health insurance funds on the conclusion of framework agreements.

- Company doctors can make an important contribution to increasing the rates of vaccination thanks to their proximity to employees at their place of work. A supplement to Section 132 e SGB V (Provision of vaccinations) therefore has ensured that company doctors are also authorised to perform general vaccinations on insured persons at the expense of the health insurance funds.

To improve immunisation for refugees the following statutory measures were adopted:

Asylum seekers eligible to receive benefits must be offered the opportunity to complete their immunisation at an early stage (Modification to Section 4 of the Asylum Seekers Benefits Act – *Asylbewerberleistungsgesetz*). To create legal clarity regarding the scope of benefits and to facilitate implementation, the scope of the entitlement to vaccinations – without extending the entitlement – was made subject to uniform provisions for the entire duration of the benefits claimed under AsylbLG in line with the benchmarks of the statutory health insurance system (modification to Section 4 of the Asylum Seekers Benefits Act). A provision now sets forth the use of the Central Register of Foreigners (*Ausländerzentralregister*) for storing and exchanging data on the vaccinations given (modification of the Act on the Central Register of Foreigners - *AZR-Gesetz*).

The Robert Koch Institute (RKI) has developed a concept in consultation with the Standing Committee on Vaccination (STIKO) and the *Länder* on how vaccinations can be done as efficiently as possible in the special of situation of the provision of initial medical care to refugees.

In 2015, the National Action Plan 2015-2020 to eradicate measles and rubella in Germany was adopted. It aims to make an important contribution to achieving this health goal.

The Preventive Health Care Act of July 2015 considerably boosted prevention and the promotion of health in Germany. In future, the health insurance funds will spend around EUR 500 million every year on prevention benefits and services, at least EUR 280 million of which will be in settings such as nurseries, schools, municipalities or businesses. In addition to prevention in everyday settings, promoting immunisation is one of the Act's priorities.

The basis for all the preventive measures by the health insurance funds is the "Prevention Guidelines" of the National Association of Statutory Health Insurance Funds (*Spitzenverband der GKV*):

- Exercise habits
- Food
- Stress management
- Use of addictive substances

A lack of physical activity, unhealthy diet, tobacco use and alcohol consumption are considered to be lifestyle-related health risks. They can expedite the development of many illnesses such as diabetes, cardiovascular diseases or cancer. An approach geared towards these risk factors enables health risks to be prevented across multiple illnesses at once.

Furthermore, the Preventive Health Care Act has led to the incorporation of a total of eight health goals in Book Five of the German Social Code (SGB V). The Central Federal Association of Health Insurance Funds (*Spitzenverband Bund der Krankenkassen*) is obligated to cater for these health goals in its preventive healthcare activities. The health goals were developed by the cooperation network gesundheitsziele.de and incorporate risk factors (e.g. tobacco or alcohol) and illnesses (such as diabetes or depression) of major importance.

National Health Goals	
Diabetes mellitus type 2: lower the risk of contracting the disease, ensure early diagnosis and treatment of sufferers	Increase health expertise, boost sovereignty of the patients
Breast cancer: lower mortality, raise quality of life	Depression-related illnesses: prevent, ensure early diagnosis, lasting treatment
Lower tobacco consumption	Healthy ageing
Growing up healthy: life skills, exercise, diet	Lower alcohol consumption

Even if there is no formal resolution by the Bundestag for a national diabetes strategy currently, stepping up prevention and the fight against diabetes mellitus has high priority for the Federal Ministry of Health (BMG) in its health policies. This is also reflected in the creation of a separate budget item entitled “diabetes” from the budget year 2016 onwards (chapter 1503, item 684 01), which is to be used from 2016 to 2019 in relation to the area of diabetes mellitus prevention primarily to allow the Federal Centre for Health Education (BZgA) to develop, implement and evaluate a National Awareness and Communication Strategy on Diabetes Mellitus. The National Diabetes Awareness and Communication Strategy is to address all three phases of the illness (primary prevention, early diagnosis (secondary prevention), prevention of secondary illnesses (tertiary prevention)) for those effected, vulnerable groups, but also the general public. The aim is to boost knowledge regarding the illness of diabetes and on prevention and treatment possibilities, to increase the social acceptance of the sufferers and to support the attainment of the national health goal for diabetes mellitus type 2.

Furthermore, this budget item will also fund other smaller projects serving to improve the prevention of diabetes mellitus. This includes, for instance, the project “*Diabetesberatung auf Rädern*” (“Diabetes advice on wheels”), which specifically targets migrants and the older population in rural areas lacking structures to raise awareness of the illness and possible prevention measures, and promotes early diagnosis of previously undetected cases of diabetes.

The Preventive Health Care Act adopted in 2015 has meant that the national health goal for type 2 diabetes – “lower the risk of contracting the disease, ensure early diagnosis and treatment of sufferers” – has been enshrined in law. This addresses all three dimensions of diabetes prevention (primary, secondary and tertiary prevention).

Improving early intervention to promote public health by social investments, here: health check-up

Currently, insured persons from the age of 35 onwards can take advantage of the “Check-up 35”, in particular for early diagnosis of cardio-vascular diseases, kidney disorders and diabetes mellitus. On the basis of the Preventive Health Care Act of July 2015, the check-up will be gradually further developed over the next three years by the Joint Federal Committee (G-BA) (Section 25 SGB V). Here, the G-BA is to make the previously rigid age limit, the frequency of the

entitlement and the prescribed examination methods more flexible in the future and based more on the needs of the target groups in question. Furthermore, the check-up will also cover possible future impairments to health and risk factors, for instance lack of exercise and excess weight more and verify the patient's vaccination status. Based on the results of the check-up, doctors should be able to recommend individual measures for primary prevention in the future, for instance exercise classes, diet, stress management or dealing with addiction, and issue a doctor's certificate on this. The certificate will provide the health insurance funds with an important basis for the decision on the provision of prevention courses.

The Preventive Health Care Act (Section 26 German Social Code, Book 5 - SGB V) raised the maximum age for the traditional check-up programme for children so that health check-ups for children and adolescents can now be introduced from birth up to the age of 18 as a service paid for by the statutory health insurance funds. At the same time, prevention-oriented advice to parents will be a binding part of the check-ups. This means the doctor conducting the check-up will also record individual problems and health risks of the child and, based on this, inform the parents as to how they can promote the development and health of their child and avoid risks. In addition to this, the doctor will also be able to issue a prevention recommendation as needed and inform parents about regional parent-child programmes. Part of the check-up should also entail checking the child's immunisation status. In the future, when a child is first enrolled at a nursery parents or guardians will have to provide evidence of having being advised by a doctor on vaccinations. The Preventive Health Care Act gives the Joint Federal Committee (G-BA) the possibility and the task of further developing the health check-ups for children and adolescents in this vein.

National Action Plan "IN FORM —Germany's Initiative for healthy eating and more exercise"

The aim of the action plan is to improve people's exercise and eating habits and to foster healthy lifestyles through information and structures which promote health. This has led, for instance, to the creation of practice-related online programmes for quality assurance, evaluation and communication. Prevention projects and quality-assured health programmes are being recognised and made visible with the logo "supports the aims of IN FORM". A progress report which documents the work to date and identifies future priorities is in the process of being compiled.

The funding priority of preventing children or adolescents from becoming overweight or obese

Building on existing structures, existing knowledge and tried-and-tested models are being used, implemented sustainably and made accessible to the different players in a practicable way. This puts the transfer and dissemination of general, quality-assured knowledge in the field of practice at the fore. 12 projects are currently receiving support, others are in the pipeline.

Lowering the consumption of alcohol and tobacco

Since 2015 mainly the following measures have been implemented:

- Health goal of "lowering tobacco consumption"
- On the basis of the experience gained in the scope of implementing the national health goal of "lowering tobacco consumption" adopted in 2003 and current scientific findings, in 2015 a revised health goal of "lowering tobacco consumption" was adopted in a consensus-oriented process with all those involved.

The new goal agreed on, whose attainment will be supported by the implementation of a wide range of measures for circumstance and behaviour-based prevention is:

- Adolescents and young adults stay non-smokers.
- The numbers of people stopping smoking increases in all age groups.
- Comprehensive protection against passive smoking is in place

For each goal, sub-goals are defined whose implementation also serves as an indicator of the degree of success in attaining the targets.

Transposition of the EU Tobacco Products Directive into German law

The EU Tobacco Products Directive has to be transposed into German law by May 2016. To this end, the Federal Foreign Ministry of Food and Agriculture (BMEL) has presented a draft Tobacco Products Act, which was adopted by the Bundestag on 25 February 2016 in the third reading. Currently, the Bundesrat is deliberating the bill. The Federal Government assumes that the measures contained in the Act will lower the prevalence of smokers in Germany further. The key content is:

There will be a ban on the selling of cigarettes and tobacco for hand-rolling which

- have a characteristic aroma,
 - whose components contain aromas or technical features enabling the odour, taste or smoke intensity to be changed
- contain tobacco or nicotine in filter paper or capsules.

Tobacco products may only be sold in packages and external packaging which display health warnings.

To ensure the tobacco products are traceable and authentic, their packaging must include an individual identification feature and a falsification-proof security feature.

An approvals procedure will be introduced for novel tobacco products.

For the first time, in addition to tobacco products and herbal smoking products, electronic cigarettes and refill containers will also be regulated.

Inclusion of the ban on the selling and use of electronic cigarettes and electronic water pipes in the Youth Protection Act (*Jugendschutzgesetz*)

Electronic cigarettes and electronic water pipes are popular among many children and adolescents. According to a recent study by the Federal Centre for Health Education one in five of 12 to 17 year-olds have already tried an electronic water pipe once and one in seven of the same age group an electronic cigarette. 11.3 % of this age group has already used an electronic water pipe or an electronic cigarette without ever having smoked a tobacco cigarette. Given the flavours like chocolate and various fruit varieties, the products seem harmless and appeal to children and adolescents.

Electronic cigarettes and electronic water pipes are not harmless for children and adolescents though. The health risks of the drug and neurotoxin nicotine, such as physical addiction and cardiovascular disorders have been known for a long time, but now studies by the Federal Institute for Risk Assessment and the German Cancer Research Centre have also shown the health risks associated with using nicotine-free electronic water pipes and electronic cigarettes for children and adolescents.

On 1 April 2016, an amendment of the Youth Protection Act therefore came into force expanding the ban on selling and consuming tobacco products to electronic cigarettes and electronic water pipes. This should also ensure that the ban on selling tobacco products, electronic cigarettes and electronic water pipes to children and adolescents applies to the mail order sector as well.

Health goal “Lowering alcohol consumption”

In April 2015 the new health goal of “lowering alcohol consumption” was adopted by the committee of the cooperation network gesundheitsziele.de and published on 19 May 2015 in the Federal Gazette (www.bundesanzeiger.de) and on the cooperation network’s website. The working group for the health goal comprises decision-makers from politics, professional associations, patient and self-help organisations and the science community.

The reason for developing a national health goal on the subject of “lowering alcohol consumption” was that the negative effects of consuming too much alcohol are among the avoidable health risks in Germany. Whilst it is true that alcohol consumption has been in decline in recent years, many parameters still point to the fact that too high a consumption of alcohol is cause for concern in Germany and that further action is required. The working group is currently discussing a set of issues relating to the advertising, pricing and availability of alcoholic beverages. Once finalised, the set of issues is to be added to the existing version of the health goal of lowering alcohol consumption.

Prevention of alcohol consumption during pregnancy

In addition to the awareness-raising measures already underway on the dangers of alcohol consumption during pregnancy, the Federal Ministry of Health (BMG) is funding a three-year model project on school-age prevention of alcoholic consumption during pregnancy. The results are expected to be available in early 2018. The BMG also funded a mobile exhibition illustrating the potential consequences of alcohol consumption during pregnancy using a walk-in womb.

From July 2013 to December 2015 the BMG funded the IRIS II project at the Tübingen university teaching hospital for psychiatry and psychotherapy. The online-based and interactive advice platform “IRIS” is designed to support pregnant women who consume alcohol or tobacco to abstain. Of great interest here is which pregnant women such a programme reaches and how they find access to advice. In addition to this, IRIS II tackles the question of whether an advice platform which is also moderated by an expert (“e-coaching”) results in a higher degree of compliance and rate of abstinence among the pregnant women benefiting from the advice. The contents of the programme aim to raise awareness and provide information, to make people aware of the problem and to motivate them to change their behaviour, support them and achieve alcohol and tobacco abstinence.

Diagnosis of Foetal Alcohol Spectrum Disorders (FASD)

The development and dissemination of the S3 guideline criteria for the diagnosis of full foetal alcohol syndrome (FAS) was a first step towards early and uniform diagnosis among children and adolescents in Germany. Both the sufferers and their caregivers and the professionals helping them are calling urgently for uniform diagnosis of FASD among children and young people in Germany. Since the middle of 2015, a body of experts has therefore been developing the S3 Guideline for the Diagnosis of FASD to supplement the aforementioned guideline. The aim of the BMG-funded project is to develop an evidence-based, formal expert consensus on the requisite diagnostic criteria and relevant recommendations for Foetal Alcohol Spectrum Disorders amongst children and adolescents. The project is scheduled to be completed in the early summer of 2016 and should contribute to improving FASD diagnosis.

Prevention of alcohol abuse at discos and nightclubs

To enable club and disco operators and their staff to deal well with their guests, who sometimes consume risky amounts of alcohol, in 2015 the specialist outpatient clinic for addiction disorders of the charity Diakonisches Werk Rosenheim e. V. drafted the training concept entitled “safe - sauber feiern” (“partying safely”) and put it into practice in cooperation with the Federal Association of Discotheques and Nightclubs at well-known venues. Safe’s target audience is clubs and discos of all kinds and sizes nationwide. The training concept is designed to be closely related to the field of practice and is based on the concrete everyday working lives of all staff. The project uses a key training unit to create awareness of “safer clubbing”, offering people the opportunity to reflect on their own view of alcohol consumption, deepening their knowledge of relevant laws, common substances and the issue of first aid, expanding basic skills, proving specific recommendations for action for conflict situations in the area of alcohol and substance use, encouraging the optimisation of working processes and creating low-threshold access to the addiction support system.

Prevention of alcohol consumption amongst students

There have been comparatively few activities promoting health and prevention in the setting of universities to date. A study funded by the BMG on “Forms of stress compensation and performance enhancement amongst students” in 2010 examined the need for prevention more precisely. The findings of the study show that the stress perceived as a result of pressure to perform is closely linked to the consumption of substances (alcohol, cannabis, tobacco). Building on this, since summer 2013 the BMG has funded three projects (Dein Masterplan or “Your Masterplan”, INSIST and eCHECKUP TO GO) in which new approaches for prevention targeted at students were developed. The effectiveness of the measures developed in the scope of the projects was documented by a scientific evaluation. To successfully and durably embed the measures developed in the three model projects in the university setting, the BMG has been funding a dissemination project since February 2016. The aim of the project is to develop dissemination strategies and qualify universities to deal with the instruments that have been developed.

Point 39

Examine the possibility of creating a Baltic Health Forum for the purpose of providing and improving a lasting exchange of information and cultivating contacts in this policy area in the entire Baltic Sea Region.

The Federal Government is fundamentally in favour of an increased exchange of information, knowledge and data in the scope of partnership-based cooperation. This also holds true for the Baltic Sea Region. But here, specifically, we already have a suitable body in the form of the Northern Dimension Partnership in Public Health and Social Well-being/NDPHS. In recent years this partnership has led to in-depth and trust-based cooperation in the health sector, both professionally and politically, although Denmark is not a member of this partnership and as such cannot benefit from the advantages of this cooperation. Denmark, however, for its part also rejects new structures.

Another, new institution — like the aforementioned Baltic Health Forum — in this area would possibly lead to duplicate work and duplicate structures and also tie up scarce resources. This is not something the BMG would wish to see.

Recommendations in relation to sustainable and easily accessible social and health services

Point 43

Develop and bolster strategies to manage demographic change, for instance the European Innovation Partnership in the area of “Remaining active and healthy in old-age”, and special consideration of basic public services in rural peripheral areas.

SHI Supply Enhancement Act (*GKV-Versorgungsstärkungsgesetz*)

Ensuring nationwide, high-level medical care within easy reach and tailored to people's needs is one of the Federal Government's key health policy aims. This aim is of particular importance, especially also on account of demographic change and the ensuing changes in the needs of those insured and the varying supply situations in conurbations and rural regions.

Wide-ranging reforms of the healthcare system ensure that in the future, too, easily accessible, high-quality medical care will be provided. The wide-ranging legislative initiatives of the Federal Government boost supply structures, improve services for patients and increase the quality of the medical care provided.

A focal point is guaranteeing care by SHI-accredited doctors. The SHI Supply Structure Act (*GKV-Versorgungsstrukturgesetz* - GKV-VStG) of 1 January 2012 already created a package of measures at different planning and responsibility levels to ensure the continued provision of enough doctors in the future in all regions of Germany for high-quality, needs-oriented care for patients. Those concerned were afforded flexible opportunities to manage health care in line with regional circumstances and requirements.

The SHI Supply Enhancement Act (*GKV-Versorgungsstärkungsgesetz* - GKV-VSG), which entered into force on 23 July 2015, develops the measures introduced by the 2012 SHI Supply Structure Act, which bolster the provision of medical care in rural areas in particular, for instance through targeted incentives for establishing a practice in under-supplied or structurally weak areas, further. For instance, to promote the establishment of doctor's surgeries, the establishment of a structural fund is being simplified and funding opportunities expanded. The possibilities for setting up medical care centres (*medizinische Versorgungszentren* - MVZ) are being developed further. Municipalities can now actively contribute to shaping care by founding an MVZ, in particular in rural areas.

The SHI-accredited doctors associations (*Kassenärztlichen Vereinigungen* - KVen) have been obliged to set up appointment service centres to arrange appointments at a specialist doctor for patients with a referral (an exemption from the referral obligation applies for appointments at gynaecologists or ophthalmologists) within the space of four weeks as a general rule. To improve psychotherapy services the Joint Federal Committee has been tasked with revising the Psychotherapy Directive. Furthermore, hospital discharge management has been improved and structured treatment programmes are being expanded.

The law also sets forth a whole host of additional measures to improve the care of patients in Germany. This includes, for instance, the right to seek a structured second doctor's opinion for certain foreseeable operations which are performed particularly frequently. The care of disabled persons is being improved by medical treatment centres being able to be authorised to provide outpatient treatment for adults with mental disabilities or severe multiple disabilities. To improve preventive dental care for those requiring long-term nursing care, people with disabilities and people with permanently impaired everyday skills, a right to preventive dental care is being established for these groups of people.

In addition to this, an innovation fund has been set up which can fund innovative, cross-sectoral care forms and care research from 2016 to 2019 with an annual sum of EUR 300 million each year. Following evaluation, a decision will be

taken on the continuation of the fund. To supplement this, red tape has been cut in the provisions governing selective contracts and their scope for action has been expanded to bolster competition in innovative and efficient forms of care provision. All of this improves medical care and ensures a swift and uninterrupted treatment process.

Ensuring care by SHI-accredited doctors is generally the task of the SHI-accredited doctors associations (KVen) in the *Länder* and the Federal Association of SHI-Accredited Physicians (*Kassenärztliche Bundesvereinigung*). In agreement with the regional associations of the health insurance funds and the supplementary health insurance funds, the KVen have to put in place a requirements plan at *Länder* level to ensure the provision of care by SHI-accredited doctors and adapt it to developments as required in line with the directives issued by Joint Federal Committee (G-BA). The KVen are obligated to take all financial and other measures in accordance with the requirements plans to ensure, improve or promote the provision of care by SHI-accredited physicians.

The KVen's task of ensuring the provision of care by SHI-accredited doctors also encompasses medical care outside of usual surgery hours (for urgent cases). This does not include care by an emergency doctor accompanying the emergency services unless otherwise stipulated under the law of the *Land* in question.

During this legislative period, the Federal Government has already implemented or initiated the following relevant initiatives.

The Hospital Structure Act (*Krankenhausstrukturgesetz*) has further developed the general conditions for hospital care so that in the future, too, it is possible to ensure easily accessible, high-quality hospital care in Germany on a solid financial basis. To enhance the focus on quality in hospital care, quality is being firmly embedded in hospital planning as an additional criterion and quality-related pay components are being introduced. To improve hospital funding further, volume management will be structured more efficiently with the result that volume increases will no longer be a factor that is considered for all hospitals but only for those that do actually expand their services accordingly. To promote the conversion of existing hospital capacities in line with needs, a hospital structure fund is being put in place which can be used to fund the reduction, concentration and conversion of care capacities. The Act also aims to improve the staffing situation in the area of nursing care for patients. To this end, in the scope of a nursing position funding programme, up until 2018 funds of up to EUR 660 million will be provided for nursing care. In addition to this, an expert commission will examine to what extent the nursing needs occurring in the hospitals are properly reflected in the remuneration system. The special care needs of those requiring long-term care, and those suffering from dementia and requiring long-term care have to be taken into account here. The introduction of a care supplement and better collective wage funding are boosting staffing funding further.

The following measures of the Hospitals Structure Act in particular will have a positive impact on developments in rural areas:

- Service guarantee incentives for hospitals (*Sicherstellungszuschläge*) can be agreed on if hospitals cannot cover their costs with flat rate payments because of too low a demand but their services are necessary to ensure the in-patient treatment of the population. This is a measure designed to ensure nationwide hospital care through higher remuneration in rural areas in particular. The option of a service guarantee incentive was already introduced into the hospitals funding legislation in 2002. The prerequisite is that these services cannot be provided by another suitable hospital without payment of the supplement.
- Hospitals with a large amount of emergency structures at the ready will be better off in the future than hospitals which do not have or do not have much in the way of emergency care services. This will reflect the differences in the maintenance of in-patient emergency structures better than the current EUR 50 deduction for non-participation in in-patient emergency care. Hospitals in rural areas which maintain comprehensive emergency structures and in doing so contribute to full-coverage emergency care in rural areas will therefore be better off.

The Act to improve Hospice and Palliative Care (*Hospiz- und Palliativgesetz*) means that nationwide hospice and palliative care in Germany is being bolstered thanks to targeted measures in statutory health insurance and social long-term care insurance. Incentives are being created for the establishment and expansion of hospice and palliative care, and cooperation and networking in the relevant areas of care are being promoted.

First, this is taking place by improving outpatient palliative care and promoting cooperation between the different actors. SHI-accredited physicians receive additional remuneration, which is designed to increase the quality of palliative care and to foster networking. Palliative care has been boosted and is now an explicit part of home-based nursing. In addition to this, the expansion of the specialised outpatient palliative care system (SAPV) has been accelerated by the introduction of an arbitration procedure for corresponding care agreements. Furthermore, funding from the health insurance funds has been increased in order to be able to factor in the material costs in the supplements for out-patient hospice services in the future in addition to personnel costs.

Second, in-patient hospice care is also being strengthened. The funding of in-patient hospices is being improved by the daily minimum premium paid by the health insurance funds being raised from EUR 198 to around EUR 261 per insured person. Furthermore, the health insurance funds have to cover 95% instead of the previous 90% of the costs eligible for the premium, in adult hospices, too.

The expansion of palliative care in the area of in-patient hospital care is being promoted. Hospitals with their own palliative ward can now agree individual remuneration with the institution covering the costs. And hospitals without their own palliative ward can form multi-professional palliative services for which they are paid extra money by the health insurance funds. Furthermore, the hospice culture is being fostered inside in-patient care institutions. Hospice care is now an explicit part of the care mandate of the social long-term care insurance system. Nursing homes are required to work with the hospice services and conclude cooperation agreements with GPs and specialist doctors. Doctors who participate will receive additional remuneration. The SHI Supply Enhancement Act (GKV-VSG), which already entered into force in July 2015, has already created the conditions for guaranteeing nationwide, easily accessible medical care in line with needs in the future, too. The provisions of the GKV-VSG further develop the measures of the SHI Supply Structure Act (*GKV-Versorgungsstrukturgesetzes* - GKV-VStG), which already entered into force on 1 January 2012. The GKV-VSG sets forth *inter alia* the following measures:

- The Joint Federal Committee has been tasked with further developing the Requirements Planning Directive by 31 December 2016. To this end the ratios (number of inhabitants per doctor) are also to be reviewed in terms of the social and morbidity structure. Furthermore, the possibility of micro-spatial planning is to be catered for.
- The provisions governing the structure fund have been extended to improve the incentives to set up doctor's practices in undersupplied or structurally weak areas.
- To further reduce the waiting times to see specialists, provisions have been made for the establishment of appointment service centres by the SHI-accredited physicians associations.
- The statutory stipulations to promote continued training in general medicine have been improved and extended to include continued training for specialist doctors providing basic care. This is designed to counter the shortage of doctors.
- As another step to ensure nationwide outpatient care in the future, in the scope of delegation the increase in and use of non-doctor health professionals with pay adequately reflecting their work will relieve doctors and allow them to focus on what are strictly doctor's activities.
- Hospitals' authorisation to provide outpatient treatment in cases of supply shortages will be made more binding.

- Removal of unjustified differences in pay in the scope of fees negotiations through a one-off base-effective increase in the benchmark value in 2017.

In tandem with the Federal Ministry for Education and Research (BMBF), the Federal Ministry of Health (BMG) is currently engaged in discussions with representatives of the Standing Conference of the Ministers of Health and of the Ministers of Education and Cultural Affairs of the *Länder* in the Federal Republic of Germany and representatives of the coalition parliamentary groups of the German Bundestag on the “Masterplan Medizinstudium 2020” (“Masterplan for studying medicine 2020”). This also entails measures to attract the next generation of doctors to rural areas. Experience shows that if students of human medicine can gain on-going experience in veterinary work in rural areas at an early stage of their degree, they tend to decide to work there as doctor’s later on. For students originally from rural areas themselves, this willingness is often even higher.

