

# NDPHS Strategy 2023-2027

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NDPHS

Northern Dimension  
Partnership in Public Health  
and Social Well-being

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# Prologue

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a unique platform for cooperation, bringing together experts and policymakers from governments and organizations across the region, to provide a forum for health advocacy.

Established in 2003, the Partnership has grown into a mature and well-established network. The most precious asset of the Partnership is the network of like-minded public health enthusiasts who facilitate mutual understanding, exchange of experience and best practices, and policy learning. The NDPHS set-up and working methods are rather unique, as it comprises both experts and policy makers, as well as politicians on the ministerial level, therefore experts have a direct channel of communication with policy makers.

Throughout the years the activities of the NDPHS have focused on practical and useful expert-level exchange, such as gathering and sharing data for informed policy making, education and training.

Advocacy and public health diplomacy have long been at the heart of the Partnership's work, bringing people and sectors together to build shared priorities, make the economic case for investing in health and well-being, and uphold the principle of leaving no one behind.

The Partnership's ambition is to do meaningful and impactful work every day, to stand by our values, and to continue sharing knowledge, learning from each other, and caring for people. Guided by systems thinking and grounded in evidence, community insight, equity, and human-centred values, the Partnership works to strengthen health systems, improve the well-being of people, and foster resilient, thriving communities.

Entering the new strategic period 2025-2027, the Partnership is embarking on a thorough transformative process, aimed to review the political orientation, business model, and themes for expert-level cooperation.

This Strategy describes how the Partnership intends to be, change, and contribute to a better world. This document is intentionally concise. As the years 2020, 2021, and 2022 have shown, our world can change in the blink of an eye; thus, we must be agile, yet durable. This document aims to describe the core of our work and serve as a guiding light.

The Strategy was co-created with the Strategy Working Group, the Expert Groups, and the Committee of Senior Representatives. It was originally valid until the end of 2025 and was prolonged after a review made in 2025. The intention is to revisit the Strategy every second year in line with the cycle of the Chairmanship of the Partnership and recommit the strategic priorities at the Partnership Annual Conference. The process of revision will be led by the Chair and Co-Chair Countries of the Partnership.

During the Strategy implementation, the Partnership will assess the needs and level of interest amongst the Partners related to an emerging challenge or a specific theme. It will adjust the focus accordingly in the annual Work Plans.

# 1. Our purpose

Our ultimate aim is to promote better health and well-being of people in our region.

Our work contributes to the Agenda 2030 and the Global Goals for Sustainable Development (SDGs).

Our **vision** is to lead the way to sustainable and inclusive societies with equal opportunities for good health and well-being for all throughout the life course.

Our **mission** is to provide an inclusive cross-sectoral platform for health advocacy.

→ **Trust and respect**

In our work we will be guided by knowledge, and will promote these values: → **Practicality and agility**

→ **Inclusiveness and equality**

# 2. Our change

The debate that was already ongoing in the Partnership about the need for a change has been sped up by the unexpected turn of events and changed geopolitical situation in 2022. While the structure and mode of operation of the Partnership has produced many valuable achievements over the years, it has some limitations and challenges, as pointed out in previous evaluations of the NDPHS and at the design-thinking workshop alongside the 14th Partnership Annual Conference held in 2019 in Riga.

The 15th Partnership Annual Conference held in 2021 gave the following directions as regards the change that the Partnership shall strive for:

**“...the emphasis shall be placed on the Partnership being better and more efficient in what it is doing already, such as providing more practical outcomes that are useful to the NDPHS stakeholders, more efficient communication and engaging new stakeholders from other sectors in the spirit of Health in All Policies approach.”**

The need for more practical outcomes is well-acknowledged. The existing NDPHS Expert Groups are being or should be reinvigorated, and all Expert Groups shall strive to communicate the results of their work more widely through briefs, scientific articles, webinars, podcasts, or similar outreach products. If Partners conclude that an Expert Group has fulfilled its mandate or no longer provides added value, it should be discontinued through a collective decision of the Partners. Likewise, new Expert Groups may be established when emerging needs or priorities warrant it.

In addition, we will strive for more **agility** and for the whole Partnership working as one team. The flexibility of working structures, embracing new thematic topics for cooperation, ambition to assume the leadership role for health advocacy in the region, and ability of the whole Partnership to speak in one voice would be highly valued assets.

