Environment and health

Intergovernmental Midterm Review
Wien 13 – 15. juni 2007

Rapport fra den norske delegasjonen

Statssekretær Rigmor Aasrud deltok i Ministerial Roundtable fredag 15. juni 2007.

Oslo, november 2007
Helse- og omsorgsdepartementet

Bakgrunn

Budapest-konferansen med hovedtema *The Future of our Children,* satte søkelyset på barns helse og på utvikling av bærekraftige samfunn i Europa. Medlemslandene i WHO-Europa vedtok en felles erklæring og en europeisk handlingsplan for barns miljø og helse i Europa. Barn og unges medvirkning og deltakelse i utforming av omgivelser og samfunn står sentralt. Dette var blant de momenter som ble sterkt vektlagt fra Norges side i Budapest.

European Environment and Health Committee (EEHC) ble revitalisert for å sikre implementering av de vedtatte resolusjonene i perioden fram mot neste ministerkonferanse om miljø og helse. Norge har hatt en av fem valgte representanter fra helsesiden. I EEHC er også fem valgte representanter fra miljøsiden, to ungdomsrepresentanter, samt representanter fra EC og NGOer fra helse- og miljøsiden.

Norge forpliktet seg gjennom vedtaket om erklæringene til å utvikle en nasjonal plan for barns miljø og helse i Norge og rapportere til WHO i 2007. Nasjonal strategi for barn og unges miljø og helse – *Barnas framtid* – ble behandlet i regjeringen i mai 2007 og foreligger i trykt versjon og i en kortversjon på engelsk.

IMR – Intergovernmental Midterm Review – er en viktig milepæl i oppfølging av WHOs 4. ministerkonferanse om miljø og helse i Budapest 2004 og i arbeidet fram mot neste ministerkonferanse i 2009.

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- Nasjonal strategi for barn og unges miljø og helse i Norge

Vedlegg:

- Program for IMR
- Rapporteringer fra Norge
- Statssekretærens innlegg
- Main recommendations and conclusions of the Intergovernmental Midterm Review (IMR)

Oppsummering – hovedkonklusjoner:

- Statssekretær Rigmor Aasrud deltok på siste konferansedag – fredag 15. juni, hvor blikket var rettet mot utfordringene framover. Statssekretæren deltok i rundebordsdebatt og med innlegg i plenum.
- Første konferansedag – onsdag 13. juni var viet rapportering til WHO fra medlemslandene på status i oppfølgingen av Budapest-konferansen og på de fire hovedmålområdene i den europeiske handlingsplanen for barns miljø og helse, jf. deklarasjonen fra Budapest-konferansen i 2004. Rapporteringen ble ivaretatt av delegasjonens medlemmer fra administrasjonen i MD, HOD og SHdir.
- Utmerkelse til Ålesund kommune for arbeidet med "Ålesund Grønn barneby". Kåring og utmerkelse på åpningsdagen.
- 50 av 53 medlemsland i WHO-Europa deltok på IMR
- 38 medlemsland – dvs. 70 % har implementert CEHAPE – enten som en egen nasjonal plan for barns miljø og helse, eller som et prioritert tema i nasjonale helse- og miljøhandlingsplaner
- The Future of our Children er fortsatt et viktig tema for miljø og helseprosessen fram mot og etter WHOs 5. ministerkonferanse i 2009.
- Full støtte til å videreføre og styrke prosessen fra Budapest fram mot den 5. ministerkonferansen i 2009.
- Økt oppmerksomhet mot "global warming" herunder utfordringer for helse og helsesystemer.
- Økt oppmerksomhet mot sosiale ulikheter og sosiale helseforskjeller i Europa og innen det enkelte land.

Videre prosess

WHO-Europa velger nye personer inn i EEHC på sitt møte i september. Jon Hilmar Iversen er renominert fra Norge, og han er valgt inn i komiteen som sitter frem til ministerkonferansen i 2009.

EEHC skal følge opp anbefalingene fra IMR fram mot neste ministerkonferanse i Italia 2009, ivareta forberedelsene mot denne konferansen samt stake ut kursen videre.

Nasjonal oppfølging og forberedelse til WHOs 5. ministerkonferanse om miljø og helse i 2009.