One topic of discussion in the scope of the masterplan is also the option of awarding places to study medicine on the condition of later working as a country doctor. To clarify the legal requirements of this very controversial measure, the BMG has commissioned a legal expertise, which is now available. The expertise comes to the conclusion that it is constitutionally possible to design a quota to ensure primary medical care by doctors when admitting people to study medicine. The admissions procedure could thus – in addition to its main purpose of selecting candidates – also make a contribution to more doctors working in primary medical care in undersupplied, especially rural regions.

In the wake of demographic change, the number of older people with restricted mobility who are reliant on support is growing. Here, people requiring long-term care are particularly vulnerable. The Federal Government is increasing the benefits and services provided by the long-term care insurance system (*Pflegeversicherung*) during this electoral term by the First and Second Act to Strengthen Long-term Care (*Erstes und Zweites Pflegestärkungsgesetz*) considerably, by 20 %. Long-term care policies are thus initiating and supporting processes to develop socio-spatial structures. The long-term care insurance system is thus also and especially ensuring a nationwide infrastructure for long-term care services. This benefits the rural areas in particular. This should enable older people requiring long-term care to live as autonomous a life as possible in the environment of their choice even if they require long-term care. Long-term care homes are an important economic factor especially in rural areas. The expansion of the benefits and services provided by the long-term care insurance system is also driving new communal forms of housing and the development of new local support schemes for everyday life. The Second Act to Strengthen Long-term Care also gives the long-term care insurance funds the possibility of providing long-term financing to regional care networks.

Furthermore, the Federal Government has also developed recommendations with the *Länder* and the municipalities to strengthen the role of the municipalities in long-term care and will pass federal legislation to create the framework for the cooperation between the key players on the ground to boost socio-spatial care structures. The Third Act to Strengthen Long-term Care is scheduled to enter into force on 1 January 2017.

The aim of the Preventive Health Care Act of July 2015 is to prevent and reduce health risks, encourage insured persons to take responsibility for their health and act in a health-conscious way, and to reduce the social and gender-based inequality in health opportunities. At the heart of all of this is strengthening prevention and promoting health in settings such as nurseries, schools, municipalities or workplaces. The target groups who are to benefit more in the future from health promotion and prevention activities also include those living in nursing homes. The Preventive Health Care Act therefore contains a specific prevention mandate for the social long-term care insurance system for semi-in-patient and in-patient care facilities. The National Preventive Health Care Strategy also improves the cooperation between the different actors and the coordination of their preventive health benefits and services. Other focal points of the law also include bolstering workplace health promotion, the prevention-oriented further development of health check-ups for children, adolescents and adults and the promotion of the vaccination system.

As part of a model programme, Local Alliances have been set up and promoted which aim to permanently improve the lives of people with dementia and their families by pooling and dovetailing potential. By 2016 a total of up to 500 Local Alliances are to be funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

The “Allianz für Menschen mit Demenz” (Alliance for People with Dementia) is a network comprising various different organisational partners at federal level and supports the formation of these help networks in the immediate surroundings of those affected. The Local Alliances are one of the key measures among the numerous contributions the Agenda “Gemeinsam für Menschen mit Demenz” (“Joining Forces for People with Dementia”) is making. The Alliance for People with Dementia shows how the Federal Government is incorporating its long-term care policies into alliances between the government and civil society, for instance in the context of the Demographic Strategy.

The aim of the Alliance is to continue to develop help and support for those affected and to foster understanding and sensitivity for people with dementia. The hope is to help ensure a good life in spite of dementia and in familiar social relationships. In a joint declaration, the Alliance has pledged to adopt specific measures in different fields of action. The Agenda was signed by all the Alliance organisational partners in September 2014 after two years of work. This marks the launch of the implementation process of the contributions. It lays the foundation for a national dementia strategy.

The Agenda is divided into four fields of action with a total of 27 thematic priorities:

- Science and research
- Social responsibility
- Supporting people with dementia and their families
- The design of the support and care system

The Agenda contains 155 measures the organisational partners have undertaken to implement. The implementation of the measures will be surveyed in the scope of a monitoring procedure. 133 of the 155 measures have now been backed up by contributions by the organisational partners. The last meeting of the working group was held on 12 November 2015 at the BMG in Berlin. The contributions of the organisational partners formed the foundation for the presentation of the first results at the Federal Government’s Demography Summit on 22 September 2015.

For 2016, the next meeting is scheduled at the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) on 3 May. At this meeting the measures in the Field of Action III (Supporting people with dementia and their families) will be examined separately and their degree of implementation discussed and possibly supplemented selectively with additional sub-measures. The results will be incorporated into the Alliance’s first progress report, which is expected to be presented during “Dementia Week” (calendar week 38, 19.9.- 25.9.2016). 2018 has been agreed on for the completion of the implementation process.

People with dementia requiring assistance and long-term care are catered for largely in their own home or family or in a nursing home in Germany. The outpatient care system is not sufficiently geared towards the widely varying needs of those affected and their relatives though. Against the backdrop of demographic change, new care models are therefore becoming increasingly interesting, such as regional networks in which various professions and institutions work together to help people with dementia and their relatives (dementia networks). Given the significance of dementia and with the new cases of illness to be expected in light of the demographic trend, the Federal Ministry of Health also continues to be active in this field in the scope of its research activities.

In 2008-2009 in the scope of the “Lighthouse Project on Dementia” 29 projects were funded whose outcomes were presented at a public event in September 2010 and explored in terms of their significance for the care situation of people with dementia. The BMG’s funding programme “*Zukunftswerkstatt Demenz*” (Laboratory for the future on dementia) is geared towards supplementing the findings gained so far from the Lighthouse Project on Dementia – where necessary - and to put the existing knowledge into practice in routine care appropriately. To support the implementation of successful model projects and initiatives, the BMG saw a special need for action in the following areas:

- regional dementia networks
- supporting family members caring for people with dementia.

A total of seven model projects were funded as part of the *Zukunftswerkstatt Demenz*. Six model projects in the area of “supporting family members caring for people with dementia” and one project in the area of “regional networks”. In many regions of Germany, networks for people with dementia or care networks already exist. They make an important contribution in many places to improving care by trying to align regional supply and actual demand better. In the scope of the evaluation study DemNet-D success factors and conditions were researched more closely. This evaluation study is a measure that the BMG has initiated and implemented in the Field of Action III of the agenda.

From the very outset, the aim of the evaluation study funded by the BMG between 2012-2015 was to develop a guide for the field of practice. For this purpose, the knowledge relating to the founding and upkeep of 13 regional networks for people with dementia was collected and organised systematically. The scientific evaluation shows that improved cooperation in fields of medicine and care can significantly stabilise the domestic situation of those suffering from dementia and of their relatives. The Federal Government has implemented the findings.

From the broad base of data from different networks and their experiences in the field of practice, the researchers were able to establish overarching findings. The website www.demenznetzwerke.de now makes the findings and documents useable — with a tool kit for people’s own daily working lives in the field. There are numerous materials available here which have been tried and tested in practice in the evaluated networks.

The Act for Secure Digital Communication and Applications in the Healthcare System and amending other Acts (*Gesetz für sichere digitale Kommunikation und Anwendungen im Gesundheitswesen sowie zur Änderung weiterer Gesetze*) which largely entered into force on 29 December 2015 (known as the “eHealth” Act) provides incentives for the swift introduction and use of the telematics infrastructure and the medical and administrative applications building on this. The “eHealth” Act means that provisions *inter alia* to fund specific telemedicine services such as telediagnosics/teleconsultation for x-rays and online video consultation hours have become part of care provided by SHI-accredited doctors. The expansion of telemedicine applications in particular can make a key contribution to enabling high quality access to medical expertise in the future, too, especially for people in rural areas.

In the scope of the Federal Government’s Demographic Strategy, in addition to this a wide range of further measures of demographic relevance were taken, for instance such as the Federal Programme on “Rural Development” or the KfW programme for home conversions to meet the needs of older people.

Demographic change

Among the many challenges demographic change confronts us with, the increasing number of people requiring assistance and care is one of the most demanding — due to the fact alone that the number of cases of dementia in an aging society will continue to rise even if not to the degree calculated in the past, as more recent studies on prevalence give cause to hope.

In addition to good medical and long-term care, it is above all society’s attitude towards sufferers and their relatives that plays a key role in terms of quality of life.

With the Alliance for People with Dementia, a remarkable alliance between the Federal Government and civil society has therefore been created under the joint leadership of the Ministry of Health and the Ministry for Family Affairs aim-

ing to ensure the requisite underlying conditions for participation and quality of life for people with dementia.

A central measure by the BMFSFJ in the Agenda of the Alliance “Joining Forces for People with Dementia” signed on 15 September 2014 is the model programme of the Local Alliances for People with Dementia. The aim of these local help networks is to promote support in the immediate surroundings of those affected and to have a lasting impact on ensuring that dementia sufferers and their relatives caring for them are not socially excluded but are accepted with understanding and empathy in their needs and feel helped and supported individually as needed.

To date, in four waves, a total of 369 locations have received funding; the selection procedure for the fifth wave has begun. By the end of 2016 the plan is for up to 500 Local Alliances to be created. Some of these are active in rural regions and are characterised unusual partnerships and ideas, for instance mobile advice and assistance to avoid people having to travel long distances, support schemes at farms by trained and instructed farmers reminiscent of the use of village farm helpers used to fill in for sick farmers or their wives (*Dorfhelfer*), the use of farm machinery cooperatives (*Landmaschinenringen*) and local women’s associations (*Landfrauenschaft*).

In consultation with the *Länder*, the programme was organised as a long-term scheme and will undergo a final impact assessment in 2018.

Point 49

Conduct studies with the aim of developing prevention strategies in the healthcare system, for instance the Nord-Trøndelag Health Study (HUNT study).

Since 2008, there has been a health monitoring programme at the Robert Koch Institute (RKI), which encompasses interview and examination surveys for all age groups. Nationwide studies enable both population-related, cross-section analyses as well as longitudinal analyses. The collation of health data (including measuring parameters) in combination with social and demographic information, risk and protection factors give rise to broad possibilities for evaluating health over the course of people’s lives. This also allows aims to be defined for prevention strategies on the basis of the studies. The data collected also provides important information which health reporting, health policy and health sciences can draw from.

Data is currently available from the following studies:

- KiGGS (“German Health Interview and Examination Survey for Children and Adolescents”, baseline study and wave 1);
- DEGS1 (“German Health Interview and Examination Survey for Adults”);
- GEDA (“German Health Update” 2009, 2010, 2012).

With KiGGS Wave 2, the data collation for the German Health Interview and Examination Survey for Children and Adolescents has been continued since September 2014. In this wave of data collection, in addition to the interviews of those participating in the study, physical examinations and tests will also take place again. KiGGS Wave 2 will once again – again on the basis of a new random sample - provide an update on the health situation of under 18s in Germany and – in comparison with the two predecessor studies – provide indicators for developments over time (trends). The participants in the baseline study who are now in some cases already 18 and over will also be invited back to KiGGS. This will mean that KiGGS Wave 2 will provide data on the development of individuals’ health which can deliver important insight into the significance of living conditions and risk factors for the occurrence of illnesses.

Thanks to GEDA Wave 2014/2015-EHIS, which the instruments of the European Health Interview Survey (EHIS) were integrated into, from 2017 there will also be representative interview data on health across the whole population enabling comparison with the data of the European Member States. The EHIS was conducted under Regulation 141/2013 of the European Commission of 19 February 2013. Conducting the survey is binding for all EU Member States. In addition to this, the EFTA countries Iceland, Norway and Switzerland have joined the survey. This means that from 2017/2018 onwards there will be comparable and up-to-date health data for the Member States of the Baltic Sea Parliamentary Conference with the exception of the Russian Federation.

The National Cohort - a joint, interdisciplinary project by German research institutes from the Helmholtz Association, the universities, the Leibnitz Association and departmental research - adopts a similar approach to that of the Nord-Trøndelag Health Study (HUNT Study). The National Cohort's objective is to study the occurrence of the most important chronic diseases such as cardiovascular diseases, diabetes, cancer, dementia-related disorders and infectious diseases as well as their subclinical preliminary stages. The findings of this study will enable new prevention, prediction and early diagnosis possibilities for the major diseases. Interview data is being collected, bio-samples taken and numerous medical examinations carried out for a total of 200,000 women and men aged 20 to 69 in 18 study centres. The main phase was launched in October 2014 following intensive preparation. The plan is to invite all participants back after 4 years for re-examination.

The HBSC study (Health Behaviour in School-aged Children), which is being conducted by 44 countries in cooperation with the WHO, is designed to collect and analyse data on health and health-related perceptions, attitudes and behaviour patterns of school children in years 5, 7 and 9. The aim of the HBSC Study is to investigate the underlying personal and social conditions which influence health and healthy development positively or negatively in addition to health-relevant modes of behaviour in order to identify levers for prevention and health promotion. Out of the Baltic Sea countries, in addition to Germany, Denmark, Estonia, Finland, Iceland, Lithuania, Norway, Poland, Sweden and the Russian Federation are taking part. The most recent wave of data collection took place in 2013/2014.

Point 52

Create incentives to improve the conditions in nursing and healthcare professions and to strengthen initial and continued training measures for health specialists to resolutely support the development of a cost-efficient healthcare system in the region and to promote the realisation that the healthcare system is a cross-cutting issue.

There is no information we can provide on this recommendation of the resolution in terms of planned, initiated or implemented measures and actions. In terms of relevant measures not directly related to the resolution but of general overarching significance to sub-sections of this recommendation, the following contributions are to be noted:

Training and skills offensive in geriatric care

Ensuring qualified staff in the field of care for the elderly: the Federal Government, *Länder* and associations signed the joint agreement in December 2012. The comprehensive measures agreed on to promote initial, continued and further vocational training and to increase the appeal of this professional area and employment setting are to be implemented by the end of 2015 during the term of the agreement. One key target agreed on in this joint initiative with its three-year term lasting until the end of 2015 is the gradual increase in entries into vocational training to qualify as a geriatric nurse of 10 % each year. In addition to this, retraining courses to become a geriatric nurse started between 01.04.2013 and 31.03.2016 can receive three years of funding by the employment agencies or job centres and as such be fully funded.

These three years of full funding for professional retraining in the field of geriatric care started in the period from 1 April 2013 to 31 March 2016 is now to be extended to 31 December 2017 up until the expected start of the new vocational nursing degree (Section 131b sentence 1 German Social Code, Book 3 - SGB III). Since entering into force in March 2013, this provision has made an important contribution to securing skilled staff in the field of geriatric care. This is reflected in particular in the considerable increase in the number of geriatric care retraining courses funded by the Federal Employment Agency on the basis of the special provision since its entry into force. This means that up until the planned entry into force of the Care Professions Act (*Pflegeberufsgesetz*) further entries into geriatric care retraining programmes are ensured with a high level of funding, making an important contribution to securing qualified staff in the field of care of the elderly. Regarding the planned increase in the number of people completing training, in the school year of 2013/2014 there was already an increase of 14.2 %. This meant that in the school year 2013/2014, at 26,740 entries nationwide more people than ever before chose to complete a vocational degree in geriatric care. No reliable figures are available for the school year 2014/2015 yet.

Act Reforming the Care Professions (*Gesetz zur Reform der Pflegeberufe*)

The Act aims to further develop the care professions to prepare them for the future, to make them more attractive and to improve the quality of their content. Demographic and epidemiological developments and changes to the supply structures also change the requirements that care services and care professionals have to meet. This means that in the future it must be ensured that the training of care professionals imparts the skills required to care for people of all ages in all care settings reflecting the progress made in the field of care science and research. The three different vocational qualifications in “geriatric nursing” (*Altenpflege*), “health nursing and nursing” (*Gesundheits- und Krankenpflege*) and “paediatric health nursing and nursing” (*Gesundheits- und Kinderkrankenpflege*) are being reformed and merged into one uniform occupation. In the Vocational Training and Examinations Ordinance to be developed in parallel to the parliamentary procedure, it will have to be ensured that the high quality of the training is preserved and at the same time is developed into a generalist vocational degree.

In addition to the specialist professional training in nursing care, for which broad access will be ensured (intermediate school leaving certificate - *mittlerer Schulabschluss* – or a lower secondary school leaving certificate *Hauptschulabschluss* with further skills or qualifications or ten years of general school education), a foundation will be created in federal law for an initial university degree in nursing care qualifying the holder to enter the profession. The new degree will prepare the trainees for universal deployment in all the general fields of work in the care profession, facilitate moves between the different care areas and open up additional working and promotion opportunities. This will enhance the appeal of the nursing profession for all school leavers.

This is particularly important in light of the shortage of skilled staff which already exists today. Ensuring there is a permanent and reliable pool of specialist staff is an important task, also in the context of reforming the training of care professionals. Providing cost-free training for the trainee nurses and an appropriate training bursary in the scope of the new funding provision boosts the attractiveness of the new nursing qualification further. This is an important signal in terms of enhancing the status of the nursing profession. The bill is currently undergoing parliamentary examination.

Hamburg

Answers to the questions of the BSPC by the responsible ministries of Hamburg

Implementation of the resolutions of the 24th Baltic Sea Parliamentary Conference

1.) Recommendations with regards to the preamble and Cooperation in the Region

- ***To ensure the decent treatment of the refugees especially concerning housing and healthcare (preamble of the resolution)***

The housing and healthcare of refugees in Hamburg complies with the legal requirements of the EU to the full extent, in particular with directive 2013/33/EU (laying down standards for the reception of applicants for international protection), and the requirements of the Federal Republic of Germany. In this respect it must be taken into account that the Federal Republic of Germany in general and Hamburg in particular faced massive challenge due to the very high number of refugees entering in 2015. This applies to a special degree to Hamburg as an attractive metropolis insofar as more than 61,000 protection seekers asking for initial reception had to be accommodated here, whereas “only” about 22,000 asylum seekers were allocated to Hamburg due to the nationwide distribution key based on the asylum law. Occasionally more than 600 newly-arriving protection seekers had to be accommodated per diem. Nevertheless homelessness could be averted.

Also healthcare is exemplary compared to European or national standard, which means local medical care at the different initial reception facilities as well as access to the general medical care system provided by means of the health insurance card.

Currently in Hamburg there are two different forms of refugee housing. In the first step refugees are accommodated in one of the 39 Central Initial Reception Facilities (Zentrale Erstaufnahme-ZEA) (as at March 2016). These institutions are provided for people affected by mandatory residence according to the asylum law. Housing preferentially takes place in containers or wooden houses, in individual cases in tents or industrial buildings. Besides accommodation in these institutions, in which each person has about 6m² at one's disposal, refugees are entitled to benefits in kind, medical care, food and clothing. Furthermore basic care in the Central Initial Reception Facilities includes imparting language skills as well as virtues and rules of our society. Families are offered childcare.

On arrival at the Central Initial Reception Facilities a routine health check is held according §62 Asylum Law (Asylgesetz-AsylG) to detect contagious diseases. During this health check existing vaccination gaps are detected and blood samples are taken to diagnose contagious diseases. Vaccination is offered to close eventually existing vaccination gaps. Additionally allergies, pregnancies and (chronic) diseases amongst others are recorded.

Moreover the refugees have access to the regularly held consultation hours of the general practitioners and the paediatricians in the institution. If necessary they can also consult a specialist or go to a hospital. This comprehensive care is organised and provided by means of an agreement with a health insurance. The refugees get a status similar to that of a regular member of the health insurance and basically can make use of the same services the regular member receives. The insurance bills the appropriate social insurance carrier for all medical costs. This system has been well accepted and has proved itself to be very efficient concerning the comprehensive health care for the increasing number of refugees over the recent years.

The residents' mandatory residence duty generally ends after six months. Housing without mandatory residence duty is available in 104 public accommodation facilities all over Hamburg (as at March 2016). These accommodation facilities feature increased quality. The objective is to give people with the prospect of permanent residence the possibility to orientate in the city of arrival, until they find a flat and an employment. The residents receive mainly cash benefits and prepare their own food, for example in shared kitchens. They have a right to receive education and schooling in regular schools and day-care centres as well as integration and language courses. Moreover they have a right to receive social benefits.

Both forms of housing permit physical integrity according to article 2(2) GG (German Basic Law), as homelessness is avoided and basic needs are covered. By basic health-care and supply with the electronic health insurance card access to the health system is assured.

Opening an Arrival Centre for refugees as an only Central Initial Reception Facility is planned (expected in May 2016). It will become the central place in Hamburg for registration, accommodation and distribution of the refugees. Centralisation in the Arrival Centre is intended to accelerate decisions on applications and distribution. People who remain in Hamburg subsequently undergo basic health-care, receive an appointment with the Federal Agency of Migration and Refugees (Bundesamt für Arbeit, Migration und Flüchtlinge) to file an application for asylum, and registration and processing for social benefits (see parliamentary paper 21/2148).

- ***To co-operate in order to strengthen the Baltic Sea Region as an important competitive knowledge region with an excellent higher education and research infrastructure (paragraph 4 of the resolution)***

With regard to science and university co-operation the Baltic Sea Region forms not only an important economic area but also one of the most competitive and innovative economic areas in the world with a premium university and research structure. This is why the Baltic Sea Region is of utmost importance for Hamburg as a centre for science and research. The Senate already took account to this fact and enacted a "Baltic Sea Strategy for Hamburg as a Centre for Science and Research" (parliamentary paper 20/10410) on 7th January 2014, that already focuses geographically on the Baltic Sea Region.

The Senate explicitly appreciates an intensive cooperation in science and scientific policy within the Baltic Sea Region and therefore has initiated and performed various measures on a local and international level: To promote the network between the Hamburg universities and scientific institutions and their counterparts in the Baltic Sea Region, the Hamburg Senate has established a "seed money facility" within the framework of the **Hamburg Research Funding** (Landesforschungsförderung), with which the initiation of that kind of partnerships is financially supported. In three funding rounds in 2014 and 2015, 28 projects with a total subsidy amount of 353,193 € have been granted.

Whereas there is a high quantity of networks on many other policy fields, such a structure is still missing in the field of scientific policy. Currently scientific policy in the Baltic Sea Region is purposed separately on local, national or European level. A macro-regional dimension is still missing. To close this gap, the Hamburg Senate has started an initiative to create a new network structure for scientific policy / research management in the Baltic Sea Region, under the working title "**Baltic Science Network**". This is because it sees great potential in a closer cooperation within the field of university, research and scientific policy in the Baltic Sea Region. The first international partner meeting of the "Baltic Sea Network" took place on 7th / 8th April 2016 in Hamburg. To finance the network, Hamburg has managed to raise funds of

about 3 million € from the EU support programme INTERREG Vb Baltic Sea Region. The here established consortium consists of partners from twenty organisations relevant on the field of scientific policy from all nine Baltic Sea countries, primarily from the appropriate national or regional Ministries of Science, Research Councils, University Networks, as well as the Council of the Baltic Sea States.

- ***To continue work to upgrade reception facilities for sewage in passenger ports to ensure a timely activation of the special area status of the Baltic Sea under Marpol Annex IV of the International Maritime Organization, with the aim to hinder the release of untreated sewage from passenger ships in the future and to reaffirm the commitment for the throughout improvement and modernization of the waste water treatment capacity throughout the entire Baltic Sea Region, in compliance with the stricter threshold values agreed by HELCOM (para. 8)***

Hamburg appreciates the continuation of the work to upgrade reception facilities for sewage from passenger ships. Though the Hamburg Port is not directly affected by the commitment for the special area of the Baltic Sea, Hamburg observes the development with great interest. Feasible solutions for suitable reception facilities in the Hamburg Port could make important contributions to protect the Elbe River and the North Sea—in view of an increasing number of passengers and cruise ships entering the port.

2.) Recommendations with regard to cross-border cooperation in healthcare

- ***To improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment (para. 20)***

Hamburg supports the National Action League for People with Rare Diseases (Nationales Aktionsbündnis für Menschen mit Seltener Erkrankungen–NAMSE) by supporting singular organisations of the ACHSE e.V. (Allianz Chronischer Seltener Erkrankungen–Alliance for Chronic Rare Diseases), an umbrella association of self-help organisations in the field of Rare Diseases. Meanwhile the action league consists of 28 partners (head organisations and umbrella associations of the fundamental players in the public health sector). The National Action League for People with Rare Diseases has developed a total of 52 suggested common measures to improve the health situation of people with rare diseases and compiled a National Plan of Action for People with Rare Diseases in 2013.

In 2013 the Martin Zeitz Centre for Rare Diseases (Martin Zeitz Centrum für Seltene Erkrankungen–MZCSE) was established in Hamburg. In this centre specialists from several hospitals and institutes of the University Medical Centre Hamburg Eppendorf (UKE) work together on an interdisciplinary level. Hereditary metabolic diseases as well as hepatic and renal diseases are counted among the main emphases of the treatment. The centre's aims are manifold: cause and treatment options of rare diseases are to be found, diagnostics, therapy and care for affected patients to be improved. Also medical training and qualification concerning rare diseases play an important role.