We will put emphasis on **inclusivity** in our work, and specifically strive to develop more cooperation with new stakeholders from **civil society organizations** and local level actors.

We will continue working with our key partner organizations, such as WHO, the International Labour Organisation, the International Organisation for Migration, Nordic Council of Ministers, Council of the Baltic Sea States, and we will explore closer connections with other international organizations and public health and well-being networks and alliances to realize our common goals.



Stockholm, Sweden © Secretariat

## 3. Our organizational set-up

Our organizational set-up has to a large extent remained the same since the establishment of the Partnership in 2003. Political guidance and support are provided by the Partnership Annual Conference. Senior Representatives of the Partners oversee the operational-level work of the Partnership. Expert Groups exchange and create knowledge. The Secretariat provides overall support to the Partnership's work.

In recent years, the growing focus on project-based cooperation in implementing the EUSBSR PA Health action plan has transformed the Partnership, bringing in new alliances, innovative approaches, and fresh perspectives. Project consortia are increasingly shaping the way the Partnership delivers on its mission.

Some elements have changed over the years, priorities have shifted and re-emerged. The fundamental building blocks though, the underlying feeling of togetherness and being part of a family, have stayed the same throughout the years despite the changes; and we intend to preserve them at the heart of the Partnership.

Our setup and procedures can be discussed and reviewed. In a world that can change rapidly, we must be agile and practical as well as make the best use of our resources and talents. Therefore, governance must be efficient, and procedures lean. At the same time, we must cherish and preserve the structures that we have developed over almost two decades, therefore any changes in the organizational set-up of the Partnership and its procedures shall be thoroughly debated.

## 4. Our thematic focus

We strive for action that supports the sustainable development of our region. The EU Strategy for the Baltic Sea Region, and our role as Coordinator of its Policy Area "Health", form a cornerstone of this commitment and provide an excellent platform to further strengthen Health in All Policies across the region.

As we operate in a wider regional and global context, we support and seek to contribute to the achievement of national, regional, and international health goals and targets. We contribute to the UN Sustainable Development Goals (SDGs) and the WHO Second European Program of Work 2026-2030 (EPW 2). Therefore, to demonstrate our strong support, we have tied the goals of our work to the targets of these regional and global strategies.

Most directly, our Partnership contributes to SDG 3 "Good health and well-being" and its sub-goals related to our thematic priorities. In addition, our work also contributes to many other SDGs, specifically SDG 1 "Zero poverty," SDG 5 "Gender Equality," SDG 6 "Clean water and sanitation," SDG 8 "Decent work and economic growth," SDG 10 "Reduced inequalities", and SDG 11 "Sustainable cities and communities".

**THERE WILL BE THREE MAJOR CROSS-CUTTING THEMATIC AREAS THAT ARE IMPLEMENTED BY ALL THE NDPHS ACTORS:**

The health sector cannot address the increasing societal challenges of **Mental Health** in isolation. Sustained improvement requires preventive action and the creation of environments that support mental health promotion and long-term well-being beyond medical care. As the Coordinator of the Policy Area “Health” in the EUSBSR, our Partnership shall advocate for policies that reflect real-world needs and shall promote the Mental Health in All Policies approach, engaging sectors such as culture and the arts, sports, education, urban planning and others to ensure mental health is integrated across all areas and levels of policy and practice.

**Active and Healthy Ageing** will continue as an overarching cross-cutting thematic area. We will continue supporting the United Nations Decade of Healthy Ageing and our work will be guided by the NDPHS Manifesto “Connecting Minds Across the Ages”. We will look at active and healthy ageing from a life-course perspective, recognizing that all stages of a person’s life, from prenatal to the last days, are interconnected.

As the Coordinator of the Policy Area “Health” in the EU Strategy for the Baltic Sea Region, our Partnership is uniquely placed to engage with other policy sectors to promote inclusion of health and well-being as a key component of policy development. While working across the sectors, the promotion of the **Health in All Policies** concept will be important cross-cutting thematic area. A fundamental shift in thinking is required to build communities that are good for the people and good for the planet. This Partnership is well-positioned to take a more ambitious role in promoting the concept of **Economy of Well-being**, engaging new stakeholders and increasing their awareness of their role in tackling regional health challenges and increasing their capacity to do so.