Implementering og oppfølging av strategi for barn og unge miljø og helse i Norge 2007-2016 – *Barnas framtid.*

Bidra til positive prosesser i andre medlemsland, bl.a. med erfaringer fra Norge.

Den norske delegasjonen på IMR 13. – 15. juni

Fra Helse- og omsorgsdepartementet:
Statssekretær Rigmor Aasrud (delegasjonsleder), seniorrådgiver Thor-Erik Lindgren, seniorrådgiver Vigdis Rønning, rådgiver Gorm Hoel
Fra Miljøverndepartementet: Seniorrådgiver Espen Koksvik
Fra Sosial- og helsedirektoratet: Avdelingsdirektør Jon Hilmar Iversen, Seniorrådgiver Bente Moe, rådgiver Jacob Linhave
Ungdomsrepresentant: Lina Tislevold (var forhindret i å delta grunnet eksamen)
Forum for miljø og helse: Øystein Solevåg
Norges naturvernforbund og Ålesund kommune: Christine Rørvik

Norge ved Jon Hilmar Iversen er chair, med Georgia som co-chair, for session 4 Looking ahead fredag 15. juni.

Fra høyre: Jon Hilmar Iversen, Bente Moe og Vigdis Rønning

Program for IMR

Onsdag 13. juni
Åpning av konferansen med velkomsthilsener fra WHOs regionaldirektør, Marc Danzon, og fra vertslandet ved Federal Minister of Agriculture, Forestry, Environment and Water management, og ved Federal Minister of Health, Family and Youth, samt ved Assistent Director General WHO.

Første dag ble ellers viet rapportering fra medlemslandene i WHO-Europa. Rapporteringen foregikk dels i plenum og dels i to parallellsesjoner. Presentasjoner på inntil 3 minutter ble ivaretatt av delegasjonens medlemmer fra Miljøverndepartementet, Helse- og omsorgsdepartementet og Sosial- og helsedirektoratet.

Rapportering på de fire Regional Priority Goals (RPG) i den europeiske handlingsplanen som ble vedtatt på Budapest-konferansen i 2004:

- RPG I om rent vann og gode hygieniske forhold: HOD/Vigdis Rønning
- RPG II om sikkerhet og aktivitetsfremmende omgivelser: Shdir/Bente Moe
- RPG III om tilgang til god luft ute og inne (inneklima): HOD/Gorm Hoel
- RPG IV om kjemikalier og støy bl.a.: MD/Espen Koksvik

I tillegg presenterte Norge den norske strategien for barns miljø og helse (Vigdis Rønning), og det nordiske samarbeidsprosjektet (Bente M).

Torsdag 14. juni
Andre dag ble viet erfaringer og dels veien videre basert på kunnskap og erfaringer. Interessant Rundebordsdebatt om Policy instrument – have they made difference?

- Both legal bindings instruments and soft instrument
- Political will and political commitments (important for action and implementation)
- Cross-sectorial working – horisontally (nationally, regionally, locally) and vertically

Offisiell mottakelse hvor den norske delegasjonen deltok.

Fredag 15. juni
Siste konferansedag tok for seg utfordringer framover – "Looking ahead" – mot WHOs 5. ministerkonferansen i 2009. Statssekretær Rigmor Aasrud deltok som eneste politiker, men i selskap med byråkrater på høyt nivå, i en rundebordsdebatt. Denne bolken ble etterfulgt av innlegg fra salen hvor statssekretæren holdt innlegg.

Statssekretæren la i sitt innlegg vekt på utfordringer knyttet til sosiale helseforskjeller både nasjonalt og innen Europa, og ga uttrykk for behovet for fortsatt innsats for barn og unges miljø og helse og for bærekraftige samfunn i Europa. Statssekretæren ga støtte til utkastet til anbefalinger fra møtet og full støtte til å videreføre og styrke prosessen med første milepæl 2009.

Utmerkelse til Ålesund Grønn Barneby

Under åpning av IMR onsdag 13. juni var det kåring og utmerkelser til "Best practise"-vinnere i Europa. 15 gode eksempler fordelt på 5 klasser ble plukket ut til å komme til Wien av de over 100 eksempler totalt fra 32 av de 53 medlemslandene innenfor WHO-Europa – og blant disse: Ålesund Grønn Barneby. Alle 15 fikk tildelt "Best practise" diplom og en "Special award" til en i hver klasse. Ålesund kommune ved "Ålesund Grønn Barneby" mottok "Special award" i sin klasse for Barns medvirkning.