- ***To regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin (para. 21)***

The emergency care structures of the state of Hamburg already correlate with these recommendations. Due to recurring national and international emergency evacuations (e.g. MED-EVAC) to the national Bernhard Nocht Institute for Tropical Medicine as well as the

Military Hospital the appropriate authorities in Hamburg have enough routine in handling this kind of cases. On the part of Hamburg there are corresponding agreements and arrangements with the neighbouring German Federal States. In this context also the preventive structures in maritime emergency prevention, danger defence, salvage and lifesaving, the Federal Government and the five North German Federal States, including Hamburg, established in their agreement about the formation of a command for maritime emergencies to improve the common emergency management in the North and the Baltic Sea on 14th May 2002 come into effect. Currently there is no need for further measures for transnational emergency care.

- ***To reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance (para. 22)***

Hamburg supports the realisation of the “German Antimicrobial Resistance Strategy 2020” (Deutsche Antibiotika-Resistenz-Strategie 2020–DART 2020)

In its Hamburg Decree on Hygiene and Infection Prevention in Medical Institutions (Hamburgische Verordnung über die Hygiene und Infektionsprävention in medizinischen Einrichtungen–HmbMedHygVO) Hamburg obliged the hospitals to produce an annual report on the realisation of these measures. These reports are produced by close cooperation with the Hamburg Hospital Society (Hamburgische Krankenhausgesellschaft–HKG). The reports are published and generally accessible. Besides the parameters “surveillance of nosocomial infections” and “special resistant and multi resistant agents” as well as “information about resources of expert staff for hygiene and hygiene training”, also nature and extent of antimicrobial consumption are presented. To improve the present situation, the consolidation of the existing regional networks is indispensable.

The trans-sectoral network with a consequent and coordinated MRSA/MRE management of all players in the supply chain is also a key aspect in Hamburg health policy, in the overall context of development of antimicrobial resistance development. The Public Health Service (Öffentlicher Gesundheitsdienst–ÖGD) coordinates and chairs the network. Hamburg hospitals, nursing facilities, ambulance services and practitioners in cooperation with the Hamburg Association of Statutory Health Insurance Physicians are incorporated in this network.

3.) Recommendations with regard to Health & Economy

- ***To improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the “eHealth European Interoperability Framework” (eEIF) and observe the joint European Initiatives, such as the “Guidelines under eHealth Network” of the responsible member state authorities (para. 31)***

We share the general aim expressed in resolution para. 31. The objective suits the intentions of the Hamburg Authority for Health and Consumer Protection (Hamburger Behörde für Gesundheit und Verbraucherschutz) and those of eHealth, which has been enacted at federal level.

- ***To improve early interventions to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses (para.34)***

Infection protection is one of the urgent tasks of the Hamburg Public Health Service (Öffentlicher Gesundheitsdienst–ÖGD). The ÖGD implements the Infection Protection Act (Infektionsschutzgesetz–IfSG) in Hamburg and manages disease onsets to avoid the spread of contagious diseases. With respect to the prevention of contagious diseases the ÖGD in Hamburg has a high-performance package of measures available, including for example vaccination consultation, vaccination offers and information campaigns. In 2015 the city of Hamburg accomplished a campaign against measles. During this campaign especially young adults but also health care employees were advised of the importance of the vaccination against measles.

Hamburg explicitly supports the objective to reduce alcohol and tobacco intake. For example Hamburg makes plans to participate in an EU project on prevention and treatment of alcohol intake and alcohol caused diseases. Also the city of Warsaw plans its participation. We support an active exchange of experience with all the Baltic Sea Nations on this subject.

4.) Recommendations with regard to Sustainable and Accessible Social- and Healthcare

- ***To develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on Active and Healthy Aging and especially considering public services with regard to rural peripheral areas (para. 43)***

In 2014 the Senate of the Free and Hanseatic City of Hamburg adopted a comprehensive strategy on the demographic change, called “Hamburg 2030: More. Older. More diverse.” All departments are involved in the advancement and implementation of the strategy. It is targeted on accomplishing good long-term living conditions for all generations in Hamburg. Because as the number of elderly and very old people in Hamburg steadily increases, the city has to deal with the future effects of the demographic change—no matter Hamburg is a generally growing city or not. The demographic change strategy focuses on the opportunities for a longer and—in most cases—healthier life, without ignoring the challenges associated with it. It is mainly about families with children, students, seniors, education, the job market, urban development, housing, health and long-term care, integration and inclusion, public transport and mobility. In 2016 this strategy continues to be discussed and developed. The main focus will be on the question how different quarters can become prepared for the demographic change. As a result the common population is intended to be involved in the discussion, mainly in an internet based dialogue. Furthermore Hamburg is a member of the action committee D4 “Innovation for Age-friendly Buildings, Cities & Environments” of the European Innovation Partnership Active and Healthy Ageing.

- ***To carry out studies with the aim of developing prevention strategies in health care, such as the North-Trøndelag Health Study (HUNT) (para.49)***

In May 2015 the University Medical Centre Eppendorf (UKE) started a similar study called “Hamburg City Health Study”. This long-term study examines the health of 45,000 people in Hamburg.

- ***To create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue (para. 52)***

Over the past years Hamburg has already accomplished several measures to improve the education and training of specialised medical staff and to provide incentives for this

professional field. So for example a dual course in medical and healthcare was created, which provides the graduates with a training qualification as well as a university degree. Additionally a generalised professional training for nursing staff is tested in a pilot project. Hereby Hamburg prepares the ground for the consolidation of the different training courses for nursing staff currently planned at federal level, which intends an integrated understanding of the health sector. The modular further education in intensive care eventually provides the opportunity to freely combine and chose and to flexibly modify the modules according to the interests and demands of the participants and the employers.

Latvia

No. 21/215

Riga, April 6, 2016

Mr Jānis Vucāns
President of the Baltic Assembly

Mr Helir-Valdor Seeder
Vice-President of the Baltic Assembly

Ms Giedrė Purvaneckienė
Vice-President of the Baltic Assembly

Secretariat of the Baltic Assembly
Citadeles Street 2-616
Riga, LV-1010

Dear Colleagues,

It is my honour to reply to your letter No. 1/0216-52 of February 9, 2016 concerning your questions on the implementation of the 24th Baltic Sea Parliamentary Conference Resolution.

Please find attached the answers to your questions, submitted by the respective line ministries of the Republic of Latvia.

Enclosed: Annex on 13 pages.

Yours sincerely,

Minister of Foreign Affairs

Edgars Rinkēvičs

**Answers to the Questions of the Baltic Assembly
by the responsible ministries of the Republic of Latvia**

- Recommendation with regard to the preamble and Cooperation in the Region: to ensure the decent treatment of the refugees especially concerning housing and healthcare

(Answer prepared by the Ministry of Interior)

To address the issues related to migration crisis in Europe, on 2 December 2015 the Cabinet of Ministers of the Republic of Latvia adopted *The Action Plan on Relocation, Resettlement and Reception in Latvia of Persons Who Are in Need of International Protection* (hereinafter – Action Plan). The Action Plan contains 48 measures, which are divided into the following Action Lines: 1. Selection and relocation/resettlement of persons; 2. Reception and accommodation; 3. Socioeconomic inclusion. There are ministries, municipalities, Latvian Association of Local Regional Governments and NGOs involved in the implementation of the Action Plan. Regarding decisions and conclusions of the Council of the European Union and Member States of the EU¹ Latvia has made a political decision to relocate and resettle 776 asylum seekers in total from third countries and EU Member States. Currently, the adopted decisions provide for a reception of 531 asylum seekers from whom 50 persons will be received from the third countries (more likely Turkey), 295 from Greece, but 186 from Italy within the next two years.

Part of activities of the Action Plan (No. 2.2., 2.3., 2.4.) foresees adapting the premises at the Asylum Seekers Reception Centre in Mucenieki (hereinafter – Centre) for the accommodation of larger number of asylum seekers and detained foreigners. At present, the preparatory work has been undertaken for renovation of premises of the Centre and repair of three buildings and the boiler house. In one of the buildings there is a plan to provide a space for recreation and social events for local inhabitants, as well as for socioeconomic inclusion of asylum seekers.

Two other activities of the Action Plan (No. 2.6., 2.7.) provide for personal health check of asylum seekers and, if necessary, the establishment of quarantine zones, as well the provision of emergency medical assistance and primary, secondary and outpatient health care.

The asylum seeker may stay in the Centre until the final decision of international protection status. During this time period the person is provided with the following services:

- initial mandatory health inspection and necessary health care in case of illness;
- livelihood - 2.15 euros per day;
- Latvian language courses (120 hours), where person can learn the basics of the language and basic phrases used in everyday communication;
- integration courses (40 hours), where person can learn the most important information about Latvia, including practical knowledge for living in Latvia;
- introductory course of labour market "Job Opportunities in Latvia."

Shortly after arrival of the asylum seeker a support plan is drawn up for person's adaptation and social inclusion. According to the Action Plan, the person is provided with the contact person (mentor) for various issues (up to 15 months). Responsibility of the contact person is to help the asylum seeker to communicate with different

¹ Conclusions of 20 July 2015 of the Representatives of the Governments of the Member States meeting within the Council on resettling through multilateral and national schemes 20 000 persons in clear need of international protection; Council Decision (EU) 2015/1523 of 14 September 2015 establishing provisional measures in the area of international protection for the benefit of Italy and of Greece ([OJ L 239, 15.9.2015, p. 146](#)); Council Decision (EU) 2015/1601 of 22 September 2015 establishing provisional measures in the area of international protection for the benefit of Italy and Greece ([OJ L 248, 24.9.2015, p. 80–94](#)).

institutions for solving social and other issues. If necessary, the service of interpreter is provided to help communicate in a language, which asylum seeker understands.

After obtaining the status of international protection, the person should go to the municipality where he or she has found a suitable housing. The person will be paid an allowance of 139 euros per month, which has to be used for food, housing and other needs. This amount of allowance (139 euros) is paid only to one member of the family; other family members will receive 97 euros each. The allowance shall be paid up to 12 months for a person with refugee status (but only 9 months for a person with alternative protection status).

At the same time on 17 March 2016 the Parliament of the Republic of Latvia passed the law "Amendments to the State Material Reserves Law" (entered into force on 5 April 2016), providing the setting of material reserves in case of mass arrival of asylum seekers. The draft law was submitted for consideration to the Parliament on 28 January 2016 by the Cabinet of Ministers.

- Recommendation with regard to the preamble and Cooperation in the Region: to co-operate in order to strengthen the Baltic Sea Region as an important competitive knowledge region with an excellent higher education and research infrastructure (Answer prepared by the Ministry of Education and Science)

I. The INTERREG project application for the project „Baltic Science Network (BSN)” has been approved on 22/02/2016; the implementation of the project will start 01/03/2016 and will end 28/02/2019.

Main objectives of the project are:

- to provide science and research ministries of the BSR states with an overall coordination framework to develop and implement science policy in a macroregional dimension and to ensure a better representation of macroregional interests at the EU level;
- to develop and implement transnational strategies, incentives and programmes to support Higher Education, research and innovation infrastructures to become better transnationally interconnected and to develop R&I excellence.

Leading partner: Free and Hanseatic City of Hamburg, Ministry of Science, Research and Equalities. The partnership consists of relevant national ministries/ governmental agencies responsible for defining and implementing science policy from all 8 EU member states in the BSR (DE, DK, SW, FI, EE, LV, LT, PL).

UNIVERSITIES as full partners: University of Turku (UTU) and Baltic University Programme network of ca. 250 univ, represented by Abo Akademi (AAU).

Associate organisations: BSRUN (Baltic Sea Region University Network of 27 univ.) and St. Petersburg State University of Economics, appointed by the RU ministry as the BSR centre for innovation issues.

The COUNCIL OF THE BALTIC SEA STATES (CBSS) is a forum for regional intergovernmental cooperation of 11 states of BSR (incl. IC, NO, RU) and the EU.

Information about the all approved projects within programme “Interreg Baltic Sea Region” could be find at: <http://www.interreg-baltic.eu/about-projects.html>

II. Project: “Seed Money project No S 58, Platform of Baltic infrastructure for Research, Technology and Innovation”

Purpose of the project is to make a feasibility study for a platform of communication involving universities and scientific institutions in the Baltic Sea Region that will be

specialized in certain areas of material sciences, providing effective use of infrastructure in cooperation with industry, improving global competitiveness of the Baltic Sea Region by fostering innovation.

Leading partner: Baltic Institute for Research, Technology and Innovation (www.birti.eu)

Project partners: Tallinn University of Technology, Kaunas University of Technology Fraunhofer Institute for Material and Beam Technology Dresden

Duration of the project: 14/12/2014- 13/12/2015

Project closure phase: 14/12/2015- 13/01/2016

More information: <http://www.birti.eu/en/>

- Recommendation with regard to Sustainable and Accessible Social and Healthcare: to develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas (Answer prepared by the Ministry of Welfare)

1. Active ageing

Current demographic situation in Latvia indicates ageing and depopulation trends, especially among the working-age population. This emphasises the need to fully use the existing labour force potential. In order to respond to ageing challenges the Ministry of Welfare of Latvia with the support of the European Union implemented an active ageing project with the objective to develop an evidence-based and comprehensive Active Ageing Strategy in Latvia that would facilitate longer and better working live taking into account the considerable demographic challenges the country is currently facing.

Within this project the World Bank carried out a [study “The Active Aging Challenge for Longer Working Lives in Latvia”](#)² and gave recommendations for the improvements in active ageing situation. Taking into consideration results of the study and project activities, the main priorities of the Active Ageing Strategy are: employment, education, health and social protection. The target group of the strategy is older people aged 50+ (hereinafter – older people), especially before retirement age, who face significant barriers to enter the labour market.

The increase of labour force participation of older adults has a significant potential to reduce the projected increase of age dependency. Therefore, given that better educated and healthy people want to stay longer in the labour market as they become older and are capable of working longer, the primary focus is on increasing of human capital in Latvia. However, a proper work environment, employability and social security also play an important role.

Taking into consideration that older people have a relatively higher risk of unemployment and this age group faces greater difficulties in returning to the labour market after losing a job, a significant focus within the Active Ageing Strategy is on preventive measures, which would promote the competitiveness of this age group in the labour market. To prevent premature withdrawal from the labour market and preserve capability for labour, it is planned to assess ability, skills and health of older adults and give recommendations that would help to prolong working live. This would help identify skill shortage, health problems or other obstacles that can lead to an increased risk of unemployment and eliminate them.

As for improvement of the situation in the field of education, in order to achieve better indicators of education and skills in the coming years, it is essential to involve older

² World Bank Study “The Active Aging Challenge for Longer Working Lives in Latvia”
http://www.lm.gov.lv/upload/aktualitates2/wb_lv_active_aging_report_0110151.pdf

individuals in training activities, as well as provide with adequate opportunities for adult education, including Latvian language courses, defining them as a target group with a specific focus on the most vulnerable, low-educated individuals.

Concerning health aspects, the objective of the Active Ageing Strategy is to strengthen employers' and older workers' understanding of the link between the work environment and employees' health and productivity. Despite the fact that Latvia's legislation establishes requirements for risk assessment as well as definition and implementation of adequate labour protection measures, there is much room for increasing the number of employers who comply with these requirements and do not fulfil them only as a formal requirement without the objective to actually improve the work environment. Consequently, it is planned to provide support for improvement of the work environment, thus increasing employees' health and productivity.

With regard to extending the working life, it is also taken into account that there are challenges in terms of unemployment and especially long-term unemployment among older population groups. Thus, considerable attention is drawn not only towards extending the working life, but also towards adequate support to participate in the labour force. It is planned to activate the long-term unemployed by providing individualized support. Widespread problems of long-term unemployment are due to lack of motivation to look for work, lack of knowledge and skills, inadequate state of health for the offered jobs, consequent need for a different kind of job, addiction problems that need to be addressed, thus promoting the inclusion of the long-term unemployed into society and helping them to find regular work.

Taking into account that negative perceptions and stereotypes exist with regard to older people being less productive, it is necessary to combat such perceptions. Studies have shown that decrease in productivity is linked to job quality and monotonous tasks, rather than age. Therefore, it is important to promote job quality and proper organization of work, including flexible work organization solutions, thus contributing to the capability for labour and employability of older people, as well as promoting the overall productivity of businesses. A vital contribution might be both informative materials and educational activities, as well as practical support for employers to assess the suitability of their labour organization to tap the potential of older workers, and providing recommendations.

Described activities within the Active Ageing Strategy are planned to be implemented with the support of the ESF, including funding of the ESF operational programme's "Growth and Employment" specific objective 7.3.2. "To Prolong Preservation of Capacity for Labour and Employment of Elderly Employees".

2. Social services

Social care and social rehabilitation services are organized to reduce, eliminate or compensate the consequences of functional limitation of a person. Person's eligibility for social care or social rehabilitation services depends on presence and level of specific functional limitation rather than belonging to a specific social group.

The Ministry of Welfare plans to continue a gradual transition of the provision of social care from institutions to community based social care services. It is intended that social care services for a person should be organized in accordance with the individual needs and necessary level of care.

In the field of social care and social rehabilitation services, a municipal social service office within multidisciplinary team evaluates the needs of a person and provides the necessary services. Service providers in most cases are established by municipalities, but they can also be, for example, NGOs.

- Recommendation with regard to the preamble and Cooperation in the Region: to continue work to upgrade reception facilities for sewage in passenger ports to ensure a timely activation of the special area status of the Baltic Sea under Marpol Annex IV of the International Maritime Organization, with the aim to hinder the release of untreated sewage from passenger ships in the future and to reaffirm the commitment for the continued improvement and modernization of the waste water treatment capacity throughout the entire Baltic Sea Region, in compliance with the stricter threshold values agreed by HELCOM

(Answer prepared by the Ministry of Environmental Protection and Regional Development)

The Baltic Sea Area was designated as Special Area under MARPOL Annex IV with more stringent criteria for the discharge of sewage by passenger ships in 2011 (Resolution MEPC.200(62)).

At the IMO MEPC 68 all the Baltic Sea coastal countries, including Latvia (but except Russia), submitted the joint notification as prepared and discussed within the Helsinki Commission (HELCOM) confirming that adequate facilities for the reception of sewage are provided in ports and terminals used by passenger ships in their respective countries. Major Latvia's ports used by passenger ships have adequate facilities, and further improvements are planned (e.g., in Riga port).

IMO MEPC 69 (18-22 April 2016) will consider, with a view to adoption, the document submitted by all EU countries (including Latvia) – proposed amendments to MARPOL Annex IV to set effective dates for part of the Baltic Sea Special Area under MARPOL Annex IV.

Latvia supports the adoption of the amendments to MARPOL Annex IV, Regulations 1 and 11 concerning the establishment of the effective dates to make most of the Baltic Sea area a Special Area regarding discharge of sewage from passenger ships as follows:

- for new passenger ships - on 1 June 2019;
- for existing passenger ships - on 1 June 2021.

Ministry of Environmental Protection and Regional Development has regularly informed the Latvian Board of Ports, Transit and Logistics on the ongoing work within HELCOM towards implementation of more stringent requirements for the discharge of sewage by passenger ships in the Baltic Sea Special Area as required by MARPOL and agreed by HELCOM Baltic Sea action Plan (2007).

- Recommendations with regard to cross-border cooperation in healthcare: to improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment

(Answer prepared by the Ministry of Health)

There are currently no official designated centres of expertise for rare diseases in Latvia. A legal framework for centres of expertise, including those for rare diseases, is expected to be established in the future. Currently the Latvian State University Children's Hospital provides genetic services: hospital specialists deal with children with haematological, oncological and endocrinological diseases. The Riga East University Hospital has a specialised clinic (Chemotherapy and Haematology Clinic) where patients with haemophilia A, haemophilia B, Factor XII deficiency and von Willebrand disease receive diagnostics and treatment (in this hospital rare oncological diseases can also be treated, e.g. Burkitt's lymphoma, Langerhans cell histiocytosis, Mantle-cell NHL, multiple endocrinology neoplasia, Erwing's sarcoma, Wilm's tumour, Waldenström macroglobulinemia and others). Pauls Stradins University Hospital provides services in areas of different rare diseases: cardiology, nephrology, vascular

diseases (Arteriovenous vascular malformations, lymphatic disorders, aortic pathology, endarteritis, carotid tumours, etc.), ophthalmology, oncology, gastroenterology, endocrinology, pulmonology.

The Centre for Disease Prevention and Control is the supervising authority and keeper of the Register of patients with particular diseases, including cancers, congenital anomalies (some of these are rare diseases). The Centre started to use the Orpha code for rare diseases in the Register of patients with congenital anomalies and cancers in September 2014.

According to Directive (2011/24) of Patients' Rights in Cross-border Healthcare, Latvia has a focal point for providing information on the Latvian health care services, as well as health care services provided in other countries, including treatment of rare diseases. Latvian National Health Service performs functions of the contact point.

- Recommendations with regard to cross-border cooperation in healthcare: to regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin

(Answer prepared by the Ministry of Health)

On 24 September 2010, the Agreement between the Ministry of Health of the Republic of Latvia, the Ministry of Social Affairs of the Republic of Estonia and the Ministry of Interior of the Republic of Estonia on Mutual Aid for providing Ambulance Services in Border Area was signed.

From 2011 to 2014 the State Emergency Medical Service of the Republic of Latvia has requested aid from Estonia 33 times, but Estonia has requested aid from Latvia 30 times. In 2015, the State Emergency Medical Service of the Republic of Latvia dispatched an ambulance crew to Estonia 10 times.

There is ongoing work to sign a similar agreement with Lithuania.

- Recommendations with regard to cross-border cooperation in healthcare: to reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance

Answer prepared by the Ministry of Health

The use of antimicrobials in human medicine is relatively low in Latvia, especially in the sector of primary care and in comparison with other European countries. The consumption was 12,6 DID (DDD per 1000 inhabitants and per day in 2014) in the community (primary care sector) and 2,3 DID in the hospital sector. In 2015 Clinical Guidelines for Antimicrobial Use for Children were developed by the National Health Service together with experts and opinion leaders. There are changes within the reimbursement system for some antimicrobials, as well. In 2013 the Committee on Containment of Antimicrobial Resistance was created and a national action plan is under development.

There is a new regulation in place with request for hospitals to develop antimicrobial stewardship programmes in order to promote prudent use of antimicrobials and strengthen infection control practices (Republic of Latvia Cabinet Regulation No 104 Adopted 16.02.2016). This regulation also includes specific standards for infection control and surveillance with main emphasis on control of multidrug resistant pathogens.

Standing population of livestock animals is relatively small in Latvia. Therefore total consumption of antimicrobials in veterinary sector is relatively low (167 PCU (Population correction unit) per 1000). Nevertheless the Ministry of Agriculture is

working on a strategy to promote prudent use of antimicrobials and to control antimicrobial resistance in livestock farming.

Answer prepared by the Ministry of Agriculture

The Ministry of Agriculture supports the recommendation of the Members of the Baltic Sea Parliamentary Conference stipulated in the paragraph 23 of the Conference Resolution. Antimicrobial resistance is a very topical issue in the scale of the EU and globally, and currently there are numerous documents being prepared on the EU level (both legislation and recommendations, as well as guidelines) to reduce the use of antimicrobial agents, thus limiting the development of antimicrobial resistance.

1. Herein the Ministry of Agriculture proposes:

1.1. to avoid of using the word “absolute” in the paragraph 23 “to reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance” as it could be very broadly interpreted.

All EU and international documents include specific recommendations and requirements to reduce the use of antimicrobial agents for livestock to a minimum of necessary quantity (and therefore - to a minimum). The use of antimicrobials for animals in the justified cases is a necessity, because it helps to save the lives of animals and is needed for the treatment of the disease and prevention of its further spreading.

In the 15th November 2012 European Parliament's Report on the Rising Threat from Antimicrobial Resistance, Article 11, the term “minimal use” is used, while Article 13 of the Conclusions sets that “the use of antimicrobials to the minimum necessary”. (REPORT 15 November 2012 on the Microbial Challenge – Rising threats from Antimicrobial Resistance (2012/2041(INI))

<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A7-2012-0373+0+DOC+XML+V0//EN>

- Recommendations with regard to Health & Economy: to improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the “eHealth European Interoperability Framework” (eEIF) and observe the joint European initiatives, such as the “Guidelines under eHealth Network” of the responsible member state authorities

(Answer prepared by the Ministry of Health)

To strengthen the network capacities through science and development of innovations and research in the area of health care, the Ministry of Health collaborates with the Ministry of Education and Science to provide representation and joining of Latvian scientific institutions in European Strategy Forum on Research Infrastructures (ESFRI) and participation in European Research Infrastructure Consortium (ERIC) in 2016 and 2017:

- BBMRI ERIC (Biobanking and Biomolecular Resources Research Infrastructure) (participating research institutions subordinated to the Ministry of Health: Pauls Stradins Clinical University Hospital and Riga Eastern Clinical University Hospital);
- INSTRUCT (Integrated Structural Biology Infrastructure for Europe) (participating research institutions subordinated to the Ministry of Health: Riga Stradins University);

- EATRIS ERIC (European Advanced Transnational Research Infrastructure in Medicine): (participating research institutions subordinated to the Ministry of Health: Riga Stradins University and Pauls Stradins Clinical University Hospital). In the future a possibility of joining the ECRIN ERIC (European Clinical Research Infrastructure Network) will be examined.