**THE THEMATIC AREAS, PRIORITIZED BY THE PARTNERSHIP IN THE NEW STRATEGIC PERIOD, WILL BE REVIEWED, AND MAY INCLUDE, IF SO DECIDED BY THE PARTNERS, ANTIMICROBIAL RESISTANCE, ALCOHOL AND SUBSTANCE USE, HIV, TUBERCULOSIS, AND ASSOCIATED INFECTIONS, OCCUPATIONAL SAFETY AND HEALTH, AND PRIMARY HEALTH CARE.**

All Partnership structures shall have a role in implementing the priorities. Expert Groups have the main responsibility for implementing the thematic priorities and the NDPHS Secretariat has the overall coordination responsibility for the horizontal themes, in cooperation with the relevant project consortia and Expert Groups.

The individual work programs are described in detail in the respective planning documents.



## 5. Our Workstreams

**WE HAVE IDENTIFIED FIVE WORKSTREAMS AND FIVE PATHS THAT WE AS A PARTNERSHIP WILL COLLECTIVELY TAKE TO LIVE BY OUR VISION, MISSION, AND VALUES AND WORK ON THE PRIORITIZED THEMATIC FOCUS AREAS.**

### Connecting minds

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In the next strategic period, we will continue meeting within the constellations that we are used to – the Partnership’s governing bodies, expert and project meetings, and the high-level Partnership Annual Conference. We will continue close collaboration with our long-standing partners, such as the World Health Organization, to contribute to the achievement of global and regional health targets.

We will also explore how to reach out to actors not yet well represented in the NDPHS work – especially those from other sectors – to promote the Health in All Policies approach. We must also ensure that the Partnership does not become a closed club of governments and experts linked to governments. Therefore, engagement with civil society organizations will be an important priority in the next strategic period. We will strive to define more clearly the target groups of the activities of the Partnership, to have a meaningful impact on people in the region. The involvement of NGOs and grassroots organizations is therefore essential.

### Sharing knowledge and learning from each other

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The Partnership will continue providing a forum for sharing and producing knowledge and for learning from each other, to support informed decisions and policy-making. We will put in the effort to ensure that the wealth of information shared and created in the Partnership is gathered more systematically and thus made more accessible and useful in practice.

### Caring for people

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The health and well-being of people must be always put at the center when defining our activities and their scope. We will continue advocating for the health and well-being of all people throughout their life course, and through our work will promote the concept of the Economy of Well-being which puts people and their well-being at the center of all policies, and advocates for a growth model that is equitable and sustainable, good for the people and good for the planet.

We will continue piloting and testing initiatives on the ground through projects that will especially support local-level interventions and cross-sectoral and innovative approaches.

### Telling the NDPHS story

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Partnership’s storytelling and communication will be upscaled. In the increasingly connected, digital and visual world, our communication and visual image must be effective, strategic, engaging, and contemporary.

We will work on further improving our presence on social media and seek to strengthen our storytelling capacities through different channels and by giving the floor to the many storytellers that we have in the Partnership. We will also think about how to speak more convincingly as a Partnership in one voice on matters of importance to us.

### Securing funding for NDPHS activities

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Sustainable and reliable funding is the foundation for bringing NDPHS and PA Health initiatives to life and expanding their impact. We remain committed to strengthening the Secretariat’s capacity in project development, application, and management – empowering our team to secure external resources that turn ideas into action and drive lasting improvements in health and well-being across the region.

## 6. Our impact

We will continue building a strong alliance of the countries of our region, united by common values of promoting democracy and sustainable development in our region through improving human health and well-being and narrowing social and economic differences.

### We will know that this Strategy has been implemented successfully if by 2027:

-  All NDPHS structures, including PAC, CSR, Expert Groups, and Secretariat, have a strong sense of ownership and are strongly invested in the Partnership's success.
-  All NDPHS structures are speaking in one voice to promote the Partnership, its work, and values, and to have more impact on policymaking through coordinated communication at national and regional fora.
-  We have become more inclusive by engaging people across society and stakeholders across sectors in our work.
-  We have become more inclusive by developing a Partnership-specific method for engaging people across society and stakeholders across sectors in our work;
-  NDPHS has presence at major international forums and has become a stronger regional leader – both as a political forum for promoting value-based cooperation and as a recognized network of experts advocating for health and well-being.
-  Our communication and information are clear, precise, and engaging.



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