Christine Rørvik fra Ålesund kommune fikk overrakt diplom fra miljøvernministeren og helseministeren for Østerrike.

Medvirkning av barn og unge – ungdomskonferanse

Et viktig element i oppfølgingen av Budapest-konferansen er å involvere barn og unge både i de nasjonale og de internasjonale prosessene. På det internasjonale området har den nordiske samarbeidsgruppen gjennomført et pilotprosjekt for å finne en god modell for reell involvering av barn og unge i disse planprosessene. Norge har vært blant pådriverne i dette pilotprosjektet og arrangerte bl.a. en Work Shop på Sørmarka i 2005. Work Shopen valgte Lina Tislevold som en av to ungdomsmedlemmer i EEHC.

Nordisk Ministerråd opprettet i 2005 en ”Samarbeidsgruppe for miljømedisin”. Norge er representert ved Nasjonalt folkehelseinstitutt og Sosial- og helsedirektoratet. Arbeidsgruppen har utgitt en eksempelsamling som finnes på Nordisk ministerråds nettsider: *http://www.norden.org/pub/sk/showpub.asp?pubnr=2007:711*

Som ledd i norsk oppfølging av ministererklæringene lagt opp til at Norge deltar i internasjonale fora; bl.a. med et medlem fra helsesiden i EEHC, deltakelse i CEHAPE Task Force og i en europeisk referansegruppe for ungdom (ERGYP).

I forkant av IMR ble det avholdt en ungdomskonferanse 11.-12. juni. Fra Norge deltok Lina Tislevold og Mina Adampour. Ungdomskonferansen hadde en kritisk gjennomgang av CEHAPE og la under IMR fram en alternativ plan – *The youth-friendly Children`s Environment and Health Action Plan for Europe*. Det ble valgt to nye ungdomsmedlemmer i EEHC fram til 2009.

Fagkonferanse

4th Internastional Conference on Children`s Health and Environment – Reducing risks for our children, ble arrangert 10.- 12. juni. Fra Norges deltok:

- Bente Moe, Sosial- og helsedirektoratet
- Jacob Linhave, Sosial- og helsedirektoratet
- Øystein Solevåg, Forum for miljø og helse
- Christine Rørvik, Norges Naturvernforbund

Christine Rørvik mottok diplom på vegne av Ålesund kommune

Nasjonal strategi for barn og unges miljø og helse i Norge

Norge forpliktet seg gjennom Budapest-erklæringen til å utvikle en nasjonal plan for barns miljø og helse i Norge og rapportere til WHO i 2007. Nasjonal strategi for barn og unges miljø og helse – *Barnas framtid* – ble behandlet i regjeringen i mai 2007 og foreligger i trykt versjon og i en kortversjon på engelsk.

Den nasjonale strategien favner de fire prioriterte målområdene for forbedring av barns og unges miljø som bidrag til redusert sykdomsbelastning slik de er framhevet i den europeiske handlingsplanen. I lys av de helse- og miljøutfordringer som betyr mest for barn og unge i Norge, er det i tillegg supplert med et femte målområde.

1. Sikre trygg vannforsyning og gode sanitære forhold for alle barn og unge.
2. Forebygge skader og ulykker og fremme fysisk aktivitet bl.a. gjennom transportsystemer som fremmer sikkerhet og fremkommelighet.
3. Sikre at barn og unge har ren luft inne og ute.
4. Beskytte barn, unge og gravide mot helse- og miljøfarlige stoffer, støy og andre miljøfarer.
5. Redusere risiko for sykdom på grunn av sosiale miljøfaktorer

Hovedmål

- synliggjøre utfordringene på miljø og helseområdet
- møte miljø og helseutfordringene gjennom en tverrsektoriell innsats
- bidra til best mulig miljø og helse for barn og unge i alderen 0-20 år

Satsingsområder

1. Bedre overvåking av miljøfaktorer som påvirker barn og unges helse
2. Forbedring av barn og unges bo- og nærmiljø
3. Forbedring av miljøet i skoler og barnehager
4. Beskytte barn og unge mot helse- og miljøfarlige stoffer og produkter
5. Større deltagelse og gjennomslag for barn og unge i offentlige beslutningsprosesser