To facilitate the efficiency and quality of the treatment process, as well as rational management and supervision of the health sector, the National Health Service continues the implementation of a unified electronic health information system (e-Health Information System). The patient data processed in the e-Health System is regulated by the Cabinet of Ministers Regulations No. 134 "Regulations on the Single Electronic Health Information System" (11.03.2014). The e-Health System will contain the following patient health data: patient summary, e-health prescription, e-sick-leave, e-referral, e-epicrisis, etc. In accordance with the Regulations No. 134, medical institutions and pharmacies have to conclude a contract with the National Health Service for the use of e-Health System by 1 November 2016. No later than 1 December 2016 medical institutions will be required to use two e-Health System functionalities – e-sick leave and e-prescription, however pharmacies will be obliged to process the e-prescription data. The medical institutions will be obliged to use the rest of the functionalities of e-Health System no later than 1 July 2017.

Both patients summary, as well as e-prescription is established in accordance with the guidelines adopted by the eHealth Network. The implementation of cross-border patient data exchange among other Member States depends on the available funding.

- Recommendations with regard to Health & Economy: to improve early intervention to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses

(Answer prepared by the Ministry of Health)

Non-communicable diseases (NCDs) are the main cause of mortality in Europe and in the Baltic region, as well. Sedentary lifestyle, unbalanced diet, smoking and other lifestyle risk factors have led to rising levels of overweight, obesity, diabetes, cardiovascular diseases etc. The main health policy planning document in Latvia is the **Public Health Strategy for 2014-2020**³ and it aims to prolong healthy life years of the Latvian population and to prevent untimely deaths, while maintaining, improving and restoring health. One of the objectives is to prevent premature death from NCDs. The Strategy includes a number of activities focusing on health promotion and disease prevention, such as healthy nutrition, physical activity, reducing usage of addictive substances in the community, mental health, sexual and reproductive health issues. Special attention is paid to high risk population groups (socioeconomic and geographical exclusion) in order to ensure equal access to healthcare services for all citizens of Latvia. One of the basic principles of public health policy included in the strategy is *"health in all policies"*.

In addition, the Minister for Health Dr. G. Belēvičs has set healthy nutrition, sufficient physical activity, addiction free lifestyle and prophylactic health check-up promotion as four priority areas for **long term program "Be Healthy!"** for improvement of public health in Latvia.

³ Other documents: Public Health Strategy 2011-2017.; Cabinet of Ministers Regulation No. 504 of 5 October 2011.

Under the Public Health Strategy for 2014-2020 and long term program “Be Healthy!” the Ministry of Health has planned a **range of activities for promoting healthy and active lifestyle**, including public campaigns, educational lectures for various specific target groups, activities at kindergartens and schools, workplaces, for low income families, for people living in care homes and special institutions and for other target groups. For implementation of these activities substantial financial resources are allocated, including from EU funds.

In order to reduce the spread of NCDs in Latvia, educational health promotion activities aimed at various age groups have been implemented over a period of several years focusing on the health benefits of physical activity and nutrition, the importance of hygiene and the health consequences of substance abuse, child safety and reducing child traumatism (aimed at new parents), as well as the importance of breast-feeding etc. Each year since 2012, the Ministry of Health chooses a public health issue to focus on throughout that year by implementing various comprehensive measures, including activities aimed at improving public health and raising awareness (e.g. Family health, Maternal and child health, Oncologic diseases).

Some examples of the legislative initiatives and promotion activities in the area of NCDs reduction in Latvia:

- Since 2006 Latvia has **banned drinks, sweets and salty snacks in schools and kindergartens** in order to restrict selling and marketing of food products that are too salty, sweet and contain certain food additives. This regulation applies also to vending machines and school cafeterias. This regulation coupled with excise tax led to significant reduction (double reduction) of soft drink consumption among 11, 13 and 15 year old children (HBSC survey).
- Since 2012 in order to promote availability of healthy and nutritious food to children in school environment **dietary standards for kindergarten and school meals have been set**. In the end of 2015 the Latvian government **approved amendments to the dietary standards for improving the quality of schools meals** by defining that meals must be freshly prepared from natural food products without flavourings (except natural flavourings) and vanillin and without certain food additives. Quality requirements have been set for some food products that could be included in school lunch meals (e.g., meat products, confectionery, mayonnaise and ketchup). At the same time these **amendments change the approach by defining the list of food products that are allowed to be distributed in schools** (including school cafes, snack and beverage vending machines) in addition to school lunch, to make healthy choice an easy choice. Such products are, for example, fresh and dried fruits, berries and vegetables, water and natural juices, bread, butter, jam, fruit and berry sauce and puree etc. and quality requirements are set also for these products.
- In Latvia **state funded meals** are provided for the 1-4th graders and it is planned to provide state funded meals for 5th and 6th grade pupils, as well. There are a number of municipalities that provide meals as well for other grade students free of charge.
- **Support programs** are available in Latvia - from 2004 the European Commission (EC) support program “**School Milk**” for supplying certain milk products to children in kindergartens and for pupils from 1st – 9th grades has been introduced and from 2010/2011 EC support program “**School Fruit Scheme**” for supplying fruit and vegetables to 1st – 9th grade pupils has been implemented. According to the latest data (about 2014/2015 school year) 71,1% schools and kindergartens in Latvia are participating in the program “School Milk” and 96,2% schools in Latvia are participating in the program “School Fruit Scheme”.

- Latvia made legislative efforts in 2012 to **limit the access to food products with high amounts of trans-fatty acids in schools, kindergartens, healthcare and social care institutions**.
- Currently Latvia is moving forward and has drafted the **regulation on maximum amount of trans-fatty acids in food** (should not exceed 2% of total fat in food product). This draft has been conceptually supported by the Cabinet of Ministers of Latvia on 25 August, 2015 and has been sent to the EC for notification. It is planned that this normative act will be adopted by the government in 2016.
- The **law for energy drinks** was approved by the Parliament in January 2016 and it shall enter into force on June 1, 2016. It includes not only the definition and selling restriction for energy drinks to children, but also restriction of advertising and marketing of energy drinks to persons under 18 years of age.
- As regards the measures aimed to **reduce alcohol** consumption, currently the Ministry of Health is working on additional marketing restrictions for sales outlets, to limit the advertising of alcoholic beverages stock. The Ministry also works on the draft legal act to introduce additional restrictions on alcohol beverages advertising on TV and radio during the daylight hours. Currently a new action plan is under preparation - *Action Plan for Reduction of Consumption of Alcoholic Beverages and Limitation of Alcoholism*, since the previous action plan expired in 2014 and has been evaluated in 2015. In 2015 a social campaign was organized to raise awareness on negative consequences from harmful use of alcohol. During the campaign control purchases were done and traders were asked to join the social movement against alcohol sales for underage persons. Discussions for parents on how to talk with their children about alcohol use were also organized. Since 2013 in the legislation a prohibition to sell alcoholic beverages on distance sales has been introduced and persons aged 18 to 25 are obligated to show a personal identification document when purchasing alcoholic beverages. Since 2014 a prohibition of outdoor advertising of alcoholic beverages is in force.
- **Tobacco products.** In order to ensure person's rights to health in terms of being protected from second-hand smoking, in 2014 a new principle in Latvian legislation was introduced - non-smoker's rights to a smoke-free area are above smoker's rights to smoke. In addition to existing measures, in 2014 a new legislation was introduced that smoking is prohibited in the presence of a child and according to the *Protection of the Rights of the Child Law* smoking nearby a child is now defined as physical violence. Since 2014 the law also states that smoking in any public places in the presence of people who oppose smoking, is prohibited. Since 2014 the use of electronic smoking devices are subject to the same smoking restrictions as tobacco products. In 2014 a social campaign was organized to raise awareness among youth on the harm of smoking and in 2014/2015 another social campaign was organized to raise awareness on negative consequences from second-hand tobacco smoke. Currently the Ministry of Health is intensively working on the EU legislation – *The Tobacco Products Directive* 2014/40/EU and its related legal acts – transposition into national legislation.
- **Narcotic and psychotropic substances, new psychoactive substances.** Since 2013 new psychoactive substances are put under control by generic approach, which means that clusters of psychotropic drugs which evolve from the same basic chemical formula are banned in advance. The term "new psychoactive substance" and the system for putting these substances under so-called temporary ban also were introduced in the law in 2013. Since 2014 the offences of temporary ban are also a subject of criminal sanctions. All together these actions have currently reduced the trade of new substances in the country. In 2014 the social

campaign was launched with the main aim to engage youth in physical activity in order to promote meaningful spare time activities as an alternative to the rising rate of abuse/consumption of new psychoactive substances. In 2014 a project in schools (6th and 7th grade) was organized to raise awareness among youth on new psychoactive substances and harm from using them, as well.

- In order to strengthen good public health through a **vaccine programme**, Latvia has indicated infectious diseases, against which **mandatory vaccination** shall be performed and financed from the State basic budget (however, a person may refuse the vaccination). Latvia's vaccination calendar is one of the widest in the EU. Vaccination is mandatory for:
 1. **children** – against tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella, epidemic parotitis, haemophilus influenzae type B infection, hepatitis B, chickenpox (vaccination against chickenpox for children aged 7 years (2nd dose) starts from 1 January 2017), pneumococcal disease, rotavirus infections;
 2. **adults** – against diphtheria, tetanus;
 3. **children and adults** – against rabies after contact with animals or humans who are ill or are suspected of being ill with rabies;
 4. **12-year-old girls** – against human papillomavirus infection;
 5. **patients treated with haemodialysis** – against hepatitis B.

Against **tick-borne encephalitis** vaccination is provided for children aged 1 to 18 in tick-borne encephalitis endemic areas, if a child's declared place of living is in the tick-borne encephalitis endemic area, and for orphans and children left without parental care. For preventing **occupational infections**, vaccination of employees shall be mandatory against the following infectious diseases: hepatitis B, rabies, tick-borne encephalitis and yellow fever. Employers and heads of educational institutions have a duty to provide employees with vaccine free of charge in conformity with the risk of infection and, if necessary, to repeat vaccination.

According to the Cabinet Regulation No. 899 "Procedures for the Reimbursement of Expenditures for the Acquisition of Medicinal Products and Medicinal Devices Intended for Out-patient Medical Treatment", the need to **immunize against influenza** is reimbursed (from the State basic budget):

50% of the cost covered for:

- persons over the age 65;
- adult persons who belong to the following health risk groups (persons with chronic pulmonary diseases; persons with chronic cardiovascular diseases regardless of the cause; persons with chronic metabolic diseases; persons with chronic renal diseases; persons with immune deficiency; persons receiving immunosuppressive therapy);
- pregnant women (in prescription specifying diagnosis code "Z33")

100% of the cost covered for:

- children aged from 6 to 24 months;
- children aged from 24 months to 18 years who belong to the following health risk groups (children with chronic lung diseases; with chronic cardiovascular diseases regardless of the cause; with chronic metabolic diseases; with chronic renal diseases; with immune deficiency; who receive immunosuppressive therapy; who for a long time receive therapy with acetylsalicylicum).

- Recommendations with regard to Health & Economy: to check the possibility to establish a "Baltic Health Forum", to ensure and improve a sustainable exchange and networking in this policy field around the Baltic Sea
(Answer prepared by the Ministry of Health)

There is ongoing cooperation in the field of health across the Baltic Sea Region within multiple other formats. In order to evaluate the necessity to establish a new cooperation platform, more detailed information about who will coordinate the exchange and networking is needed.

- Recommendations with regard to Sustainable and Accessible Social and Healthcare: to carry out studies with the aim of developing prevention strategies in health care, such as the North-Trøndelag Health Study (HUNT)

(Answer prepared by the Ministry of Health)

To create world-class knowledge and technology in the areas of life threatening diseases which have a major impact to the survival and quality of life of the Latvian population - cardiovascular and metabolic diseases, oncological diseases, child and infectious diseases, as well as mental illness, the state funded research program "Bio-Medicine for Public Health" is being implemented from 2014 to 2017. The program is financed by the Ministry of Education and Science.

To obtain information about the health related behaviours of the Latvian population, to detect public health problems and to show their geographical and socio-demographic distribution, as well as to provide the understanding of health promotion and educational challenges in the future, different population studies are conducted in Latvia, for example:

1. Since 1990/1991 Latvia is participating in the cross-national survey of school students "Health Behaviour in School-aged Children" (HBSC) which is organised in collaboration with the WHO Regional Office for Europe. The latest survey was conducted in 2014.
2. Since 1998 every second year the survey „Health Behaviour among Latvian Adult Population” is conducted in Latvia. The latest survey was conducted in 2014.
3. In the framework of Global Tobacco Surveillance System (GTSS) Latvia has participated in four international youth smoking research surveys (2002, 2007, 2011 and 2014).
4. Latvia is participating in the WHO European Child Obesity Surveillance Initiative (COSI) and has conducted three studies on Children's anthropometric parameters and school environment (2007/2008, 2009/2010 and 2012/2013).

- Recommendations with regard to Sustainable and Accessible Social and Healthcare: to create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue

(Answer prepared by the Ministry of Health)

In the framework of European Social Fund financing for period 2014-2020, it is planned to support two specific objectives aimed to improve accessibility of medical personnel in regions and training of health care professionals:

- 1) to improve accessibility of health care and health care support for persons who provide services in priority health sectors (circulatory, oncology, perinatal and neonatal period and mental health) to inhabitants outside Riga. Indicative actions to be supported: support for attraction of medical and medical support persons (general practitioners, professionals, nurses, etc.) to work outside Riga: regional business trip system, moving allowances, training etc.;
- 2) to improve accessibility of qualified health care and health care support personnel. Indicative actions to be supported: elaboration and implementation of qualification improvement training programmes, including improvement of specific skills related to necessary knowledge and skills for implementation of four priority networks including, for example, medical and medical support personnel.

Lithuania



LIETUVOS RESPUBLIKOS UŽSIENIO REIKALŲ MINISTERIJA
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Secretariat of the Baltic Assembly -03-2016 No.

Citadeles iela 2-616

Riga, LV-1010, Latvia

RE: No. 1/0216-52 from 9 February 2016

Dear Ms Anete Kalnāja,

Herewith I am sending to You the information regarding the implementation of the recommendations of the Resolution of the 24th Baltic Sea Parliamentary Conference in Rostock, 30 August – 1 September 2015.

Enclosed: The information submitted by the Lithuanian state institutions, 11 pages.

Vice-Minister

Neris Germanas

**Information
about the implementation of the recommendations of the Resolution of the 24th
Baltic Sea Parliamentary Conference in Rostock,
30 August – 1 September 2015**

Recommendations with regard to the preamble and Cooperation in the region

***To ensure the decent treatment of the refugees especially concerning housing and healthcare
(preamble of the resolution)***

Information submitted by the Ministry of Health of the Republic of Lithuania

Pursuant to Article 6 (1)(2) of the Law on Health Insurance of the Republic of Lithuania (hereinafter referred to as „the LHI“) foreign nationals temporarily residing in the Republic of Lithuania who are legally employed or have been legally employed in the Republic of Lithuania for at least 6 months and are registered with local labour exchange offices as unemployed persons, as well as minor members of their families shall be covered by the compulsory health insurance. Article 6 (5) of the LHI lays down that foreign nationals who have submitted an application for asylum in the Republic of Lithuania, also foreign nationals who are granted temporary protection in the Republic of Lithuania shall be covered from the state budget in accordance with the procedure laid down by the Government of the Republic of Lithuania or an institution authorized thereby. Therefore they will be provided with the same healthcare services as other individuals covered by the health insurance in Lithuania which means that they will get treatment in the same health institutions of our country, as for example, clinics, general practice centers and, if necessary, municipality's, where they will be sheltered, hospitals. No special procedures for their treatment are planned. As Lithuanian citizens they will be subject to the same legislations and procedures to access health institutions. Refugee healthcare services costs will be paid to health institutions by the National Health Insurance Fund under the Ministry of Health. All patients are entitled to receive necessary (primary and emergency) medical care from personal healthcare institutions. In order to receive an emergency medical care, patient can apply directly, without doctor's note to the personal healthcare institution. The Law on the Legal Status of Aliens of the Republic of Lithuania stipulates that unaccompanied minor aliens, regardless of the lawfulness of their stay in the territory of the Republic of Lithuania, have a right to receive emergency medical care free of charge in the manner prescribed by the Minister of Health. In order to ensure appropriate refugee healthcare and coordinate actions with other government departments, the working group has been established by Order No V-1094 of the Minister of Health of the Republic of Lithuania of 1 October 2015 on the Establishment of Permanent Working Group Responsible for Ensuring Refugee Healthcare. An action plan setting out the measures to ensure refugee healthcare and institutions responsible for them was drafted by the working group.

Information submitted by the Ministry of Social Security and Labour of the Republic of Lithuania

Integration of aliens who have received asylum is a process when aliens are provided with the same opportunities to support themselves and participate in public life as other members of society. Taking into account the fact that aliens who have received asylum in Lithuania in society are widely referred to as refugees, we shall hereinafter be referring to them as 'refugees'. However, society should be aware

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that asylum in the Republic of Lithuania is defined as a status of asylum or additional protection granted to

an alien in the Republic of Lithuania on the basis of the Law on the Legal Status of Aliens of the Republic of Lithuania.

Lithuania creates the following conditions for refugees: provides temporary accommodation, organizes education and employment; ensures social security and health care, informs the public about aliens who have received asylum in order to prevent their isolation, public xenophobia and promote tolerance.

First assistance is provided to refugees at the Refugee Registration Centre up to 3 months.

During this period, social workers from the Refugee Registration Centre, in collaboration with the Lithuanian Labour Exchange, assess refugees' skills and qualifications, check their health, perform an assessment of any health problems, disabilities and others. Refugees are intensively taught Lithuanian language and the Lithuanian culture so that they are properly prepared to integrate into the Lithuanian society and labour market.

Refugees living in the Refugee Reception Centre receive a monthly allowance (according to a set procedure) enabling them to pay for food and pocket expenses.

Once first stage of integration is complete at the Refugee Registration Centre, further integration support is provided at local municipality territory and lasts for up to 12 months. This stage of support is coordinated by the Refugee Registration Centre.

Currently there are two non-governmental organizations that won the public tender to support refugees during their integration on a municipal territory level. They are Caritas of Vilnius Archdiocese and Lithuanian Red Cross Society. Other non-governmental organizations, municipal social support centers and other organizations are also invited to participate in tenders.

Non-governmental organizations provide curator services. Curators help refugees buy necessities, rent an apartment; pay out cash benefits, organize Lithuanian language training for refugees, organize kindergarten attendance and school education for children, advise foreigners on all issues, ensure that refugees attend Labour Exchange Office, help them complete and prepare all necessary documents and other. Institutions implementing the integration process report monthly to the Refugee Registration Centre about the services provided to refugees and their integration progress (through an administrative information system).

During the period of integration support on a municipal territory level, refugees receive a monthly allowance for their essential needs (apartment rent, utilities, food, transport and others).

To cooperate in order to strengthen the Baltic Sea Region (BSR) as an important competitive knowledge region with an excellent higher education and research infrastructure (paragraph 4)

Information submitted by the Ministry of Education and Science of the Republic of Lithuania

The Baltic States already cooperate in the field of research infrastructures. There are publicly available lists of open access centres (research infrastructure, which can be used both for scientific and business purposes by anyone) in Latvia, Lithuania and Estonia. This information should encourage scientists from the Baltic States to use each other's infrastructure and reduce the need to have the exact same facilities at the home country. At the same time, it should help policy makers to make more informed decisions on future investments in research infrastructure.

Baltic science network project under INTERREG program will start soon. Network seeks to exploit untapped potential of the BSR higher education, science and research landscape. The main expected results are:

- sustainable transnational BSR science policy coordination framework, leading to increased transnational cooperation in science policy between BSR states and contributing to the realization of a European Research Area;
- Developed structured mobility tools and joint BSR funding instruments to foster students' and researchers' mobility in the BSR;
- Identified strategic transnational development of areas of research excellence in BSR;
- Increased transnational utilization of research, higher education and innovation infrastructures, which will increase the innovation capacity of the region;
- Enhanced strategic communication of BSR science policy interests at the EU level.

To continue work to upgrade reception facilities for sewage in passenger ports to ensure timely activation of the special area status of the Baltic Sea under Marpol Annex IV of the International Maritime Organization, with the aim to hinder the release of untreated sewage from passenger ships in the future and to reaffirm the commitment for the continued improvement and modernization of the waste water treatment capacity throughout the entire Baltic Sea Region, in compliance with the stricter threshold values agreed by HELCOM (paragraph 8)

Information submitted by the Ministry of Transport and Communications of the Republic of Lithuania

Klaipėda State Seaport Authority is responsible for the collection and utilization of the sewage from the ships calling at Klaipėda State Seaport. In order to improve and ensure proper collection of the sewage from the ships, the designing activities of waste reception facilities have been started in 2015. Furthermore, the project with the aim to install reception facilities for waste from tanker (ship-sewage collector) has been launched.

To enhance macro regional capacity to respond to major emergencies based on all-hazards approach and joint, cross-border preparations to protect lives, health wellbeing of citizens (paragraph 9)

Information submitted by the Ministry of Interior of the Republic of Lithuania

In order to enhance macro-regional capacity to respond to major emergencies based on all-hazards approach and joint, cross-border preparations to protect lives, health and wellbeing of citizens, Lithuania takes part in several macro-regional projects.

- In January 2015, FRD together with the Secretariat of the Council of Baltic Sea States, Latvia, Estonia, Finland, Sweden, Norway, Denmark, Germany, Poland and Iceland have launched a 2 year project **“Risk Management Capability Based on Gaps Identification in the Baltic Sea Region (BSR) (From Gaps to Caps)”** co-financed by the EU.

The objective of the project is to facilitate future national assessments of risk management capability in accordance with the EU Decision on the Union Civil Protection Mechanism (UCPM) among the participating countries. The expected results of the project are to enhance capabilities for preparing and reviewing national capability assessments and risk assessments, increase comparability between future national capability assessments, enhance awareness of cross-border hazards, elevate awareness and understanding for the cross-border needs and to enhance preparedness. The outcomes will be achieved by involving experts and key actors, publication of ideas, creation of Methodology for future assessments of capability and dissemination of findings on actual disaster risk management capability and ways forward.

The above mentioned project started as a follow-up of the “14.3 macro-regional risk scenarios and gaps identification” project, the aim of which was to develop scenarios and identify gaps for all main hazards and the potential of such hazards in the BSR, in order to anticipate disasters, thus enabling a rapid and effective EU response through the UCPM.

- Another inter-regional project funded by Interreg BSR Monitoring Committee **“Mitigating the effects of emergencies in Baltic Sea Region Ports (HAZARD)”** started in February 2016. The project involves partners from Finland, Lithuania, Germany, Estonia, Poland, Sweden as well as international organizations. Duration of the project is 3 years.

The HAZARD project aims at mitigating major accidents and emergencies in major seaports in the BSR, all handling large volumes of cargo and passengers. Harbours, terminals and storage facilities, including those for dangerous goods are often located close to residential areas, thus potentially exposing a large number of people to the consequences of accidents. The project deals with these concerns by bringing together logistics operators, rescue services and other relevant regional and local authorities.

This project enables better preparedness, coordination and communication to reduce damages and loss of life in emergencies, and handling of post-emergency situations by making a number of improvements. These improvements include harmonization and implementation of safety and security codes, standards and regulations, communication between key actors, the use of risk analysis methods and adoption of new technologies.

Recommendations with regard to cross-border cooperation in healthcare

To improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment (paragraph 20)

Information submitted by the Ministry of Health of the Republic of Lithuania

Currently two academic hospitals (Vilnius University Hospital *Santariškių Klinikos* and The Hospital of Lithuanian University of Health Sciences *Kauno klinikos*) act as centers of expertise including Rare diseases management coordination centers providing services for Lithuanian residents. Centers of expertise were established by the respective orders of academic hospital directors (Vilnius University Hospital (*Santariškių Klinikos*) and The Hospital of Lithuanian University of Health Sciences *Kauno klinikos*). Diagnosis, treatment, research, education and healthcare services performed by the abovementioned institutions are based on a multidisciplinary approach (not on the basis of a single disease) and are provided by teams of health professionals. In theory Lithuanian centers of expertise conform to the quality criteria set out in the Recommendations on Quality Criteria for Centers of Expertise for Rare Diseases in Member States (e.g. capacity to produce and adhere to good practice guidelines for diagnosis and care; quality management to assure the quality of care; to have an appropriate capacity to manage rare diseases patients and provide expert advice; to be capable to participate in clinical trials) by the European Union Committee of Experts on Rare Diseases (EUCERD).

A new reimbursement model for medicines used to treat ultra-rare diseases was implemented in 2016. According to the new rules the incidence, therapeutic benefit, budget impact have to be evaluated, even if an application is submitted on individual patient level. Those new rules will enhance cost-effective use of medicines for the treatment of ultra-rare diseases.

To regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin (paragraph 21)

Information submitted by the Ministry of Health of the Republic of Lithuania

In 2014, representatives of the Ministry of Health of the Republic of Lithuania, National Health Insurance Fund under the Ministry of Health and the Lithuanian Association of Emergency Medical Care Institutions prepared draft agreement for cross-border cooperation concerning the provision of emergency medical care services in the border area between Lithuania and Latvia and submitted to the Ministry of Foreign Affairs of the Republic of Lithuania and to the Ministry of Health of the Republic of Latvia. The draft agreement was discussed in the meeting held by the Ministry of Health of the Republic of Latvia on 27 August 2015 in Riga. Representatives of the Ministry of Health of Latvia added new provisions to the draft agreement. The experts of the Ministry of Health of the Republic of Lithuania, National Health Insurance Fund under the Ministry of Health and the Lithuanian Association of Emergency Medical Care Institutions assessed the supplemented draft agreement, improved and submitted to the Ministry of Health of Latvia on 14 December 2015. The Ministry of Health of Lithuania submitted questions concerning the extent of the agreement, financing and the competences of the emergency medical care institutions in Lithuania. The submitted questions are discussed at the Ministry of Health in collaboration with the National Health Insurance Fund under the Ministry of Health.