Arbeidet med norsk oppfølging er fulgt opp gjennom et samarbeid mellom sju departementer; AID, BLD, KRD, MD, SD, KD og HOD, under ledelse av HOD. Sosial- og helsedirektoratet har ivaretatt sekretariatsfunksjonen. Nasjonalt folkehelseinstitutt har på oppdrag fra HOD utarbeidet en kunnskapsoppsummering på feltet, jf FHI-rapport 2006. Barn og unge er inkludert både direkte og indirekte i utformingen av planen gjennom spørreundersøkelse og ved representasjon i referansegruppen. Det er gjennomført et eget medvirkningsprosjekt i regi av Forandringsfabrikken.

Den norske delegasjonen representert ved Gorm Hoel.

Vedlegg:

- Statssekretærens innlegg
- Rapporteringer fra Norge
- Main recommendations and conclusions of the Intergovernmental Midterm Review (IMR)

Roseparken i Wien – verdt et besøk

Vedlegg 1:
Statssekretærens deltakelse i Ministerial Roundtable 15. juni 2007

Intergovernmental Midterm Review 13 – 15 June 2007
Session 4 Looking ahead

Towards the Fifth Ministerial Conference on Environment and Health, Italy 2009 – A Ministerial Roundtable

Mr/MS Chair; Ladies and Gentlemen,

The CEHAPE is not yet fulfilled, neither are the national CEHAPs. It takes more than 3 years to reach the ambitious goals set in Budapest 2004. We need to continue the good work on Children's environment and health towards the 2009-conference and beyond.

When looking ahead, important challenges can be identified in terms of the future of our children and young people.

Coping with climate change is one such challenge. Unless we increase our focus on the needs of future generations and give children's needs higher priority, there will be no sustainable development. And the climate changes will continue to severe life conditions at an even greater speed than today.

Social inequalities in health are other challenges. Childhood is a vulnerable time of life and social factors determining health inequalities are determined early in life. Such factors include economic strength, childhood environment, working and home environment, health-related habits and access to health services. The conditions and surroundings in which children grow up affect their education and employment opportunities later in life, which in turn affect their health as adults. Moreover, access during childhood to resources such as a healthy diet, fresh air and physical activity have a direct impact on health in later life.

Realizing how social inequalities transform into social inequalities in health, I believe that an effective strategy must address both social inequalities in general and more specifically measures to reduce social inequalities in health. In order to properly reflect the importance of this, Norway has added one more priority goal to our national CEHAP, which is: *to reduce the risk of illness due to social environmental factors.*

If we want to achieve this, we need to introduce concrete measures and mechanisms. In order to respond to the challenges, my Government recently submitted a White Paper to Parliament proposing a National strategy for the reduction of social inequalities in health. The strategy rests on a core principle: public health efforts must be based on society assuming an increased responsibility for the population's health.

This is not to disregard each individual's responsibility for their own health. It is important to respect the right of the individual to make his or her own choices. However, the individual's sphere of action is being constantly narrowed under the influence by factors beyond personal control. Even lifestyle choices such as smoking, physical activity and diet are influenced by socioeconomic background factors not necessarily deliberately chosen.

I believe that a more equitable distribution of society's resources is good public health policy. We need to bring the most disadvantaged part of the population up to the same level as the people who enjoy good health – in other words: levelling up. This will of course also be positive in terms of improving children's health.

Let me conclude by outlining the White paper's priority areas for reducing social inequalities in health. In keeping with the need for a broad approach, our national strategy to reduce social inequalities in health contains the following priority areas:

1) Reduce social inequalities that contribute to inequalities in health,
2) Reduce social inequalities in health-related behavior and use of the health services,
3) Targeted initiatives to promote social inclusion, and
4) Develop knowledge and cross-sectoral tools

This strategy will be the platform of our work to secure the future for our children.

Thank you, Chair

Statssekretæren hadde følgende suppleringer under rundebordsdebatten:
Children of parents with mental disorders or substance abuse: close to 4 mill € will be spent in the years to come on this vulnerable group of children in order to secure a long-term follow-up. We also want to strengthen these children's legal rights by preparing amendments to the patients' Rights Act.

Effort to expand the participation and influence of children and youth in public decision-making-processes concerning the planning of the physical environment in local communities. The revised Planning and Building Act contains provisions establishing the right of adolescents to such participation.