Lithuanian and Latvian competent authorities are currently preparing an agreement on cooperation in the provision of emergency services in the border area.

It is also important that in accordance to the provisions of Regulations on coordination of social security systems of European Parliament and of the Council the person insured by the compulsory (public) health insurance in one Member State can get necessary treatment in other EU Member State. In order to exercise this right the person has to get the prior authorisation of his competent institution (form E112 or portable document S2). The authorisation shall be granted where the treatment in question is among the benefits provided for by the legislation in the Member State where the person concerned resides and where he cannot

be given such treatment within a time-limit which is medically justifiable, taking into account his state of health and the probable course of his illness.

Implementing this provision Lithuania has issued 81 prior authorizations in 2014. 43 authorizations were issued to receive healthcare services in the Member States belonging to the Baltic sea region (Germany, Estonia, Poland and Sweden) in 2014. At the same time 103 Latvian patients having prior authorization issued by their competent authorities in Latvia were treated in Lithuania during 2014.

To reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance (paragraph 22)

Information submitted by the Ministry of Health of the Republic of Lithuania

Lithuania is preparing a national antimicrobial resistant microorganisms program (2016 – 2020), which will tackle AMR problem by means of a One Health approach and ensure the co-operation between health and veterinary sectors, will contribute to a comprehensive solution of antimicrobial resistance problem by improving the prevention of the spread of antimicrobial resistant organisms, expanding and improving the surveillance of antimicrobial resistance, nosocomial infections and consumption of antimicrobial agents, promoting prudent use of antimicrobial agents.

Recently national surveillance of consumption of antimicrobial agents in healthcare sector was approved, which regulates data collection and feedback procedures including collection of hospital-based data. Since 2006 the Institute of Hygiene provides the data of antimicrobial agents consumption in ambulatory and hospital sector to the European Centre for Disease Prevention and Control Antimicrobials consumption Care Network (ESAC - Net). Total consumption of antimicrobial agents in Lithuania is close to the European average, low consumption rates in outpatient sector but high rates in hospital sector are observed

National Health Insurance Fund has introduced a new indicator for measurement of prescribing quality in 2016. This indicator is the number of children treated with antibiotics per 1000 children. This quality indicator will help to benchmark the performance of prescribers and primary health care institutions.

Information submitted by the State Food and Veterinary Service (SFVS) of the Republic of Lithuania

In 2016 Action Plan against antimicrobial resistance (AMR) was approved by the order No B1-11 of the director of the State Food and Veterinary Service. The tasks and enforcement actions of this plan are below:

No.	Tasks	Actions
1	2	3
1.	Needs and priorities of AMR studies in 2016.	Analysis of data of AMR studies received under state control carried out in the periods of 2004–2008 and 2008–2014.
		Analysis of data from submitted EU reports and priority axes
		Comparison of AMR data on humans, animals and food products
		Analysis of AMR data on milk available at the State Enterprise “Pieno tyrimai”
		Recommendations for drawing up the Action plan against AMR for 2016, its drafting and implementation
2.	Identification of tendencies in the registration of veterinary medicines and biocides	Analysis of registration data for veterinary medicines and biocides
3.	Improvement of prevention and control practices for animal infectious diseases	Drawing up a report on the sales of veterinary antimicrobial medicinal products in veterinary and agricultural sectors
4.		Training, presentations and articles for:

	Professional training to improve clinical practices and increasing awareness of the use of antimicrobial agents	<ul style="list-style-type: none"> - employees of SFVS and National Food and Veterinary Risk Assessment Institute (NFVRAI); - private veterinarians; - pharmacists; - farmers; - the public.
		To prepare national guidelines for best practices for the use of antimicrobial agents in veterinary activities
		To prepare handout materials about the use and resistance of antimicrobial substances for owners of farm animals and the public
		To prepare a general brief overview of AMR in Lithuania
5.	The implementation of Commission Implementing Decision 2013/652/EU of 12 November 2013 on the monitoring and reporting of antimicrobial resistance in zoonotic and commensal bacteria	<p>To develop a procedure for the implementation of this Commission Implementing Decision, to control its implementation and to deliver summary technical and financial reports to the European Commission</p> <p>To select samples in accordance with the adopted procedure, to transport them to NFVRAI and to deliver monthly reports to the Veterinary Sanitary Department of the SFVS.</p> <p>To conduct tests in accordance with the Procedure and the Commission Implementing Decision 2013/652/EU, to provide monthly reports and to perform annual data analysis</p>
6.	Organise AMR publicity campaign	To organise events during the World Antibiotic Awareness Week
7.	Cooperation with other institutions	<p>To cooperate with Veterinary Academy of Lithuanian University of Health Sciences to exchange information about the spread of resistant strains of bacteria in veterinary medicine</p> <p>Participation at joint meetings of the human medicine expert working group on the prevention of occurrence and spread of antimicrobial resistant microorganisms organised by the Ministry of Health</p>
8.	Control, effectiveness and efficiency of the 2016 Action Plan against antimicrobial resistance	Meetings of the working group for the implementation of the 2016 Action Plan Against Antimicrobial Resistance

Furthermore, from 2010 SFVS is a participant of the European Surveillance of Veterinary Antimicrobial Consumption (ESVAC) project, which is managed by European Medicine Agency. According to data of ESVAC an apparent 22% decrease in sales (in mg/PCU) from 2010 to 2014 was seen in veterinary and agriculture sectors in Lithuania, and this is accounted for by all antimicrobial classes.

To strive to introduce the same standards on a high level in the treatment of contagious infectious diseases throughout the Baltic Sea Region (paragraph 24)

Information submitted by the Ministry of Health of the Republic of Lithuania

The list of reimbursable pharmaceuticals approved by Order No 49 of the Minister of Health of the Republic of Lithuania of 28 January 2000 was complemented with pharmaceuticals for hepatitis C virus treatment *Ombitasvir et Paritoprevir et Ritanovir* (prescribed together with *Dasabuvir* for people with advanced HCV with genotype 1-HCV (not treated before, treated ineffectively or uncompleted due to relapse) when the rate of liver fibrosis is more than 3 using the METAVIR system) and *Dasabuvir* (Order No V-1087 of the Minister of Health of the Republic of Lithuania of 28 September 2015 on the amendment of Order No 49 of the Minister of Health of the Republic of Lithuania of 28 January 2000 on Approval of the Reimbursable Pharmaceutical List”).

With a view to improve treatment and medical care for people with tuberculosis the following measures were adopted:

- The purchase of pharmaceuticals for tuberculosis treatment for residential personal care institutions is centralized; out-patient treatment will be continued with antituberculosis pharmaceuticals free of charge, in accordance with Order No V-1582 of the Minister of Health of the Republic of Lithuania of 31 December 2015 on Approval of the Provision of Tuberculosis Pharmaceuticals for Personal Healthcare Institutions. It further provides that it is necessary to supply healthcare institutions with new pharmaceuticals for tuberculosis treatment (pharmaceuticals should be purchased in May 2016).
- Ministry of Health prepared and approved the procedures of Directly Observed Treatment Short course (DOTS) services (Order No V-237 of the Minister of Health of the Republic of Lithuania of 12 February 2016) which sets out treatment procedures of out-patient treatment for patients with tuberculosis (both adults and children) in their residential area. Directly observed treatment is the main subject of the DOTS strategy and ensures that the right antituberculosis drugs are taken by patient in direct observation of medical personnel.
- The planned incentive service (it is planned that from 1 January 2017 doctors providing general medical services will be supported for the achieved results, i.e. that patient with tuberculosis has been cured) and will be financed from the Compulsory Health Insurance Fund if the bacteriological examination results (microscopy and culturing) after the completion of tuberculosis course treatment of the last two month of the treatment course taken and in case of tuberculosis drug resistance the last three months of treatment course are negative, i.e. patient does not release tuberculosis mycobacteria.

Recommendations with regard to Health & Economy of the Republic of Lithuania

To improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the “eHealth European Interoperability Framework” (eEIF) and observe the joint European initiatives, such as the “Guidelines under eHealth Network” of the responsible member state authorities (paragraph 31)

Information submitted by the Ministry of Health of the Republic of Lithuania

Three large public investment eHealth projects are completed: the central part of the eHealth system (“The development of E. health services and co-operation infrastructure”(ESPBI IS)), ePrescription (“The development of the electronic service „E. prescription”) and medical image exchange (“National medical picture archiving and information exchange system”). Several large regional projects, which were dedicated for the development of information systems for health care institutions, by combining them to regional Hospital information systems (HIS), are completed, about 170 health care institutions have already implemented projects of eHealth development information systems and currently they start the electronic completion of patient health records within the scope of the project: 12 clinical forms: referrals, epicrysis, description of visits, ePrescription, descriptions of research, etc., as well as 8 medical certificates: health certificates for students, drivers, holders of weapons, birth or death certificates, and others. These projects ensure data exchange among healthcare institutions and enable successful functioning of the ESPBI IS and create preconditions to avoid duplication of healthcare services such as diagnostic test, digital image.

Establishment and development of the national eHealth systems infrastructure and Electronic Health Record services (ESPBI IS) was one of the most important development directions foreseen in the National Electronic Health System Development Program for the period of 2009–2015 and remains in period of 2015 - 2025. Lithuanian central part of the eHealth system enables faster exchange of the data about the patients' treatment services, procedures and lab tests results among healthcare institutions and enables secondary usage of patient health records. Patient-needs-oriented EHR aims to assure lifelong and effective provision of healthcare services in Lithuania. EHR is being developed gradually, i.e. during the first years it will carry only the critical patient health information and certain certificates. Later it will be expanded and supplemented with more detailed medical data.

Lithuania strives to involve all healthcare institutions in participation and secure data exchange, to enable successful functioning of the ESPBI IS and to create, store and transfer data about patient health even between European countries according to the principle "one resident – one EHR".

ESPBI IS and HIS is just starting in Lithuania. We are sure, that eHealth aims to improve the accessibility and quality of healthcare services and to ensure the necessary information exchange.

In order to ensure a coherent policy of development of the eHealth system in Lithuania, smooth operation of health care institutions, to save the time of doctors and patients, to receive health care services of a better quality, the E. health System Development Program for period of 2015-2025 was approved by the Order No V-1006 of the Minister of Health of the Republic of Lithuania of the Republic of Lithuania of 27 August 2015, i.e. it is aimed that all health care institutions should participate in the eHealth system in order to create conditions for all health care institutions in Lithuania to provide patient's electronic health records from the health care institutions information systems or through the portal www.esveikata.lt.

After implementing the eHealth projects, Lithuania will be ready to provide of patient's data and ePrescription data to other participants of eHealth in Europe.

Ministry of Health of the Republic of Lithuania is planning to integrate the central part of the ehealth system (ESPBI IS) to European Union health information resources.

We would like to note that Lithuania is an active member of the eHealth Network, which was enforced due to the provisions of the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

Ministry of Health of the Republic of Lithuania is preparing and will submit application for CEF funds. Lithuania is planning to implement data exchange on ePrescription and Patient Summary.

To improve early intervention to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses (paragraph 34)

Information submitted by the Ministry of Health of the Republic of Lithuania

The working group, which has been established by the Ministry of Health, prepared a draft project of Diabetes (hereinafter referred to as the „D“) control program 2016-2024 (hereinafter referred to as the „D program“). The D program aims to reduce D care burden for patients and country by strengthening, improving and managing efficient D prevention on primary, secondary and tertiary level and ensure continuous monitoring and analysis of D situation in Lithuania.

We further inform that non-specific measures for the prevention of chronic non-communicable diseases are provided in the following strategic planning documents:

1. National Public Healthcare 2016-2023 Development Program approved by Resolution No 1291 of the Government of the Republic of Lithuania of 9 December 2015;
2. Action Plan 2014-2023 to Reduce Health Inequalities in Lithuania approved by Order No V-815 of the Minister of Health of the Republic of Lithuania of the Republic of Lithuania of 16 July 2014 on the Approval of the Action Plan 2014-2023 to Reduce Health Inequalities in Lithuania set out in:
 - 2.1. The procedure plan reducing morbidity and premature mortality from circulatory system diseases,
 - 2.2. The procedure plan reducing morbidity and premature mortality from cerebrovascular circulatory diseases,

- 2.3. The procedure plan on strengthening children health, preventing diseases and ensuring efficient treatment;
3. National Program 2014-2025 on Prevention and Control of Cancer approved by Order No V-814 (with amendment No V-1209 of 24 November 2014) of the Minister of Health of the Republic of Lithuania of the Republic of Lithuania of 16 July 2014 on the Approval of National Prevention and Control of Cancer Program 2014-2023;
4. Action Plan 2014-2023 Ensuring Healthy Ageing in Lithuania approved by Order No V-825 of the Minister of Health of the Republic of Lithuania of the Republic of Lithuania of 16 July 2014 on the Approval of Action Plan 2014-2023 Ensuring Healthy Ageing in Lithuania;
5. National Progress Program approved by Resolution No 1482 of the Government of the Republic of Lithuania of 28 November 2012 on the Approval of National Progress Program 2014-2020;
6. Interinstitutional Action Plan of the National Progress Program 2014-2020 with the Priority "Health for All" approved by Resolution No 293 of the Government of the Republic of Lithuania of 26 March 2014 on the Approval of Interinstitutional Action Plan of the National Progress Program 2014-2020 with the horizontal priority "Health for All".

Other draft measures financed from ES structural assistance also proposed to include the prevention of chronic non-communicable diseases, diagnosis and prepare procedures for treatment in the action plan.

In 2015 Ministry of Health of the Republic of Lithuania started the permanent Program of Health Promotion for Patients with Coronary Heart Disease Risk. The aim of this Program - education and training of small groups of risk group persons in field of nutrition, physical activity, stress management and giving up addictions. Simultaneously were monitored body and blood indicators of these patients during one year. The Program has been carried out in whole country. Outpatient centers and public health bureaus of municipalities were involved in activities. There were more than 1400 patients graduated this Program during the first year. Good results of health improvement among the patients graduated the Program were observed. The Program is going to be continued and developed further. Ministry of Health took a decision to extend the Program from 2017 by inclusion of additional patients having the risk of diabetes mellitus.

The permanent Programme of Health Promotion for Patients with Coronary Heart Disease Risk is in line with the policy of strong measures to reduce alcohol and tobacco consumption. One of the major obstacles to the implementation of such a policy is that alcohol consumption is still socially acceptable phenomenon. Alcoholic drinks are available in both time and space. In 2016 the Ministry of Health has initiated efforts of different institutions at national and local level, to reduce the alcohol consumption harm and has prepared an action plan for 2016 year - a document that includes evidence-based policy priorities (effective measures) to combat alcohol-related harm: to control the availability of alcohol; leadership, awareness and commitment; health services response; community action; drunk driving policies; control of alcoholic beverages and marketing etc.

In order to manage communicable diseases and protect all children the National Immunization Program 2014-2018 is being implemented. In accordance with Childhood Vaccination Schedule of the Republic of Lithuania, the major achievements in the field of vaccination in 2014-2015 are:

- pneumococcal disease vaccination which is one of the main reasons causing sepsis, meningitis and pneumonia has been included in the Childhood Vaccination Schedule of the Republic of Lithuania since 2014;
- include human papillomavirus vaccination for girls in 2016 in the Childhood Immunization Schedule of the Republic of Lithuania in order to prevent 70 per cent of cases of cervical cancer in the future;
- from the end of 2015 teenagers started to be vaccinated against pertussis (whooping cough) in order to reduce morbidity of children and adults as well as protect infants from pertussis (whooping cough) infection acquired from adults;
- in order to protect high-risk groups against pneumococcal disease which is especially life-threatening for persons suffering from certain diseases, pneumococcal disease vaccination for high-risk groups has become available since December 2015.

To check the possibility to establish a "Baltic Health Forum", to ensure and improve a sustainable exchange and networking in this policy field around the Baltic Sea (paragraph 39)

Information submitted by the Ministry of Health of the Republic of Lithuania

This possibility could be discussed in the meeting of the Prime Ministers Council of the Baltic Council of Ministers.

Recommendations with regard to Sustainable and Accessible Social- and Healthcare

To ensure affordable health care for everyone and emphasize the focus on the needs of patients with due regard to age and gender and to warrant equal and affordable access to high-quality health services throughout the whole Baltic Sea Region (paragraph 40)

Information submitted by the Ministry of Health of the Republic of Lithuania

Lithuanian Healthcare System ensures the universal health coverage for all residents. The Law on Health Insurance provides that all permanent residents of the Republic of Lithuania are eligible for the compulsory health insurance scheme. Vulnerable groups (children, elderly, disabled, unemployed, on maternity leave), which account for about 60% of the population, are also covered by the compulsory health insurance. All people covered by the compulsory health insurance scheme in Lithuania have a right to receive the healthcare services guaranteed by the State free of charge. The necessary medical care in the territory of Lithuania is available free of charge to all permanent residents irrespective of whether or not they are covered by the compulsory health insurance.

Only the high-quality healthcare services which meet the criteria defined by the Government shall be covered from the budget of the Compulsory Health Insurance Fund (CHIF). Healthcare services covered from the budget of the CHIF are: preventive medical services, curative healthcare services provided on the primary, secondary and tertiary level, medical rehabilitation services, long term and palliative treatment (the detailed list of healthcare services is foreseen in the contracts between the Territorial Health Insurance Funds and healthcare providers).

To develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas (paragraphs 43 and 44)

Information submitted by the Ministry of Social Security and Labour of the Republic of Lithuania

Action Plan for the 2016 on the Family Wellbeing and Reduction of the Consequences of Population Ageing was adopted by the Minister of Social Security and Labour on the 10th of March 2016. Adoption of the Plan contributes to the implementation of the recommendation No.43 of the Conference Resolution Adopted by the 24th Baltic Sea Parliamentary Conference (BSPC).

Information submitted by the Ministry of Health of the Republic of Lithuania

Action Plan 2014-2023 Ensuring Healthy Ageing in Lithuania has been approved by Order No V- 825 of the Minister of Health of the Republic of Lithuania of 16 July 2014. One of the major aims is to improve quality and availability of the complex healthcare services for elderly and older people, and develop these services.

The procedure plan on complex healthcare and geriatric services network in the optimization area for the Implementation of the Lithuanian Health Program 2014-2025, the National Progress Program and ensuring appropriate organization of geriatric services was confirmed by Order No V-825 of the Health Minister of the Republic of Lithuania of 16 July 2014 on the Approval of Action Plan 2014-2023 Ensuring Healthy Ageing in Lithuania; and provides the following:

- establish two geriatric centers closely collaborating with two universities which have a study program for doctors geriatrics;
- establish stationary geriatric departments in hospitals at district-level since healthcare services in the municipalities are less available compared to major cities. Taking into account the existing and intended resources, departments at first would be established/renewed in 11 district-level hospitals where stationary

surgical services are no longer provided, the premises of the hospitals would be modernized and adapted and the equipment necessary for geriatric services would be purchased;

- instruct medical personnel on newly established geriatric departments and ensure the continuous professional development; provide opportunities to gain practical knowledge of geriatric patient care for people who do not work at medical institutions, volunteers from non-governmental organizations, family members, relatives and comforters of geriatric patients (polypathology and polypragmasia).

Currently stationery geriatric services are provided in 7 Lithuanian institutions: Mykolas Marcinkevičius Hospital (public establishment), Kaunas Clinical Hospital (public establishment), Zarasai Hospital (public establishment), Alytus district S. Kudirka Hospital (public establishment), Klaipėda Seamen's Hospital (public establishment), Gargždai Hospital (public establishment), Jonava Hospital (public establishment). Out-patient geriatric services are provided by 3 institutions: Kaunas Clinical Hospital (public establishment), Hospital of Naujoji Akmenė (public establishment) and Republican Hospital of Kaunas (publish establishment).

Ministry of Health is going to implement the Action plan on Promotion of healthy ageing in 2014-2023, which will contribute to implementing of Operational programme for the European Union funds' investments in 2014-2020.

To ensure support services for families, pregnant women and prospective parents in support of families and parenthood, provide an integrated package of services to families with children in order to encourage childbirth, childcare and child rearing with a view to counteracting the current demographic trends and investing in families and fostering child-friendly communities and societies (paragraph 46)

Information submitted by the Ministry of Social Security and Labour of the Republic of Lithuania

Action Plan on the Provision of Complex Services to Families was adopted by the Minister of Social Security and Labour on the 10th of March 2016. The plan envisages delivery of various types of services to families (courses on positive parenting, assistance to the families to overcome various types of crises, mediation, child care services etc.). Delivery of services is envisaged through Community Family Houses. Creation of Community Family House is planned in each municipality. Adoption of the Plan contributes to the implementation of the recommendation No.46 of the Conference Resolution Adopted by the 24th Baltic Sea Parliamentary Conference (BSPC);

To carry out studies with the aim of developing prevention strategies in health care, such as the North-Trøndelag Health Study (HUNT) (paragraph 49)

Information submitted by the Ministry of Health of the Republic of Lithuania

The monitoring of wellness of the Lithuanian citizens (morbidity and number of deaths) since 2016 has been supplemented with periodical lifestyle surveys, i.e., from 2016 every four years a survey of children lifestyle and from 2018 – a survey of adult lifestyle - will be carried out. It is planned that these surveys will be implemented by the Institute of Hygiene.

To create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health care sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue (paragraph 52)

Information submitted by the Ministry of Health of the Republic of Lithuania

It is planned to prepare and implement one of the measure's No. 08-1.3-CPVA-V-601 "Improving the quality of services for healthy ageing" activities - "Infrastructure for geriatrics and diabetes care, training of nurses and other specialists working with geriatric patients, training of patients' family members.

Mecklenburg-Vorpommern

Answers to the Questions of the BSPC by the responsible ministries of Mecklenburg-Vorpommern¹

- Recommendation with regard to the preamble and Cooperation in the Region: to ensure the decent treatment of the refugees especially concerning housing and healthcare

- Recommendation with regard to the preamble and Cooperation in the Region: to co-operate in order to strengthen the Baltic Sea Region as an important competitive knowledge region with an excellent higher education and research infrastructure

The universities of Mecklenburg-Vorpommern are working on further strengthening their partnerships in the Baltic Sea region in accordance with their research focuses. The Ministry of Education, Science and Culture participates as an associated partner in the "Baltic Science network" project, which is implemented under the leadership of the scientific authority of Hamburg and sponsored within the framework of the "Baltic Sea region" EU INTERREG programme.² The core of the project is the creation of a supra-regional network, which is an effective "administrative network" in addition to the existing "scientific networks", in order to be able to control the scientific and research co-operation in the Baltic Sea region in a meaningful and targeted manner. At the same time, the project is a flagship project in the "Education" policy area in the EU's Baltic Sea strategy.³

- Recommendation with regard to the preamble and Cooperation in the Region: to continue work to upgrade reception facilities for sewage in passenger ports to ensure a timely activation of the special area status of the Baltic Sea under Marpol Annex IV of the International Maritime Organization, with the aim to hinder the release of untreated sewage from passenger ships in the future and to reaffirm the commitment for the continued improvement and modernization of the waste water treatment capacity throughout the entire Baltic Sea Region, in compliance with the stricter threshold values agreed by HELCOM

At the 68th session of the Marine Environment Protection Committee of the IMO (MEPC 68) in May 2015, the entry into force of the regulations on the Baltic Sea special area was decided within the context of MARPOL Appendix IV, they shall now apply from 01.06.2019 for new vessels and from 01.06.2021 for existing ships. The regulations currently in place regarding the discharge of waste water by passenger ships will be significantly tightened by these. Obligations thus arise for the ports to provide adequate collecting

¹ Disclaimer: This opinion covers the areas where a responsibility is given at state level, whereby it is based on the structure of the above resolution. Thus, only the paragraphs of the resolution which from the point of view of the State Government constitute a professional political competence or have an overriding importance for Mecklenburg-Vorpommern are recorded in the statement.

² For information about the "Baltic Science Network" project, see https://www.interreg-baltic.eu/fileadmin/user_upload/about_programme/Cooperation_priorities/P1_Innovation/R003_Baltic_science_network.pdf.

³ For information about the "Education" policy area in the EU's Baltic Sea strategy, see <http://groupspaces.com/eusbsr-education>.

facilities for the disposal of ship waste water. Since - as is expected to be decided this year at MEPC 69 - Russian waters will be excluded from the regulations, it would be welcomed within the context of marine protection if the corresponding regulations would achieve validity in the future for the entire Baltic Sea.

- Recommendations with regard to cross-border cooperation in healthcare: to improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment

- Recommendations with regard to cross-border cooperation in healthcare: to regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin

The German-Polish framework agreement on the cross-border co-operation of emergency services, although it was signed in 2011, could not yet be implemented. The co-operation agreements between the States of Mecklenburg-Vorpommern, Brandenburg and Saxony, the districts along the border and the adjacent voivodeships, which are necessary for this purpose in accordance with article 4 of the framework agreement, were not able to be finalised. The obstacle is the still missing assurance for the Polish emergency services against liability claims after assignments in Germany.

- Recommendations with regard to cross-border cooperation in healthcare: to reduce the usage of antibiotics – general – and for agriculture (livestock farming) to an absolute minimum in order to prevent further increase of antimicrobial resistance

Please refer to the statements on paragraphs 15 and 16 below regarding the HICARE project. In addition, the problem of antibiotic resistance and the need both to combat the spread of resistance and to explore and develop new agents are on the Pharma dialogue agenda for the German Federal Government.

- Recommendations with regard to Health & Economy: to improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the "eHealth European Interoperability Framework" (eEIF) and observe the joint European initiatives, such as the "Guidelines under eHealth Network" of the responsible member state authorities

Electronic healthcare services (eHealth) can provide considerable innovations and employment opportunities in the healthcare sector and in the health care industry. With the potential of productivity gains among health sector services and the development of markets in the ICT sector, they can thus, in addition to good medical care, contribute significantly to more economic and employment growth. The legal framework conditions in Germany, inter alia with regard to

the interoperability of telemedicine applications, are regulated at federal level in the "eHealth Act", which entered into force on 21 December 2015.⁴

Regardless of the necessary creation of the legal framework conditions, the Strategic Council for Economics and Science of Mecklenburg-Vorpommern, in its "Regional Innovation Strategy 2020 for the State of Mecklenburg-Vorpommern" (RIS) adopted in 2014, sees tele-medicine as one of the five structure-determining areas in which the State has developable strengths and exploitable potentials from an economic perspective. In order quickly to stimulate innovation, the most specific, economically effective and sustainable projects possible should be developed and implemented in the short term.

- Recommendations with regard to Health & Economy: to improve early intervention to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses

The Ministry of Agriculture, Environment and Consumer Protection of Mecklenburg-Vorpommern has for years been promoting relevant projects and activities in the Consumer Association of Mecklenburg-Vorpommern e.V., the Mecklenburg-Vorpommern section of the German Society for Nutrition e.V. and the networking office for child day care facility and school catering at the German Society for Nutrition. The state food programme for pupils of primary and special schools of the State is also aligned with this point.⁵ Ultimately, all the measures are embedded in the State action plan for health promotion and prevention. The action plan is updated regularly.

Furthermore, please refer to the prevention work in the area of sexually transmitted infections in the District of Vorpommern-Greifswald, which takes place within the framework of the cross-border project "Sexual Health Promotion in the region of Mecklenburg-Vorpommern-Greifswald". The project is carried out by the Christian Association of Youth Villages in Germany (CJD) on behalf of the Health Department of Vorpommern-Greifswald. Sexual health promotion functions and cross-border public relations and networking tasks are thereby undertaken. The area of application also includes a part of the Polish voivodeship of West Pomerania, particularly Wollin and Swinemünde, in addition to the District of Vorpommern-Greifswald.

- Recommendations with regard to Health & Economy: to check the possibility to establish a "Baltic Health Forum", to ensure and improve a sustainable exchange and networking in this policy field around the Baltic Sea

The possibility of creating a "Baltic health forum" is currently being assessed for Mecklenburg-Vorpommern by BioCon Valley® GmbH together with the State Parliament of Mecklenburg-Vorpommern.

- Recommendation with regard to Sustainable and Accessible Social and Healthcare: to develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on

⁴ Act for secure digital communications and applications in the health care sector and amendment of other laws ("E-health Act"), see <http://dipbt.bundestag.de/extrakt/ba/WP18/671/67134.html>.

⁵ For information on the state nutrition programme for school pupils, see www.schulobst-mv.de.

Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas

The State Government of Mecklenburg-Vorpommern adopted a demography strategy in January 2011, which deals with the consequences and the need for action for all policy areas.⁶ For rural areas, the Ministry of Agriculture, Environment and Consumer Protection is implementing the strategy within the framework of the development programme for rural areas (EPLR 2014 -2020 M-V). Please refer to the corresponding statements in paragraph 42. The establishment of a "Forum for rural areas in MV" at the Landgesellschaft Mecklenburg-Vorpommern mbH is planned as a communication and networking project within this framework, which will serve as a common platform for the direct co-operation of the various actors in regional development and demography consulting.

Also, please refer to the representation in paragraph 28 on activities in health care, which in particular aims at new strategies for the future medical care of the population in rural areas.

The draft plans for the integrated State transport plan for Mecklenburg-Vorpommern (ILVP M-V) are currently being developed by the Ministry of Energy, Infrastructure and Regional Development, setting out the guidelines for future development in the transport sector. One of the major challenges facing the plan is demographic change in a sparsely populated territorial state. In the preparation of the draft plans, the discussions and findings of the Commission of Inquiry "Ageing in Mecklenburg-Vorpommern" are involved in particular in the issue of public mobility.

- Recommendations with regard to Sustainable and Accessible Social and Healthcare: to carry out studies with the aim of developing prevention strategies in health care, such as the North-Trøndelag Health Study (HUNT)

The international and national study location for many areas of prevention is good. There is often an implementation problem rather than a recognition problem. Nevertheless, the State Government of Mecklenburg-Vorpommern supports research in the area of prevention, currently inter alia through the financing of a study on the topic "Consumption of gambling, media, alcohol and cannabis among adolescents and young adults in Mecklenburg-Vorpommern".

- Recommendations with regard to Sustainable and Accessible Social and Healthcare: to create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue

⁶ For more on the demography strategy of the State Government of Mecklenburg-Vorpommern, see http://www.demografie-mv.de/cms2/Demografie_prod/Demografie/de/start/Demografiestrategie/index.jsp.

Training in the field of health professions is ensured by the vocational schools. Currently training for 15 occupations in this area are being maintained in this regard at nine public vocational schools and 16 professional alternative schools in Mecklenburg-Vorpommern. In particular, this training area includes the following types of school: Higher vocational school for health and nursing, health and paediatric nursing, midwives (maternity care), physiotherapy, medical assistance (laboratory assistance, diagnostic and radiology assistance), diet assistance, ergotherapy, orthoptics, speech therapy, pharmaceutical assistance, geriatric care, medical documentation and emergency paramedics as well as the vocational school for nursing and elderly care. With regard to the training of health professionals, significant improvements were made in 2014 due to the great demand for trained professionals with the amendment of the Education Act. In the area of professional alternative schools, the grant rate for programmes of elderly care, health and nursing, child care as well as medical and nursing care for the elderly has been raised to 80 percent.

Furthermore, the draft of the Federal Government on the "Care Professions Reform Act" envisages in the future fee-free training for all trainees training in the nursing profession, in order to further increase the attractiveness of this profession.⁷

The responsible ministries of Mecklenburg-Vorpommern have furthermore responded to the following paragraphs of the resolution:

Co-operation in the region

Paragraph 1.

The State Government of Mecklenburg-Vorpommern is involved in many ways in co-operation in the Baltic Sea region. These include in particular the bilateral partnerships and co-operations with the regions of Southwest Finland, the Voivodeships of West Pomerania and Pomerania and the Leningrad region, as well as Skåne. In addition, the State is a member of the Baltic Sea Commission of the Conference of Peripheral Maritime Regions (CPMR), is co-ordinated within the context of North German co-operation with the Foreign Office with regard to the Council of Baltic Sea States and the implementation of EU Baltic Sea strategy. The Ministry of Economy, Construction and Tourism holds the coordinating role for the policy area of tourism in the EU Baltic Sea strategy, characterised by a very diverse multi-level dialogue with regional tourism associations, regional authorities, national tourism organisations, national ministries, the tourism industry, universities, other research institutions and other actors in the Baltic Sea strategy. BioCon Valley® GmbH is involved in the management of the flagship project "ScanBalt Health Region" in the policy area of "Innovation". Furthermore, more actors from Mecklenburg-Vorpommern are active in other flagship projects and thus contribute to the success of the EU Baltic Sea strategy.

The Ministry of Agriculture, Environment and Consumer Protection of Mecklenburg-Vorpommern has taken an active role in the framework of the

⁷ The law to reform of the care professions ("Care Professions Reform Act" - PflBRefG) is currently in the legislative process. For the current state of the proceedings, see http://dipbt.bundestag.de/dip21.web/searchProcedures/simple_search_list.do?selld=71711&method=select&of fset=0&anzahl=100&sort=3&direction=desc

German delegation and through participation in working group meetings in the work of the Helsinki Commission for the protection of the Baltic Sea (HELCOM). Thereby, contacts to all other Baltic States are constantly maintained and expanded.

From a State perspective, the programmes of European territorial co-operation, that allow organisations networks and other co-operation to pursue their common priorities within the framework of projects, make an important contribution to the Baltic Sea cooperation. Hereby, the EU-INTERREG programmes "Baltic Sea" and "Southern Baltic Sea" are at the forefront. In the current programming period (2014 to 2020), a corresponding 278 million euros and 83 million euros respectively are available in funding for projects of transnational and cross-border co-operation within this context. These programmes have been used intensively in the last programming period from 2007 to 2013. Overall, actors from Mecklenburg-Vorpommern participated in approximately 120 projects financed by these two programmes. The thematic priorities were in particular in the areas of innovation, education and employment, promotion of entrepreneurship and the sustainable use of the natural and cultural heritage. The funding for the programme period up to 2020 is now underway. In the "Baltic Sea region" programme, the first application round was completed in November 2015. Of the total of 35 funded projects, 14 involve participation from Mecklenburg-Vorpommern.⁸ The focus here is on the areas of transport, renewable energy, blue growth and protection of the Baltic Sea. For example, the Ministry of Energy, Infrastructure and Rural Development co-ordinates on the one hand the project "Baltic Energy Areas - A Planning Perspective" ("BEA APP")⁹ as a leading partner. The project aims to support the development of renewable energies through further development of regional planning instruments, increase in acceptance and development of pilot projects. In addition the Ministry participates as a partner in the project "Coherent Linear Infrastructures in Baltic Maritime Spatial Plans" ("Baltic LINes")¹⁰, which serves the better harmonisation of spatial plans, especially for shipping routes and energy routes,.

In the "South Baltic" programme, the projects to be funded in the first round are expected to be decided at the end of April. According to the EU growth strategies, the potential for growth in the "blue" and "green" sectors of the economy will be increased by the programme through cross-border co-operation in the southern Baltic region. Hereby, "green" describes the sustainable use of natural resources. This pertains to, for example, the areas of renewable energy, environmental management, food production and processing, sustainable tourism. "Blue" refers to the maritime and marine areas - for example, to coastal and cruise tourism, to marine biotechnology, aquaculture, coastal protection, maritime security and offshore wind energy.

Paragraph 2.

⁸ For information on the projects in the EU programme "Baltic Sea region" corresponding to the programme priorities, see <http://www.interreg-baltic.eu/about-the-programme/cooperation-priorities.html>.

⁹ For information about the project "BEA-APP", see http://www.interreg-baltic.eu/fileadmin/user_upload/about_programme/Cooperation_priorities/P2_Natural_resources/R017_Baltic_energy_areas_a_planning_perspective.pdf.

¹⁰ For information about the project "Baltic LINes", see http://www.interreg-baltic.eu/fileadmin/user_upload/about_programme/Cooperation_priorities/P2_Natural_resources/R020_Coherent_linear_infrastructures_in_Baltic_maritime_spatial_plans.pdf.

In the areas of Justice and Home Affairs, different styles of cross-border co-operation have developed between public prosecutors and police. Thus, regular meetings of representatives of the public prosecutor's offices of the State of Mecklenburg-Vorpommern with the appeal prosecutor in Szczecin take place, most recently on 24 and 25 June 2015 in Szczecin and Gorzów Wielkopolski (Landsberg) and on 17 and 18 September 2015 in Rostock. These meetings serve the mutual exchange of experiences and information, for example in the area of information and communication crime or regarding selected offences with a cross-border character.

Police co-operation in the Baltic Sea States is primarily co-ordinated within the framework of the "Visby co-operation" and of Interpol. The Baltic States and Iceland are represented in the "Operational Committee" of the "Task-Force on Organised Crime in the Baltic Sea Region". On the German side, the States of Schleswig-Holstein and Mecklenburg-Vorpommern are involved in addition to the Federal Government.

The Polish-German joint project "Security in the neighbouring country", established by the State Office of Criminal Investigation (LKA) of Mecklenburg-Vorpommern, the Voivodeship headquarters of the police in Szczecin, the Federal Police Office in Rostock and the former Police Directorate in Anklam will also be continued in 2016. In addition, regular co-operation takes place between German and Polish police officers during inspections in the area of transport and in the tourist season.

The cross-border co-operation, existing since 2001, within the framework of the German-Danish co-ordinating group is also continuing, in which the LKA from Mecklenburg-Vorpommern, the State Water Police Office and the police headquarters in Rostock and Neubrandenburg participate. Since October 2014, representatives of the headquarters of the West-Pomeranian police in Szczecin as well as the Polish border guards MOSG / sea unit from Gdansk have also been taking part in the meetings as observers. The co-operation focuses inter alia on the areas of danger prevention, crime fighting, including customs offences, traffic safety activities and crime prevention.

The annual International Security Conference "Gdansk meetings", held for the first time in 2000, will be held from 27 to 28.04.2016 in Stralsund. The focus of the Conference, organised by the LKA of Mecklenburg-Vorpommern in co-operation with the Polish Pomeranian Voivodeship office, is the topic of "Technology and Internal Security".

Paragraph 3.

The State Government of Mecklenburg-Vorpommern supports the Baltic Sea Parliamentary Conference's goal of developing the economy in the Baltic Sea region in a sustainable manner and hereby attributes an important role to the use of renewable energy.

Paragraph 6.

Measured in terms of transport capacity, shipping is a comparatively more climate-friendly and efficient mode of transport. However, increasing ship traffic leads to additional pollution from contaminants, dust, exhaust and noise. For the protection of public health and the protection of the marine environment and climate change, shipping must reduce its emissions in the particularly sensitive coastal area of the Baltic Sea. The State therefore in principle supports the activities for improving the protection of the marine environment. This topic is also the subject of the "Green Cruise Port" project,

in which, among other things, concepts for reducing the environmental impact of cruise tourism on port cities are being investigated, with the participation of the port of Rostock.¹¹ The project is supported by the "Baltic Sea region" EU INTERREG programme.

The regulations on the monitoring area for sulphur emissions (Sulphur Emission Control Areas - SECA) in the Baltic Sea have been implemented in the State, without so far any negative impacts on shipping and ports becoming known. However, an evaluation of the regulations at EU level is required to assess the long-term consequences. In principle, any reinforcement of environmental requirements on sustainability should be applied; this includes the avoidance of undue economic consequences. Due to the international nature of maritime transport the State Government is committed to establishing as globally uniform environmental standards as possible at a high level. Thus a designation of other monitoring areas for sulphur emissions is sought. This happens against the background that different environmental standards can affect the competition between competing navigated areas.

Paragraph 7.

In the EU strategy for growth and jobs in coastal and maritime tourism,¹² the European Commission announced in "measure 3" the promotion of a pan-European dialogue between cruise organisers, ports, and other stakeholders in the coastal tourism sector. The opening event took place on 05 March 2015 in Brussels. More events with regional relevance, including the Baltic Sea region, are being planned. The basis is the EU initiative for blue growth¹³, which attests to the special potential for sustainable blue growth for sea, coastal and cruise tourism. On the other hand, it is important for small coastal tourism to participate more in the structured growth of cruise ship tourism, in order to better exploit the existing potential, particularly in coastal tourism. The cruise dialogue should likewise contribute to this. In the area of policy relating to tourism in the EU Baltic Sea strategy, which is co-ordinated by the Ministry of Economy, Construction and Tourism of Mecklenburg-Vorpommern, this dialogue on cruise tourism is actively pursued by the European Union in close contact with the European Commission and the Information Office of the State of Mecklenburg-Vorpommern.

Paragraph 9.

The State of Mecklenburg-Vorpommern and the Republic of Poland signed an agreement of mutual assistance in the case of disasters and serious accidents in 2002. The agreement contains provisions that mainly serve the form and the procedure of practical co-operation, as well as the legal clarity and thus represents an action document for civil protection authorities. It shall then apply in the territory of the State of Mecklenburg-Vorpommern and the Republic of Poland, if the authorities responsible for combating disasters or serious accidents consider forces and resources from the neighbouring country necessary to support their own measures.

¹¹ For information about the project "Green Cruise Port", see http://www.interreg-baltic.eu/fileadmin/user_upload/about_programme/Cooperation_priorities/P3_Transport/R026_GREEN_CRUISE_PORT_Sustainable_Development_of_Cruise_Port_Locations.pdf.

¹² European Commission, COM(2014) 86 final.

¹³ European Commission, COM(2012) 494 final.

The relevant civil protection authorities shall work closely together and inform each other of potential and actual threats as well as their impact and response measures in the 25 kilometre zone on both sides of the border.

Furthermore, there shall be information about the forces and resources appropriate for assistance with the specific incidents as well as about procedures for requesting and providing assistance, including about the manner of transmission of information.

Conceptually, in future joint training and participation in competitions / benchmarking and exercises should deepen the co-operations. A constant exchange of information is to be ensured for special events.

Currently, a German-Polish working group is working to update the agreement for the development of guidelines of good practice to ensure civil protection in the border region. The Committee for border co-operation of the German-Polish Government Commission proved satisfied with this development at its 34th session on 15 and 16 April 2015 in Breslau.

Paragraph 10.

The Ministry of Agriculture, Environment and Consumer Protection of Mecklenburg-Vorpommern, in co-operation with the Federal Government and Schleswig-Holstein, supports a broad implementation of the HELCOM Baltic action plan ("Baltic Sea Action Plan") and thereby ensures a coherence with the work and measures for implementation of the European marine strategy framework directive in the "Baltic Sea" marine region.

Paragraph 11.

The Ministry of Labour, Gender Equality and Social Affairs is committed to deepening the political exchange among young people in the Baltic Sea region and supporting the establishment of a permanent forum for Baltic Sea youth. Therefore, a closer co-operation is aimed at in the future. A financial participation of the Ministry of Labour, Gender Equality and Social Affairs is however not possible. The former Baltic Sea Youth Secretariat was financed from funds from nation states - for Germany from funds of the Federal Ministry for Family, Senior Citizens, Women and Youth - and not with funding from the individual Baltic Sea coastal regions.

Paragraph 12.

The "2020 regional innovation strategy for the State of Mecklenburg-Vorpommern" (RIS, 2014) identifies the bio-economy as one of the five structure-defining areas in which the State from an economic perspective has promising strengths and exploitable potential. Within the framework of the regional innovation strategy of the State, the aim is by 2020 to bundle the existing core competences in the area of the bioeconomy, to further develop them, to accelerate the transfer of results from research and development into economic products, as well as to promote the development, survival, and settlement of manufacturing companies in this area. The measures for achieving the goals are undertaken in the fields of action relevant to the bioeconomy: Projects in research and development, image-building, networking, technology transfer and technology-oriented start-ups.

The Ministry of Agriculture, Environment and Consumer Protection actively participates in the events organised within the framework of the Nordic bio-economy initiative for strengthening the development of rural areas in the Baltic Sea region. In 2016 a series of events will take place in this context with

the participation of representatives of the State, organised by the Swedish Institute for Rural Development.

Cross-border co-operation in the health sector

Paragraph 13.

The State Government of Mecklenburg-Vorpommern still attributes a high priority to the international orientation of the health economy, both against the background of increasing the export quota required for the continued economic success of the State, and against the background of the offered use of the potential of cross-border co-operation in the health care of the States.

The Baltic Sea region hereby offers a special opportunity. Within the framework of the EU strategy adopted in 2009 for the Baltic Sea region, the health care industry with the flagship project "Baltic Sea Health Region" ("ScanBalt Health Region") in the "Innovation" policy area is an important part of the action plan of the EU Baltic Sea strategy. From the State side, assistance for this flagship project is provided by BioCon Valley® GmbH and the ScanBalt Liaison Office MV Germany established in Rostock in 2014 as a focal point for actors in the life science and healthcare sector in the Baltic Sea region. Within the context of the ScanBalt activities, BioCon Valley® also carries out among other things workshops and expert meetings and participates in the coordination of project initiatives and collaborations on topics such as cross-border infection protection, eHealth, biomaterials, medical devices, as well as international clinical trials.

However, the public health system in the Baltic States is very heterogeneously organised. In Germany, the legal framework conditions for health care are set largely at the federal level. Their guarantee is here primarily incumbent on the actors of health care provision: the outpatient care of the Doctors' Association and ensuring the inpatient care of the hospitals designated in the State hospital plan. Comprehensive strategies and programmes for the promotion of cross-border co-operation in the field of health care are therefore not primary tasks of the Federal States in Germany.

With regard to the Baltic Sea region, there is a very different initial position depending on the State in terms of the economic, social, demographic and spatial conditions and the financing of the health system. Enhanced Baltic-wide co-operation in this area requires a comprehensive knowledge of the respective initial situation in the Baltic States. Transnational networks can combine regional expertise and thus promote co-operation in selected areas.

Paragraphs 15 and 16. (summary opinion)

In the cross-border co-operation of the State of Mecklenburg-Vorpommern, there are a variety of projects and structures in the fields of health care and prevention, which should be pointed out at this point.

In the area of tackling multi-drug resistant pathogens (MRE), the regional Action Alliance HICARE brings together the development of innovative intervention measures and strategies from over 40 research, clinical and economic and institutional partners in Mecklenburg-Vorpommern. The results - studies, developments, concepts, materials of the project - will sustainably influence the handling and combating of MRE in the region and open up new national and international methods of prevention or targeted interventions.

Against the background of growing international patient flows, a closer cross-border co-operation in the fight against dangerous hospital pathogens is sought after. This was taken into account in HICARE from the outset, for example, in the sister project "Baltic Alliance against Multi-Resistant Bacteria" (Baltic Amber), which was finished in October 2014 with submission of an EU project funding application for the Horizon 2020 research programme. Participating, in addition to HICARE partners and other German institutions, were research institutions and companies from Denmark, Greece, United Kingdom, Italy, Lithuania and Sweden.¹⁴

HICARE project partners are also active in the development of international co-operations. For example, the HICARE Partner Techniker Krankenkasse and the University Clinic in Greifswald agreed a cross-border co-operation with the Polish hospital operator EMC Medical Institute for a joint MRE management, on the fringes of the 10th National Industry Conference for the Health Sector in May 2014 in Rostock. In the implementation of the co-operation project, the partners closely follow the action catalogues developed within HICARE. This includes the very restrictive and responsible use of antibiotics in addition to risk-based screening.¹⁵ In addition, outpatient and inpatient care facilities should be better networked.

All supported fields of work were completed by the end of the project funding at the end of 2015. HICARE however remains a central point of contact for hygiene and infection control for the whole of Mecklenburg-Vorpommern. It supports the work of the regional sanitation networks as well as the State Office for Health and Social Affairs (LAGuS) which takes care of public relations and skills training. These activities are supported by a grant from the Damp Foundation.

In Mecklenburg-Vorpommern, BioCon Valley® GmbH supports the exchange of experience in the field of research and the fight against multi-drug resistant pathogens (MRE). BioCon Valley® acts not only as HICARE Project Office, but also organises international expert meetings and workshops under the umbrella of the life science and health sector "ScanBalt" network. The objectives are the formation of working groups and the development and application of common project proposals with partners from the Baltic Sea region.

New technologies in bone healing are increasingly being used in the form of imaging procedures, implants, medications, wound care or disposable instruments. In order to exploit the potential for innovation in this area, 15 project partners have agreed to co-operate within the framework of the "BFCC - Baltic Fracture Competence Centre" project.¹⁶ This project is financed by the "Baltic Sea region" EU INTERREG programme. The BFCC already now has an excellent basis, with their leading partner Life Science Nord Management GmbH and 14 other project partners from the Baltic Sea region - including the University Hospital of Schleswig-Holstein (UKSH), the Lübeck campus and Stryker Trauma GmbH from the Life Science Nord cluster - as well as with the

¹⁴ The project proposal was rejected as a result, the co-operation in the field of combating the MRE will however be continued with partners from the Baltic region.

¹⁵ In this context, please also note the opinion on paragraph 22.

¹⁶ For information about the BFCC project, see http://www.interreg-baltic.eu/fileadmin/user_upload/about_programme/Cooperation_priorities/P1_Innovation/R001_Baltic_fracture_competence_centre.pdf.

Institute of Community Medicine at the University of Greifswald and 25 other associated organisations, to build a Baltic-wide platform for future co-operation and to advance innovation in the area of fracture management.

In the field of health prevention, a collaboration has evolved in the German-Polish border region, which is funded by the "Mecklenburg-Vorpommern / Brandenburg / Poland" EU INTERREG programme. At this point, two projects in particular are worthy of note:

The University clinic in Greifswald of the Ernst-Moritz-Arndt University of Greifswald has been working since 2011 as a leading partner in a project of the German-Polish cross-border co-operation in the area of newborn screening together with the Pomorska Akademia Medyczna in Szczecin, as well as the Instytut Matki i Dziecka in Warsaw. The aim of this EU project was the establishment of a common cross-border newborn screening between the regional screening centres in Greifswald and Szczecin. Through the joint planning, financing, organisation and implementation of the screening, its quality could be improved, the range of recorded illnesses expanded and the care of affected children improved. In this way, a Europe-wide visible model region was created for future collaborations in newborn screening. The co-operation was subsequently extended to include Cystic Fibrosis screening.

Another network, which was developed within the framework of a cross-border project, refers to the subject of addiction prevention in the Euroregion of Pomerania. The prevention work of the Regional Office for Addiction Prevention and the conflict management of the University and Hanseatic town of Greifswald in collaboration with the universities of Greifswald and Szczecin was established between 2009 and 2012 in child day-care centres, schools, high schools in the region of Greifswald, Szczecin and Kołobrzeg, as well as in underprivileged neighbourhoods.

Furthermore, please refer to the activities of BioCon Valley® GmbH in co-operation with ScanBalt, presented in paragraph 13.

Paragraph 18.