The World Health Assembly adopted a resolution for a strategy on prevention and control of non-communicable diseases. One measure is to promote responsible marketing of unhealthy foods and non-alcoholic beverages to children i.a. by creating a set of recommendations in order to reduce the impact of such foods….

Children's barometer in Norway: follow-up of the Budapest Declaration with a view to establish a mechanism to monitor key indicators and every second or third year to present a coordinated statistical view of the environment and health of young people.

Vedlegg 2:
Statssekretærens innlegg i plenum fredag, 15. juni 2007

Intergovernmental Midterm Review 13 – 15 June 2007
Session 5 Recommendations and conclusions of the meeting

Thank you, Mr Chair,

Norway also wish to thank organizers, host country and WHO Europe for an inspiring and important conference in order to bring this process ahead.

We agree to the conclusions laid out in the draft document presented to us. And we concur with the remarks made by Mr Bertollini, especially the importance of multisectoral approach and involvement to bring the process further. We need to continue the work on Children`s environment and health towards the 2009-conference and beyond. It takes more than 3 years to reach the ambitious goals set in Budapest 2004.

Finally I would like to reiterate the importance of keeping focus on two subjects: Climate change and social inequalities in health. And we do see that social inequalities in health must be addressed further, both at national and regional levels.

Last but not least: I've noticed the calls for active youth involvement here today. This is one of the most important points for follow-up. Norway will respond to that on national level by continuing and stengthening the already existing arenas of collaboration and involvement. We therefore support the proposal from Sweden on more youth involvement.

Thank you, Mr Chair

Vedlegg:

EUR/5067851/9 Rev.4
26 October 2007
ORIGINAL: ENGLISH

Main recommendations and conclusions of the Intergovernmental Midterm Review (IMR)

The Intergovernmental Midterm Review was attended by 50 out of 53 member states, as well as International Governmental Organizations, Nongovernmental Organizations; Trade unions, the Business sector, Youth, representatives of Professional bodies, as well as observers from other regions. Delegations acknowledged the role of the Austrian government in hosting the event. They highly appreciated the organization of the IMR as it provided a means of reporting back by countries mid-way between two ministerial conferences on environment and health. The meeting allowed for the exchange of experience and knowledge dissemination between those present and also provided an opportunity for sharing lessons learnt

Recommendations on the future of the European Environment and Health Process

The European Environment and Health Committee and the CEHAPE Task Force were seen to be effective in facilitating the implementation process since the Budapest Conference and were highly appreciated by the member states as well as NGOs.

There was a general agreement that the Fifth Ministerial Conference on Health and Environment should take place in 2009. Italy reiterated its commitment to host the next Ministerial conference in 2009. Many delegations felt that great achievements had taken place since the last conference and requested that the process should continue beyond 2009.

In the next phase, it was suggested that there should be more involvement of NGOs and youth as well as better integration of the business community. Ways of working at the local level, possibly through the involvement of the local authorities in the European Environment and Health Process, had to be identified. Several countries also remarked on the importance of receiving assistance by the WHO at the sub-regional and national level.

The use of legal instruments and their added value was a significant part of the discussions at the IMR. It was concluded that there may be some merits to exploring the possibility of upgrading the Children's Environment and Health Action Plan for

Europe (CEHAPE) to a legal instrument or as an alternative option, to link it to an existing international legal instrument such as the UN Rights of the Child or the International Health Regulations.

It was clear that the special needs of the NIS and SEE countries had to be better addressed in the future. Assistance with priority setting as well as standardization mechanisms were seen to be possible ways forward by these countries.

There was also a call for the process to address the needs of other vulnerable groups besides youth and children.

Particular attention was required on gender issues as well as on social inequalities. Social inequity needs to be considered not only amongst countries but also within countries.

There was general agreement that the theme of the next conference should continue to focus on children's health and environment issues. There was a request that the Environment and Health agenda should be extended further by placing more attention on some key themes such as climate change. There were suggestions that climate change could become an additional priority goal of the CEHAPE or that it would require further attention as a commitment within the Declaration.

Economic implications of the burden of disease arising from environmental factors (e.g. the cost of action versus the costs of inaction) needed to be strengthened.