The State Research Institute of Mecklenburg-Vorpommern Institute is working with partners in the Baltic Sea region specialising in various topics. A co-operation has existed since 2002 with Estonia on the cultivation of sea buckthorn, on the basis of which in autumn 2004 / spring 2005 a joint German-Estonian sea buckthorn varieties and cultivation trial was set up. This brought many new insights to the cultivation and harvesting of sea buckthorn, however also raises new questions.

In the field of fisheries, there is a co-operation with Sweden and Denmark in a research project on eels; a co-operation with partners from Poland and the Baltic States is being carried out in a project concerning sturgeon. On the topic of grassland management, there is a co-operation with the grassland teaching chair at the University of Szczecin.

Strengthening the ecological agriculture and food industry in the Baltic Sea region is the subject of the co-operation of the State with Estonia, Latvia and Lithuania. In 2014 a collaborative project was implemented on this with the title "BalticEco" ("Strengthening Organic Agrifood Production in the Baltic Sea

Region"), which was funded as an initiative project within the framework of the EU Baltic Sea strategy.

Topics of the subsequent discussions on an operational level were:

- Framework conditions and promotion of organic farming;
- Exchange of information on national regulations in organic farming;
- Structure and functioning of the eco control system;
- Implementation of legal provisions, including organic certification in the catering industry;
- Use of organic seeds and planting material.

Due to the positive response, a co-operation agreement was concluded at the Green Week in Berlin in 2015 between Mecklenburg-Vorpommern and Latvia. The essential content of this agreement is the closer co-operation in the area of organic farming through:

- Creation of a platform for exchanging further information on the framework conditions for organic farming;
- Strengthening of the ecological control system through the exchange of information and experiences of the respective competent regulatory bodies;
- Co-operation in the field of research and innovation;
- Provision of information for the ecological agriculture and food sector, including about research results and developed technologies;
- Exchange of students in the field of organic farming;
- Promotion of exchanges between environmental companies in the agriculture and food sector.

Co-operation in the field of organic farming also extends to the countries of Estonia and Lithuania. The Ministry of Agriculture, Environment and Consumer Protection has the ability to take over costs incurred under this agreement in the budget title 'International co-operation'. Between the 23rd and 25th November 2015, a delegation of nine people from the three Baltic countries undertook a work visit to Mecklenburg-Vorpommern. A continuation of the project is planned and is mutually thematically organised at the operational level.

Paragraph 19.

The implementation of occupational health and safety in Germany is the responsibility of accident insurance institutions and the governmental occupational health and safety authorities of the States. The focus of the work of the accident insurance institutions is on prevention, the governmental occupational health and safety authorities operate mainly in a managerial context. In order to guarantee a uniform execution co-ordinated among the occupational health and safety institutions, the National Occupational Health and Safety Conference is developing work programmes geared to the respective needs. Uniform enforcement aids are being developed for the work programmes and nationwide are being based on the work of the people responsible for execution. The State Office for Health and Social Affairs of Mecklenburg-Vorpommern, as the enforcement agency, puts these requirements into practice. A requirement-oriented exchange of information takes place with customs authorities responsible for the fight against undeclared work. The work currently focuses on the areas of operational health and safety organisation, muscle and musculoskeletal disorders and psychological stress in the workplace.

The Polish-German occupational health and safety dialogue has established itself in the field of cross-border co-operation. Since 2014 Mecklenburg-Vorpommern has also participated in this exchange of information. The dialogue is organised with the co-operation of the umbrella organisation of the DGUV (German Statutory Accident Insurance), the BASi (National Association for Health and Safety e.V.), CIOP-PIB (Centralny Instytut ochrony pracy - Państwowy instytut Badawczy), the BAUA (Federal Institute for Occupational Health and Safety), the State of Brandenburg and the Państwowa Inspekcja Pracy. It takes place every two years alternately in Germany or Poland. Within the context of this dialogue, cross-border issues of occupational health and safety are discussed. For example, a working group of the dialogue with the participation of Mecklenburg-Vorpommern is currently working on a comparison between of the legal and technical requirements of both States in dealing with asbestos. Core topics in this are the conditions for the approval of establishments in the two countries, the acquisition of the necessary materials and expertise, as well as the requirements for areas where asbestos is handled. This is important in this respect, because German companies in Poland and Polish ones in Mecklenburg-Vorpommern are operating in this field. This year, Poland is the host country, in 2018, Mecklenburg-Vorpommern will organise the dialogue.

Paragraph 23.

The call for a reduction in the use of antibiotics in livestock is supported by the Ministry of Agriculture, Environment and Consumer Protection of Mecklenburg-Vorpommern. Appropriate measures have already been taken in Germany. Thus with the entry into force of the 16th amendment to the Medicines Act on 01 April 2014, a politically desired and legally standardised antibiotic minimisation concept was implemented, in which the primarily responsible livestock owners must take the required measures in their operations, in order to keep their use of antibiotics to the necessary minimum. For this reason, as of 01 July 2014, affected livestock owners must report consumption data of antibiotics to the competent authority.

If consequently an above-average frequency of therapy is determined, the corresponding livestock owners must submit a treatment plan. Repeated exceedance of given thresholds could entail tough restrictions by the competent authority up to a ban on animal husbandry. The competent authority in Mecklenburg-Vorpommern, the State Office of Agriculture, Food Safety and Fisheries (LALLF M-V), is continuously concerned with the examination of these treatment plans from the previous bi-annual inspection. Thus, an effective instrument has been created to achieve a long-term reduction in the use of antibiotics.

Already before entry into force of the Act, monitoring of livestock (chickens, turkeys, pigs) had been conducted in Mecklenburg-Vorpommern since 2012 with the aim of lowering antibiotic use.

Paragraph 26.

The state of health of the population is the subject of research at the Institute of Community Medicine (CM) at the University of Greifswald.¹⁷ It focuses on analysis, intervention and evaluation at the local population level. The Community Medicine basic sciences are human and dental medicine,

¹⁷ Institute of Community Medicine, University of Greifswald: http://www2.medizin.uni-greifswald.de/icm/index.php?id=19_

epidemiology and biometrics, social medicine, demography, health psychology and medical informatics. The Community Medicine research focuses on analytical epidemiology and risk factor research, healthcare research, health systems research and transfer research.

As a result of population-related research and education in the region, new models should be developed and put into practice in the area of rational health promotion, outpatient and inpatient care as well as rehabilitation and care. The objectives of Community Medicine are the improvement of the quality of life of the population and the long-term security of medical care in the region of Mecklenburg-Vorpommern.

Health and economy

Paragraph 28.

Against the background described in paragraph 13, comprehensive strategies and programmes for the promotion of innovation in the field of health care are not the primary mission of a Federal State. Therefore the initiatives of the State are primarily for bringing together the relevant actors in healthcare and thus contributing to solving healthcare issues.

The "Concerted Action" initiated by the Ministry of Labour, Gender Equality and Social Affairs of Mecklenburg-Vorpommern combines the expertise of the different partners. Health insurance companies, the Association of Statutory Health Insurance Physicians of Mecklenburg-Vorpommern, the Medical Association of the State, hospitals and regional politics are meanwhile developing new strategies for the future medical care of the population.

The focus is on the medicine of the future being interdisciplinary and cross-sector, high quality, affordable and accessible for all citizens. At the end of 2014, within the framework of the concerted action, all participants agreed that the District of Vorpommern-Greifswald can serve as a model region for future medical care.

An intensive exchange of information about possible co-operations and alternative approaches to healthcare took place on 10 July 2015 at a regional conference in Ueckermünde. Around 120 participants discussed among other things existing offers, better co-operation between inpatient and outpatient doctors and health professionals as well as necessary skills acquisition.

Paragraph 29.

The ScanBalt strategy is supported by BioCon Valley® GmbH within the context of various activities. Please refer to the activities of BioCon Valley® GmbH in co-operation with ScanBalt, presented in paragraph 13.

Paragraph 32.

BioCon Valley® is in meetings with partners from the Baltic Sea region with regard to the establishment of a joint co-operation platform for eHealth. Horizon2020 offers, for example, funding opportunities for international research excellence in the area of eHealth / Healthy Ageing. Possible funding instruments and opportunities for co-operation were discussed on the occasion of various workshops in Tallinn in November 2015, in Helsinki in January 2016, as well as during the ScanBalt eHealth Accelerator days on 29.02.2016 in Copenhagen. BioCon Valley® regularly participates in such relevant specialist events.

Paragraph 33.

See also the opinion on this from paragraphs 30 and 31.

Paragraph 36.

The Ministry of Agriculture, Environment and Consumer Protection advocates a better labelling of food and in this context supports a project of the Consumer Association in Mecklenburg-Vorpommern e.V. The objective of the measure is to exemplify the target group-oriented labelling of foodstuffs.

Paragraph 37.

Linking health services with tourism has been promoted strategically in Mecklenburg-Vorpommern for many years. Health tourism is a key area of the "2020 Master Plan for the Health Economy of Mecklenburg-Vorpommern".¹⁸ With the project "Interactive marketplace for health tourism resources in M-WP - product and market development as well as central information and exchange platform 2015 - 2018", a combined and tangible acquisition, presentation, support and mediation of health tourism services including consulting and booking possibilities, the promotion of development and expansion of health tourism offerings and corresponding state structures should be set up for the first time in the State of Mecklenburg-Vorpommern.

Paragraph 38.

The objective of a comparability of data from the health economy between the Baltic States is in principle to be welcomed. However, from the point of view of the Ministry of Economy, Construction and Tourism of Mecklenburg-Vorpommern this requires a common understanding regarding the concepts and the boundaries of the industry.

At the end of 2015, Mecklenburg-Vorpommern was the first German State to obtain an initial picture of the health economy in the categories of national accounts (VGR) on the basis of national health accounts (GGR) and thus was the first State to submit comprehensive nationally comparable figures. The calculation made by the Economic Research Institute WifOR for Mecklenburg-Vorpommern is based on the research projects carried out for the Ministry of Economy and Energy and thereby also takes into account the recent modification of the European system of national accounts. Within the framework of the project, which was carried out on behalf of the BioCon Valley® GmbH, the Institute examined and presented the importance of the health economy sector for economic growth, employment and foreign trade as well as the integration of heterogeneous industry with the overall economy in Mecklenburg-Vorpommern. Further emphasis was placed on the differentiated view of the mid tier within the health care industry. The published results relate to the year 2014.

The expertise of the Economic Research Institute WifOR, from the point of view of the Ministry of Economy, Construction and Tourism, also appears to be appropriate for making calculations for the Baltic States on the basis of the research projects carried out.

Sustainable and accessible social and healthcare services

¹⁸ The master plan for the health economy 2020 in Mecklenburg-Western Pomerania is available online at: <http://www.regierung-mv.de/Landesregierung/wm/Service/Publikationen?id=3762&processor=veroeff>.

Paragraph 42.

Measures for ensuring an equitable use of public welfare and health services, better health care in rural areas, as well as measures to improve the conditions for nursing and health professions are welcome. They can help to compensate for existing structural differences in the border regions.

The State Government of Mecklenburg-Vorpommern is eager to take into account for future measures the fair distribution, fair access and fair use of public welfare benefits. A first approach of the State Government of Mecklenburg-Vorpommern is for the Ministry of Labour, Gender Equality and Social Affairs to receive the assignment to check to what extent, given the ongoing demographic changes, existing counselling services for various target groups can and must be linked or matched and optimised. The objective is to reshape the heterogeneous and partially small-scale consulting landscape in such a way that public welfare facilities are equally available to all citizens of the State. This means a community-based accessibility with good transport links or the creation of conditions that allow for mobile or outreach support.

Rural areas require special attention in this respect. The Ministry of Agriculture, Environment and Consumer Protection of Mecklenburg-Vorpommern has determined the assurance of the quality of life in rural areas as a strategic focus in the development programme for rural areas (EPLR M-V 2014 -2020).¹⁹ The focus on demographic processes of change was explicitly called for by the districts which are responsible for integrated rural development in implementation of the EPLR M-V. The same applies to the LEADER strategies. The regional actors are particularly well suited to developing customised strategies for their respective territories.

Hereby, both the guarantee of public services and the economic structural development of the region are recognised. In especially peripheral rural areas, alternative forms of use are additionally supported and funded through LEADER, for example, the linking of different public services in so-called "multiple houses".

Paragraph 44.

An Advisory Committee was formed under the auspices of the Ministry of Labour, Gender Equality and Social Affairs to achieve the objectives set in 2011 in the Geriatrics plan of Mecklenburg-Vorpommern.²⁰ It has the task of advising the Ministry of Labour, Gender Equality and Social Affairs and submitting recommendations for the further development of Geriatrics. A requirement of the Geriatrics Advisory Council is the establishment of a professorial chair for Geriatrics in Mecklenburg-Vorpommern. At the Greifswald university clinic, lectures are now offered in Geriatrics.

The lack of Geriatrics experts in outpatient rehabilitation is considered to be major problem. One solution better adapted to the State was already able to be found for outpatient geriatric complex treatment, which the State Government has put a lot of energy into, such as for example through the healthcare centre for outpatient geriatric complex treatment "Pro mobil" in

¹⁹ The development programme for rural areas (EPLR M-V 2014 -2020) is available online at: http://www.europa-mv.de/cms2/Europamv_prod/Europamv/de/_Dokumente/EU_Foerderinstrumente_2014_2020/ELER/2015-02-13_EPLR_MV_genehmigt_13.02.2015.pdf.

²⁰ The Geriatrics plan of the Mecklenburg-Western Pomerania is available online at: <http://www.regierung-mv.de/Landesregierung/sm/Service/Publikationen?id=4543&processor=veroeff>.

Waren/Müritzt. The AOK is currently evaluating the three existing contracts for this form of service.

Emphasis must continue to be first placed on prevention and health promotion, in order to maintain the quality of life in one's own home as long as possible. An important goal of the "State action plan for health promotion and prevention" is to discover and to use appropriate community-based potentials and above all provide information about the offerings. The "Action group for health" has created a suitable platform together with the working group "Healthy ageing in Mecklenburg-Vorpommern".²¹

A "Geriatric outpatient clinic" (GIA) pursuant to § 118a of the SGB V has not yet been established in Mecklenburg-Vorpommern, since the allocation process is not sufficiently ensured from the perspective of the potential operator.

In Mecklenburg-Vorpommern, there are 32 places available for semi-inpatient care in three day-clinics.

Paragraph 45.

Paediatric healthcare is basically secured in Mecklenburg-Vorpommern. Both outpatient and inpatient paediatricians, as well as the youth-medical services of the health authorities also provide a child-friendly range of health care services. Through a system of screening from infancy up to adolescence, certain risks can be detected in good time. An early treatment and early intervention for identified or potential health problems is possible in specialised facilities with specially trained medical and therapeutic professionals. The early intervention includes medical and non-medical social paediatric, psychological, curative educational and psychosocial assistance. The rehabilitation funding bodies are responsible. For education of children with disabilities or threatened by disability, in Mecklenburg-Vorpommern, there are special curative education early intervention centres / interdisciplinary early intervention centres (IFF) and social-paediatric centres (SPC).

In Mecklenburg-Vorpommern, there is also a well-developed network of children's daycare, including some bilingual child daycare centres in the border region.

Paragraph 46.

In Mecklenburg-Vorpommern, there is a developed and professionally operating network of consulting, support and meeting facilities and offerings for families. These are multifunctional family centres, parent-child centres, multi-generation houses, recognised State institutions of further education (family educational centres), family midwives as well as pregnancy (conflict) counselling centres and marriage, family and life counselling. Also within the context of federal initiative networks for early intervention and family midwives, offerings for families were developed in a targeted and demand-orientated manner in the districts and cities. The portals www.familienbotschaft-mv.de and www.familienhebammen-in-mv.de inform families and assist them in finding appropriate information so that they can make use of their support and educational missions accordingly. Furthermore, the State supports couples with infertility issues.

The specified offers aim in particular to provide needs-based support for families in their different life stages. A focal point in the past two years was

²¹ For more on the "Action group for health", see <http://www.aktionsbuendnis-gesundheit-mv.de>.

family education. The country has supported and accompanied the local public youth organisations in the performance of their planning and control functions with regard to the promotion of education in family, so that the focus will be placed more firmly on social space-oriented offerings.

The specified offers are open to all families in Mecklenburg-Vorpommern. In the border region, in part some families from the Baltic States can participate.

Paragraph 48.

Many schools in Mecklenburg-Vorpommern have developed successfully from the point of view of individual resource strengthening for a healthy way of life. The State programme "Good healthy school" was established to make school health promotion holistic and sustainable. About 100 schools have implemented health promotion and disease prevention models in their school programmes. Children and young people in the school should be enabled to develop a positive self-image, in order to live and act healthily with social responsibility and increasing self-determination. The educational and pedagogical development of school-based health promotion has for years been developed and stimulated significantly by external actors in the healthcare sector, such as health insurance companies, associations, foundations and other partners in the health sector.

The administrative regulations of the Ministry of Education, Science and Culture of Mecklenburg-Vorpommern on health education, addiction and violence prevention in State schools is the essential working base for the school management, in addition to the recommendations of the Conference of Ministers of Education on health promotion and prevention in the school. Support teachers for health promotion and prevention provide active support in State Education Authorities. They instruct the schools locally to link the health issues with the school development and quality management, as well as the initiation of self-evaluation, advise and support the teachers in the creation and implementation of projects and create networks with external partners for the relevant school jurisdiction.

About ten percent of all schools in Mecklenburg-Vorpommern already received the certificate "Good healthy school". More schools are striving for the certificate and are in the auditing process. Conditions for the receipt of the certificate are participation in the State programme "Good healthy school" and fulfilment of quality criteria for holistic and sustainable health promotion and prevention in the school.

The following measures have been initiated and carried out in the field of health promotion and prevention:

- Boosting nutritional expertise and improving quality in school catering
- Prevention of dependency behaviour (smoking, project offerings for addiction, alcohol and drug prevention, as well as offerings on the topics of cyber-bullying and media addiction).
- Prevention of psychological stress, especially in the field of stress management.

The schools of the State exhibit a variety of examples of best practice, which can be provided if necessary for a database. They can possibly contribute to the projects becoming better known and complement the functioning local networking, which is the basis for successful health promotion.

Paragraph 50.

Acute psychiatric emergencies are taken care of by the rescue services, emergency services of the Association of Statutory Health Insurance Physicians and the emergency ambulances of the psychiatric hospitals. In addition, there are the social-psychiatric services of the health authorities that perform home visits during normal working hours.

For victims of violent crimes, trauma clinics are available at six locations in Mecklenburg-Vorpommern for adults and at five locations for children and adolescents in spatial and organisational proximity to the Psychiatric Institute Clinics that also treat emergencies.

Paragraph 51.

The full-day working schools (full half day schools and day schools) have developed into learning and living places for the children and adolescents, where a versatile and colourful extra-curricular school life has established itself. Additional educational, leisure and care services complement the teaching. Full-day learning offers more time for individual promotion and support, for exploration and discovery, gives everyone the chance of equality of education and opportunity.

The opening of the school in this context is indispensable for its urban environment. The use of the full-day budget since the beginning of the school year 2014/2015 enables binding long-term co-operation with non-school partners, in particular in the areas of youth work, sports, culture, education or the environment. The range of full-day offerings and their attractiveness to each school will be significantly extended thereby and the educational mission of schools supported.

Starting with the academic year 2015/2016, the State is stepping up the quantitative expansion and the qualitative further development of full-day learning through the provision of additional financial resources.

Paragraph 53.

Social partners and trade unions are substantially negotiating wage and working conditions in Germany. Their involvement in regulatory and implementation processes in the healthcare sector is thematic.

Paragraph 54.

The work of the health and safety bodies currently focuses on the areas of operational health and safety organisation, muscle and musculoskeletal disorders and psychological stress in the workplace. Here concerted actions with regard to inventory management, prevention, advice and enforcement of occupational safety and health regulations preferably in small and medium-sized enterprises (see also the opinion in paragraph 19.) currently take place between the institutions.

Paragraph 55.

The second section of the Mecklenburg-Vorpommern State Hospital Act regulates the patient rights in §§ 4-8. For the care of patients insured abroad, the policy 2011/24/EU contains the rules on the reimbursement of costs for overseas treatment. These can be found in § 13, paragraph 4 and 5 SGB V. Other important provisions of the policy were implemented by the Patient Rights Act. The national contact point in Germany, located with the German

Liaison Office for Health Insurance Abroad (DVKA), became operational on 25 October 2013.²²

Paragraph 56.

In its capacity as co-ordinator of the policy area for tourism in the EU Baltic Sea strategy, the Ministry of Economy, Construction and Tourism in Mecklenburg-Vorpommern is available as a dialogue partner for the 24th Baltic Sea Parliamentary Conference working group for sustainable tourism. The first meeting of the Working Group on 13 November 2015 was supported by a presentation, with an emphasis on the implications of sustainability in the implementation of the EU Baltic Sea strategy. It thereby referenced the variety of existing knowledge for sustainable tourism development in the Baltic Sea region, which should be used as a basis for work. The focus of the work should be on a results-oriented approach aiming to promote sustainable tourism development in the Baltic Sea regions.

With a view to the EU initiative for blue growth²³, the EU strategy for growth and jobs in coastal and maritime tourism²⁴ and the agenda for sustainable blue growth in the Baltic Sea region²⁵, economic growth and sustainable development are inextricably linked, in particular in the Baltic Sea region. Potential is seen for sustainable blue growth in the tourism sector, especially in coastal and maritime tourism. With the updated version of the action plan of the EU Baltic Sea strategy,²⁶ the tourism sector is also increasingly focused on coastal and maritime tourism in the Baltic Sea region.

²² German Liaison Office for Health Insurance Abroad (DVKA): <https://www.dvka.de>.

²³ European Commission, COM(2012) 494 final.

²⁴ European Commission, COM(2014) 86 final.

²⁵ European Commission, SWD(2014) 167 final.

²⁶ European Commission, action plan on the EU strategy for the Baltic Sea region, SWD(2015) 177 final, 10 September 2015.

Norway

Norwegian comments to the Resolution of the 24th Baltic Sea Parliamentary Conference (BSPC) in Rostock 30 August – 1 September 2015

With reference to the set of follow-up questions to the recommendations contained in the resolution of particular common interest as highlighted by the BSPC Standing Committee, information of measures and actions that have been implemented or in some cases planned is the following:

Preamble:

- **to ensure the decent treatment of the refugees especially concerning housing and healthcare**

In the first stage, accommodation is offered to all asylum seekers in Norway, usually a place in a reception center. Asylum seekers who stay in a reception center receive financial assistance during their stay if they do not have money.

If the asylum seekers staying at reception centers have expenses for medicine or medical treatment that is necessary for their life and health, they can apply to have these expenses covered. Those choosing to stay outside a reception center will not receive any cash allowances, but will receive necessary medical care.

Asylum seekers in Norway have the same rights to health care services as Norwegian citizens.

In the second stage, a foreigner, who has been granted a residence permit as a refugee or with humanitarian status, enjoys full freedom of movement. In principle, s/he may choose to settle wherever s/he wants. However, initially most of them will depend on public assistance to find suitable housing and to ensure their subsistence needs. Those who depend on assistance, have to settle in the municipality that accepts them.

The Norwegian municipalities are sovereign when deciding on the number of refugees to accept if the person will require assistance. The municipalities are responsible for finding suitable accommodation for refugees who cannot find housing on their own. The municipalities receive a government grant of a fixed sum per refugee over a five-year period. There are additional grants for some unaccompanied minors, and for elderly and handicapped persons.

Paragraph 4

- **co-operate in order to strengthen the Baltic Sea Region as an important competitive knowledge region with an excellent higher education and research infrastructure**

Norway participates in the European cooperation on equipment, laboratories and databases, described in the Roadmap of the European Strategy Forum on Research Infrastructures (ESFRI), where Baltic Sea countries are members.

Norway is hosting three infrastructures covered by this Roadmap: ECCSEL (Carbon capture and storage, CESSDA (cooperation on scientific databases) and SIOS (Observation system at

Svalbard of atmosphere, land, ocean and ice). Norway is member of several other European research infrastructures.

Many ESFRI-projects are organised as European Research Infrastructure Consortium (ERIC), which was included in the EEA Agreement in 2015. The ERIC- regulation was adopted as Norwegian law in autumn 2015.

The Norwegian Research Council has prepared a Norwegian Roadmap for infrastructure, describing projects that are ready for investment, being quality checked and of national strategic importance. The Roadmap does not provide any guarantee for financing. Each project has to apply for financing through available sources, mainly provided by the Norwegian Research Council, the most important financial source for research infrastructure in Norway.

The European Spallation Source (ESS) in Lund, Sweden, is probably the largest research infrastructure project in the Baltic Sea Region, with Sweden and Denmark most heavily involved. Norway together with Poland and the Baltic States are also actively involved.

Norway participates in cooperation on higher education, including the project EuroFaculty Pskov, which is now subject to final evaluation. In order to develop the Baltic Sea Region into a competitive knowledge region, Norway is also engaged in ongoing discussions within CBSS to explore the potential to build networks and partnerships on higher education, research and innovation.

Paragraph 8

- **to continue work to upgrade reception facilities for sewage in passenger ports to ensure a timely activation of the special area status of the Baltic Sea under Marpol Annex IV of the International Maritime Organization**

Norway is a driving force in developing a good international framework for climate and environmentally friendly shipping. Norwegian ports can offer adequate reception facilities, and we will have the needed focus on this topic in order to assure that needed capacity and availability is in place to accommodate the need of ships to deliver sewage to shore.