Participants of the IMR also recognized the need to ensure sustainability of the process in the next phase also at national level and called for adequate financing of the process through increased voluntary donations on their part. The WHO Regional Office was also asked to further strengthen the European Environment and Health Process in terms of resources. The secretariat was asked to continue to provide technical assistance to the Member States in implementing their commitment to the Process, by introducing time-bound targets/goals and by considering more compelling funding mechanisms.

Lessons Learnt from Budapest till the IMR

Delegations reported on all four regional priority goals of the Children's Environment and Health Action Plan as well as the Budapest Declaration and reached the following common conclusions.

Clear identification of the magnitude and relative importance of the problems at stake was important to get started. It was important to be aware of "masked" problems such as hygiene and sanitation problems in countries with low access but even with high access to safe water and sanitation. Investing in a good surveillance,

monitoring and information system was a good basis for taking action. Research was required to identify current and emerging problems, as well as solutions. At the international level, it was particularly important to focus on the specific needs and problems of the EECCA and SEE countries.

Investing time in good planning was necessary to ensure successful implementation. At the planning stage, a choice of interventions or actions for reference was useful, but these were NOT always available. During the implementation stage, it was necessary to assess the effectiveness of interventions to ensure sustainability and more importantly to allow adjustment according to the new needs, challenges or priorities that arise. One should asses the effectiveness of interventions, but it should be emphasized that strategies that are evidenced based and proven to work should be those that are selected for implementation. Prioritization was important as by focusing on a SMALL number of projects at one time which are action-oriented was more productive.

When planning project budgets, it was necessary to take into account the full cycle of project implementation including possible delays that could arise. Coordination had to be maintained throughout implementation of different actions at the national level, to ensure that resources were used efficiently. Incentives should be built into the process to encourage persons to commit to implementation

Multisectoral approaches to problem solving were required and partners or sectors involved had to have clear well defined roles and responsibilities. Well coordinated, involvement of all stakeholders towards a common objective could be a useful tool and would be cost efficient. If the benefits for each sector are clarified, it would result in a more efficient multisectoral implementation of action.

Political support and political will was needed and should be consistent to maintain commitment to action by all the sectors involved. Involvement of new stakeholders such as the medical professions, NGOs, youth and private sector was particularly stressed. Collaboration on an international level was important to ensure political will and commitment to sensitive or emerging issues. International collaboration facilitates the coordination and sharing of experiences, allowing countries to make more effective use of resources invested. Sub-regional partnerships around common themes or issues was recognized as important and effective in implementing national policies

Children and youth had to be involved in determining their own future. Their contribution was important and support by appropriate educational methods would facilitate their involvement in decisions that affect them. This includes ongoing assistance and guidance from parents, teachers or caretakers and involving pupils in assessing their own environmental health situation.

Implementation of international agreements was not easy. It required effort from the member states but provided a useful framework for priority actions. It was

recognized that regulatory frameworks work well only if applied to all stakeholders equally, and if equipped with good control mechanisms. Clever economic instruments were seen to be effective implementation tools.

The role of legislation and standards that are enforced as well as national and international commitments was acknowledged. On a national level it was necessary to take into account the opportunities for coordination at the national level that a legislative framework provided such as the EU Acquis. On an international level awareness of the diverse legal systems in different countries was important in identifying effective ways of implementing international commitments such as the water and health protocol.

Reliable information is necessary as a basis for communication and it may require update of monitoring and health surveillance systems in some countries. **Open and transparent communication with the public** is a key factor to successful action. Raising awareness of the population is important to ensure acceptance of the need for change in behaviours. `Good stories' and case studies were particularly useful.

Communication was important and key messages had to target all groups in the clearest possible manner. Health Promotion and Prevention messages were seen to be more effective if they targeted policies agreed to or requested by the public. Public awareness and communication campaigns were important and should make use of all forms of media. Models of good practice should be referred to. Schools were fertile ground for health promotion and preventive action. They were an effective setting to ensure child/youth involvement and also good communication potential in terms of "spreading the message"

Communication required a good basis of data. A national environment and health information system was important and should clear address the needs of the users. It was important to ensure common elements between the countries. Continued effort and enthusiasm in building this tool on an international as well as a national level was a worthwhile venture.

The NIS and SEE countries were sub-regions with particular needs. It was important to promote sub-regional cooperation as this could ensure an increased implementation rate as could be seen by various examples of initiatives shared between regions such as the Nordic case studies.