Norway, having long experience with climate and environmental friendly shipping and developing green ports, will continue cooperating to develop green ports in the Baltic Sea region.

Recommendations with regard to cross-border cooperation in healthcare

Paragraph 20

- **to improve transnational cooperation and medical specialization in the treatment of rare diseases, bearing in mind the cost-effective usage of medical equipment;**

Treatment of rare diseases profits from international cooperation because of small patient populations in each country. Knowledge base strengthens, giving better treatment and patient safety. Similarly cost- effectiveness regarding implementing new drugs and medical equipment benefits from international cooperation, according to principles for Health Technology Assessments (HTA).

In EU countries, any disease affecting fewer than 5 people in 10 000 is considered rare. Norway's definition 1 in 10 000.

Norway is a member of The Commission Expert Group on Rare Diseases and The Nordic Council of Ministers' "Nordic Network on Rare Diseases," supporting international cooperation, coordination and reference networks, more research into rare diseases and rare diseases registries.

Paragraph 21

- **to regulate transnational emergency care in a way that the fastest possible healthcare provision can be guaranteed regardless of the healthcare providers' country of origin**

All persons staying in Norway are entitled to receive emergency care. If a member of the Norwegian Social security insurance (Folketrygden) receives healthcare in another EEA country, the patient can use the European Health Insurance card. If the patient has not used the mentioned card, the costs can be reimbursed up to the costs of the equivalent health care services in Norway, cf. Regulation on reimbursement of health care services received in another EEA State. The main condition is that the health care is the same or similar to the treatment the patient would receive by the public in Norway.

The Russian Federation is a CBSS country which is not member of the EEA. An agreement "regarding emergency and planned medical transportation in the border adjoining countries – Finnmark and Murmansk oblast" was concluded between the Northern Norway Regional Health Authority and the health authorities in Murmansk region in 2010. The agreement has since been successfully exercised with Russian and Norwegian ambulances crossing the border. The latest exercise was arranged in November 2015.

Paragraph 22

- **to reduce the usage of antibiotics – general – and for agriculture (livestock farming to a minimum in order to prevent further increase of antimicrobial resistance)**

WHO's Global action plan on antimicrobial resistance was approved by the World Health Assembly in May 2015. Member States have agreed to implement the plan. A new EU action plan is now under way. The Nordic countries and Estonia are members of the EU Joint Programming Initiative on Antimicrobial Resistance. It would strengthen the research cooperation in this area if also other countries in the region would join. The

Norwegian cross-sectoral strategy against antibiotic resistance (2015-2020) was released in June 2015, and action plans for the health sector as well as for the agricultural sector have been published. Norway is willing to further strengthen the cooperation in this field, but due consideration has to be made in order to avoid overlap with other existing initiatives as mentioned above.

Recommendations with regard to Health & Economy

Paragraph 31

- **improve conditions to support the development of innovations in health care, including in the fields of eHealth and telemedicine, whilst ensuring that investments in eHealth support the adoption of standards and drive interoperability across the health sector to leverage the “eHealth European Interoperability Framework” (eEIF) and observe the joint European initiatives, such as the “Guidelines under eHealth Network” of the responsible member state authorities**

We strongly support the continued work to support and strengthen the medical and care professionals through use of eHealth technologies. Norway has been a forerunner in digitizing the health and care information, and are now taking on the more difficult task of transforming the health and care delivery model through use of ICTs and eHealth.

Norway closely follows up European initiatives in eHealth, and is a member of the eHealth Network and the supporting Joint Action, promoting Europe-wide guidelines and international standards for eHealth. We recognize the challenge of aligning health and care service processes in a cross border setting, and we are targeting services providing patient centered value, supporting the vision of the empowered patient.

Paragraph 34

- **to improve early intervention to strengthen good public health through social investment such as vaccine programs, and take strong measures to reduce consumption of alcohol, tobacco and illicit drugs, and work towards stronger prevention of diabetes II and other lifestyle illnesses**

The Northern dimension partnership in public Health and Social wellbeing (NDPHS) adopted in December 2015 a new strategy s 2020 - with the aim to Promote sustainable development in the Northern Dimension area through improving human health and social well-being. NDPHS is covering all the states participating in the Baltic Sea parliamentary conference. Seven expert groups covering different specific issues are set up. One of the objectives of the strategy is - "Reduced social and health harm from alcohol, tobacco and illicit drug use through strengthening and promotion of multi sectoral approaches"

The alcohol and Substance abuse expert group are working along four main tracks.

- i) Exchange of experience and new knowledge on population level approaches to prevent alcohol, tobacco and drug related harm
- ii) Encourage the improvement of local level prevention work on youth

- iii) Preparation of the 12th Partnership Annual Conference Side event that will take place in Tallinn, Estonia
- iv) Develop cross-disciplinary meetings of experts

Early intervention is a priority area in several ministries and sectors, from early childhood to elderly, often more universal and less symptom oriented.

One of the main goals of the Substance Use Action Plan is to ensure that persons in danger of developing a substance use problem must be identified and helped at an early stage.

Paragraph 39

- **check the possibility to establish a "Baltic Health Forum", to ensure and improve a sustainable exchange and networking in this policy field around the Baltic Sea**

Norway collaborates with the Baltic Sea countries within the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). The NDPHS, established in 2003, has since 2009 had a formal role as the priority area coordinator for health under EU's Baltic Sea Region Strategy (EUSBSR). The NDPHS provides a suitable arena for sustainable exchange of knowledge in the field of health care and innovation, and facilitates networking among professionals and decision makers around the Baltic Sea.

Recommendations with regard to Sustainable and Accessible Social- and Healthcare

Paragraph 39

- **to develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas**

The Norwegian Government has launched a strategy for active ageing, called "More Years – More Opportunities". The strategy is basing on a multi sectorial platform for developing an age-friendly society. The demographic changes and increasing longevity is changing our society and the local communities. An active ageing policy implies that we must do more than making a sustainable pension system and a health system for providing long-term-care. The present and coming older generations will have better resources than previous generations to have an active ageing. By giving senior citizens the opportunities to participate in work and society longer, their life quality and autonomy can be maintained longer. The strategy shows how we must change our mind-set about ageing, and how we can use the potential in social and technological innovations for promoting active ageing. (An English translation of the strategy will be published end of May).

Paragraph 49

- **to carry out studies with the aim of developing prevention strategies in health care, such as the North-Trøndelag Health Study (HUNT)**

The Norwegian Ministry of Health and Care Services gives financial support to two population based health studies. The 4th North-Trøndelag Health Study (HUNT) which is carrying through from 2017, and the 7th Tromsø Health Study which is carrying through during 2016.

Through the Research Council of Norway, the Ministry is financing a new Public Health Program running for the period 2016-2025, replacing a few former programs.

Paragraph 52

- **to create incentives to improve the conditions of the nursing and care professions and to work towards intensified professional and vocational training for people employed in the health sector to significantly facilitate a cost-effective health system in the region and foster understanding of the health sector as a cross-cutting issue**

The government has established an action plan for recruitment, competence and professional development in the municipal health and care, Competence Plan 2020. The purpose of the plan is to contribute to professional services, and to help ensure that the municipal health and care services have sufficient and competent personnel. The plan consists of a series of measures.

Poland

INFORMATION ABOUT THE IMPLEMENTATION IN POLAND OF THE
PROVISIONS OF THE 24TH BALTIC SEA PARLIAMENTARY CONFERENCE
RESOLUTION

Preamble:

(to ensure the decent treatment of the refugees especially concerning housing and healthcare)

Individual Integration Programmes (IIP):

A foreigner who has a refugee status or who is covered by subsidiary protection is provided with, for a period not exceeding 12 months, assistance to support his/her integration with the society, according to the procedure and in line with the rules laid down in the Act of 12 March 2004 on social assistance. The integration assistance is granted at the request of the foreigner, submitted via a poviast family assistance centre to the staroste competent for the place of residence of the foreigner.

The integration programme has a form of an agreement between a foreigner and a poviast family assistance centre. The programme comprises financial support for maintenance and covering of expenses related to learning Polish, in the amount from PLN 600.75 to PLN 1335 per person, payment of health insurance premiums, social work, specialist counselling (including legal advice, family and psychological counselling), provision of information and support in contacts with institutions, in particular labour market institutions, local community and non-governmental organisations, and all other activities that may prove necessary.

Assistance for the foreigner is provided under an individual integration programme agreed between the poviast family assistance centre and the foreigner. The programme specifies the amount, scope and forms of assistance, depending on the individual life situation of the foreigner and his/her family. It also includes commitments on the part of both the foreigner and the poviast family assistance centre.

The poviast family assistance centre undertakes to provide the foreigner with information on assistance laid down in the programme and the conditions of its suspension or refusal, cooperate with a foreigner and support him/her in contacts with the local community, including in establishing the contact with the social assistance centre competent for the foreigner's place of residence, provide assistance in obtaining accommodation, if possible, in a protected apartment, conduct social work with the foreigner and other agreed activities resulting from the individual life situation of the foreigner, to appoint an employee, hereinafter referred to as the "programme executor", who will arrange the programme with the foreigner and will support the foreigner during the programme implementation.

The foreigner undertakes to register at the place of residence, register at the poviatt labour office within the period specified in the programme and actively search for a job, participate in obligatory Polish language courses, if necessary, cooperate and contact the programme executor at agreed dates, at least twice a month, perform other activities agreed with the programme executor and resulting from the foreigner's individual situation and comply with the commitments under the programme.

Paragraph 8

The work to upgrade reception facilities for sewage in passenger ports continues to ensure a timely activation of the special area status of the Baltic Sea under MARPOL Annex IV of the International Maritime Organization, with the aim to hinder the release of untreated sewage from passenger ships in the future and to reaffirm the commitment for the continued improvement and modernization of the waste water treatment capacity throughout the entire Baltic Sea Region, in compliance with the stricter threshold values agreed by HELCOM.

In order to achieve these goals several initiatives were undertaken on the regional (under the auspices of HELCOM) and national level:

- On the national level measures in order to upgrade port reception are envisaged under National Programme of measures under the Marine Strategy Framework Directive. The aim is to constantly monitor the needs of ships calling at the first priority Polish ports and terminals and to provide adequate facilities for ship generated waste and guarantee that their operation do not cause undue delay to ships. PRF capacity will be adjusted to meet any future needs as appropriate.
- Polish representatives also participate in works of subgroup on Port Reception Facilities established in 2015 under the European Commission's European Sustainable Shipping Forum (ESSF). The subgroup role is to facilitate Commission's works of improving implementation and operation of the Directive 2000/59 on Port Reception Facilities for ship generated waste and cargo residues.
- National correspondence and working group on port reception facilities was also established in 2015. The participants to the group are representatives of Ministry of Maritime Economy, maritime offices, port authorities, ports waste operators and representatives of scientific institutions. The aim of the group is discussion on technical and legal issues related to collection and management of ship generated waste at ports.

Paragraph 9

enhance macro-regional capacity to respond to major emergencies based on all-hazards approach and joint, cross-border preparations to protect lives, health and wellbeing of citizens.

HELCOM countries organize yearly international oil spill response exercises BALEX DELTA. The general objective of the exercises is to test the procedures documented in the HELCOM Response manual and response capability of the Contracting Parties in case of a major accident and an international response

operation. In 2015 the exercise was organized in Poland by Maritime Search and Rescue Service (SAR) and State Fire Service.

The capacity to response to oil pollution in the Baltic Sea region will be additionally enhanced with a new European Maritime Safety Agency (EMSA) system of Equipment Assistance Service (EAS) for vessels of opportunity established and a deposit in the Baltic Sea, close to Gdansk with mobilization of 12 h. There will be a familiarization of the contents during autumn 2016 and training offered later on.

Paragraph 10. to strengthen and further develop HELCOM as the main coordinating body in the effort to protect the Baltic marine environment, and to strongly support the implementation of the Baltic Sea Action Plan (BSAP), and to stress the importance of BSAP as the environmental pillar of the EU Strategy for the Baltic Sea Region.

HELCOM countries actively participate in the Second Holistic Assessment of THE Ecosystem Health Of the Baltic. The HOLAS II project will give an update on the overall state of ecosystem health in the Baltic Sea. The assessment will follow up on the goals of the Baltic Sea Action Plan. It will be developed so that the results will also support reporting under the EU Marine Strategy Framework Directive (MSFD) by those Contracting Parties to the Helsinki Convention that are also EU member states. The project will develops common concepts and methods for status assessment and performs assessments at regional scale. The first assessment results will be released by mid-2017. The report will be finalized by mid-2018.

Poland implements the National Programme for municipal wastewater treatment (Krajowy program oczyszczania ścieków komunalnych – KPOŚK). 376 new wastewater treatment plants were built between 2003 and 2014. However, most investments concerned expansion and modernization of already existing wastewater treatment plants. 1206 of such investments were completed until 2014, 110 of which in 2014. 76 169 km of sewage network were built under the National Programme. From 2003 to 2014 the implementation cost for tasks included in the National Programme amounted to about 55.9 billion PLN (ca. 14 billion EUR), of which about 39.2 billion PLN (ca. 10 billion EUR) was allocated to the collective sewage systems.

The tables below present the length of constructed sewage network and a list of capital expenditures in different years.

Table 1. The length of the sewage system built in the years 2003-2014

The length of the sewage system built between 2003-2014 (in km)				
2003-2011	2012	2013	2014	Total
56 215	7 239	6 409	6 306	76 169

Table 2. Capital expenditures from 2003 to 2014

Capital expenditures from 2003 to 2014 (in million PLN)		
Year	Municipal sewage treatment	Collective sewage systems

	plants	
2003-2005	2 352.80	5 223.90
2006	762.50	1 848.00
2007	985.10	2 226.10
2008	1 218.50	3 325.60
2009	2 478.50	4 800.00
2010	3 028.30	5 031.60
2011	1 774.00	5 414.10
2012	1 282.90	4 515.20
2013	1 160.80	3 149.60
2014	1 701.30	3 684.30
Total	16 744.70	39 218.40
	55 963,1	

[Data for 2015 is not yet available]

Poland implements the National Programme according to the requirements defined in the *Regulation of the Minister of the Environment of 18 November 2014 on the conditions to be met for discharge of wastewater into waters or ground and on substances particularly harmful to the aquatic environment* (Official Journal of 2014, position 1800). They reflect the requirements of the Wastewater Treatment Directive 91/271/EEC, which is less stringent than similar recommendations made by HELCOM.

Response from the Ministry of Health

(Paragraph 14.)

The Ministry of Health undertakes its activities **Regarding Cross- border Co-operation in Health Care from the Conference Resolution adopted by the 24th Baltic Sea Parliamentary Conference by participating in NDPHS.**

The Ministry of Health carried out the procedure for the signature of *Agreement between the Government of the Republic of Estonia, the Government of the Republic of Estonia, the Government of the Republic of Finland, the Government of the Federal Republic of Germany, the Government of the Republic of Iceland, the Government of the Republic of Latvia, the Government of the Republic of Lithuania, the Government of the Kingdom of Norway, the Government of the Republic of Poland, the Government of the Russian Federation and the*

Government of the Kingdom of Sweden on the Establishment of the Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being, NDPHS.

The Agreement came into force for Poland on January 8th, 2016.

Poland was participating in the NDPHS from its establishment during ministerial meeting in Oslo in 2003, without signing the Agreement on establishment of the Secretariat its role in the Partnership was limited. Some Polish experts and their alternates were changed to select people really engaged, interested and fully operational in the active work of NDPHS expert groups.

Signing the Agreement obliges the Ministry of Health to pay annual country contributions. Moreover MoH provides the necessary funding for the effective participation of Committee of Senior Representatives and the Expert Groups Representatives.

Polish expert are active in the following expert groups:

- Expert Group on Antimicrobial Resistance (AMR EG);
- Expert Group on Alcohol and Substance Abuse (ASA EG);
- Expert Group on HIV, AIDS and Associated Infections (HIV, AIDS&AI EG);
- Expert Group on Non-communicable Diseases (NCD EG);
- Expert Group on Occupational Safety and Health (OSH EG);
- Expert Group on Primary Healthcare (PHC EG)

Poland has no representation in the newly created Expert Group on Prison Health.

Polish expert is co-Chair the Expert Group on HIV, AIDS and Associated Infections.

Polish Ministry of Health and public health institutions hosted several meetings of experts groups (ASA EG – 19-20.04.2016, HIV, AIDS&AI EG - 3-4.03.2016, PHC – 19-20.03.2015, OSH EG – 4.06.2014).

Recently the groups were active preparing the input to the **NDPHS Strategy 2020** adopted 5 June 2015 and **Action plan accompanying Strategy 2020** adopted 28 September 2015.

The NDPHS Strategy 2020 is a guiding instrument assisting the partner countries and organisations in their joint efforts to achieve improvements in the chosen priority areas. It aims to strengthen the recognition of health and social well-being on the political agenda in the Northern Dimension area and to ensure a broader stakeholder commitment to include the aspects of health and quality of life in policy-making.

The expert groups prepare the projects to implement the goals of strategy and action plan which underline the importance of actions addressing regional challenges and producing tangible

results with measurable impact. Effective implementation of the Action Plan requires allocation of funds. The NDPHS Secretariat informs the groups about funding opportunities for regional health and social well-being projects.

The NDPHS activities answer the following points of Resolution.

Paragraph 22.

Intensify exchanges of experience and cooperation with the aim of fighting antimicrobial resistance as one of the main global challenges in health care, to implement research in this area, and support and intensify all efforts to develop and implement a global action plan on antimicrobial resistance by WHO.

Polish expert is the one of partners in a collaborative European research project NoDARS - Northern Dimension Antibiotic Resistance Study. NDPHS Secretariat is the lead partner of the project. This 3-year project, which is co-financed by the European Union, has been started in October 2014. The aim of the study is to determine the levels of specified antimicrobial resistance in *Escherichia coli* bacteria isolated from uncomplicated urinary tract infections (UTIs) in patients attending primary health care centers. Moreover, the penetration of antimicrobial resistance in the population (healthy individuals) will be examined by determining the carriage rate of ESBL- and carbapenemase-producing *E. coli* and *Klebsiella pneumoniae* in community carriers. The obtained results will be used to assess current national recommendations of empirical antibiotic therapy and antimicrobial resistance strategies, as well as to suggest proper changes. The objective is that treatment recommendations for uncomplicated UTIs will be based on actual resistance levels to a larger extent. Such recommendations may make it possible to avoid unnecessary use of broad-spectrum antibiotics in empirical therapy and slow the development and dissemination of antibiotic resistance.

- AMR EG has been preparing a new project on the implementation of the Global AMR Surveillance System (GLASS) (recommended by WHO) in EU countries.

Paragraph 34.

Expert Group on Alcohol and Substance Abuse (ASA EG) undertakes the activities to review the nature and extent of the problems caused by alcohol in partner countries, prevalence and impact, and the opportunities and possible constraints in establishing new policies and programmes.

The ASA EG participates in Joint action financed from the Second EU Health Programme (2014-2020) on Reducing the Alcohol Related Harm (RARHA) and facilitating the dissemination of result (cross-country comparable data on levels and patterns of alcohol consumption and alcohol related harms experienced due to alcohol use).

The ASA in Norway and Russia implements pilot project on early detection and early intervention on alcohol and drug problems.

The ASA plans and prepares the project on “cannabis usage in the Northern Dimension area” with the aim of formulating policy recommendations for improving the cannabis policy including treatment and early intervention offers.

The ASA plans few cross-border seminars on tobacco and alcohol cross-border flow.

Expert Group on Non-Communicable Diseases (NCD EG) undertakes the activities to reduce the impact on non-communicable diseases through strengthened prevention and addressing lifestyle-related risk factors.

The NCD implements the project “International Comparison of Differences in Premature Deaths and their Causes in NDPHS Partner Countries Measured by Potential Years of Life Lost Indicator (PYLL)”.

The last project includes the activities stated in p.49 (carry out studies with the aim of developing prevention strategies in health care).

The Primary Health Care Expert Group (PPHS) implemented the proposed by Polish expert project Imprim on integration of primary health care – the project was not implemented in Poland (lack of financial input).

The PPHS contributed to the NDPHS project proposal to the DG REGIO with proposed activity on Development of Transnational Policy Conclusions on Best Model Solutions for Local Hospitals to support High Quality Primary Care in the Baltic Sea Region.

The PPHS prepares the project for Integrated Care for senior citizens around the Baltic Sea. The expected outcome of the planned project will be sustainable, patient centered, integrated systems of care. The integrated health care models will influence patient pathways. Patients will stay longer at home and will receive the appropriate care with fewer costs.

Paragraph 43. [To] develop and strengthen strategies addressing demographic change, such as the European Innovation Partnership on Active and Healthy Ageing and especially considering public services with regard to rural peripheral areas;”

At its meeting held on 18 May 2016, the Council for Senior Policy decided that it would give priority to updating and revising the document entitled *“Assumptions for the Long-Term Senior Policy in Poland for the years 2014-2020”* to ensure that the redefined senior policy assumptions or strategy respond to the real demographic changes and the needs of the seniors. Currently, two programmes aimed at supporting senior citizens are being implemented, namely: the *Government Programme for Senior Citizens Social Activity 2014-2020* (each year PLN 40 million is earmarked under this programme for the tasks aimed at social activation of senior citizens, carried out by non-governmental organisations and other authorised entities); and the *Multiannual “Senior-WIGOR” Programme for 2015-2020* (PLN 370 million will be allocated under this programme for the establishment, by local government units, of “Senior-WIGOR” Daily Residences all over Poland, where senior citizens may benefit from care, participation, educational, cultural and recreation offer, as well physical activity and kinesiotherapy, as well as other services, tailored to the defined needs).

In 2015, moreover, an Act has been adopted of 11 September 2015 on elderly persons. In result, by the end of October 2016, a report on the situation of older citizens in Poland will be prepared, which will be a diagnosis giving grounds for further actions benefiting that group.

Russia

May 26, 2016

**Update of the
Ministry of Healthcare of the Russian Federation**

on the implementation of Resolution adopted by the 24th Baltic Sea Parliamentary Conference (BSPC)

Par 14

Participants in the 11th Partnership Annual Conference in Berlin, Germany, adopted a new NDPHS Strategy 2020 and an Action Plan until 2017. In addition, the participating members unanimously supported and adopted the proposal for Russia to assume the chairmanship in the Expert Group on Primary Healthcare (Yulia Mikhaylova, Federal Research Institute for Healthcare Organization and Information of the Ministry of Healthcare of the Russian Federation), as well as the Expert Group on Non-Communicable Diseases Related to Lifestyles and Social and Work Environments (Rafael Oganov, National Research Center for Preventive Medicine at the Ministry of Healthcare of the Russian Federation).

Par. 20

In February 2015, the Public Council for Protection of Patients' Rights of Russia's Ministry of Healthcare held its first public meeting, bringing together regional healthcare authorities and patient protection NGOs to mark the Rare Disease Day. Focusing on the topic Rare Diseases in Russian: From Problems to Solutions, participants explored the issue of providing medical care and medicines to patients suffering from rare diseases in Russia, shared experience in implementing regional programs and organizing schools for patients, and discussed international experience in caring for people suffering from rare diseases, and charity initiatives aimed at helping such patients.

Par. 21

Taking into account the social significance of emergency care in life-threatening and non-life-threatening situations and the need to ensure consistency in the provision of primary healthcare services and emergency care, including specialized medical aid, as well as emergency care in life-threatening situations, the Ministry of Healthcare of the Russian Federation developed a subprogram Developing Emergency Health Services as part of a government program (the "subprogram") with the following aims:

- improve emergency care accessibility and quality, including specialized emergency care, primary emergency healthcare services in non-life-threatening situations and specialized medical aid in life-threatening situations;
- improve the provision of emergency medical aid in life-threatening situations;
- reduce waiting times for receiving emergency medical care, including specialized care administered outside medical facilities;
- developing aeromedical evacuation services.

The subprogram envisages the following key initiatives:

- developing the administration of emergency aid, including specialized emergency care, and medical evacuation;
- developing the system for providing emergency medical care in life-threatening and non-life-threatening situations;
- implementing IT solutions within the system of emergency care in life-threatening and non-life-threatening situations;
- providing for the operations of Zashchita (Protection) Russian National Center for Medical Emergencies with a view of developing the National Medical Emergencies Service.
- In 2015, as per the instructions of the Ministry of Healthcare of the Russian Federation, aeromedical brigades from Zashchita (Protection) Russian National Center for Medical Emergencies and the Federal Medical-Biological Agency provided for the evacuation of 1,020 patients, including 399 patients transported by air, with a total of 37 Russians evacuated from abroad.

Par. 22

Efforts to prevent and contain antimicrobial resistance in Russia should be consistent with the international principles in this area. Many government agencies are working on the issue of microorganisms and bacteria becoming resistant to antibiotics, which can be resolved only by adopting a comprehensive approach. The main stakeholders in tackling this issue and the main areas of work in specific countries and within the global community have already been identified in international instruments to this effect.

On April 20, 2016, the Institute of Antimicrobial Chemotherapy (IAC) of the Smolensk State Medical University was designated as the WHO Collaborating Center for Capacity Building on Antimicrobial Resistance Surveillance and Research.

The creation of this center is not only indicative of the research and organizational potential of the Russian academic community, but also paves the way to diversifying research activities and integrating them into international programs to fight antimicrobial resistance. In addition, this institution will be able to provide guidance to countries within the post-Soviet space and beyond.

The Collaborating Center will be in charge of facilitating WHO's efforts in strengthening, expanding and integrating epidemiological surveillance over antimicrobial resistance in Russian-speaking member states.

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