

THL International News



Get to know THL and our International Activities

We are proud to present THL, the National Institute for Health and Welfare, and its international activities. The merger between the National Research and Development Centre for Welfare and Health (STAKES) and the National Public Health Institute (KTL) was accomplished as planned and THL was born on January 1, 2009. The letters "THL" are the initials of our Finnish name, "Terveyden ja Hyvinvoinnin Laitos," and will be used internationally, together with our new logo.



We will continue to follow the same practices as we did at STAKES and KTL.

As a key actor both in Finland and internationally, THL is committed to promoting the health and well-being of the population, preventing disease and social harms, and developing health and social services.

THL pursues and carries out its objectives by means of research, development, information guidance, and some national services. Official tasks of the institute include monitoring of infectious diseases and acting as the statutory statistics authority for the field of health and welfare. THL

maintains a strong knowledge base within the field, steering policy making through evidence-based information.

International cooperation had a significant role in both former organizations and will continue to be essential to the activities of THL. The new institute will maintain and promote a close contact with European Union bodies, World Health Organization, and numerous scientific and public institutions and agencies as well as sister organizations around the world.

The International Affairs Unit at THL is strongly committed to continue the international development collaboration work and maintain active contact with our partners all over the world. The scope of our international activities is even wider with our new set-up. Apart from the past activities carried out by IDC at STAKES, the International Affairs Unit is also hosting the Secretariat of IANPHI, the International Association of National Public Health Institutes.

THL offers an interesting workplace for 1400 professionals in the health and social sector. The headquarters are located in Helsinki, with additional offices in Jyväskylä, Kuopio, Oulu, Tampere, Turku and Vaasa. The International Affairs Unit has 25 employees and is located in Helsinki. Our team is looking forward to continuous collaboration with our existing and new partners whom we believe will benefit from the wider perspectives and greater areas of expertise offered by THL. Please don't hesitate to get in touch with us!

Director **JUTTA IMMANEN-PÖYRY**,
THL International Affairs Unit



Photo Sanna Vesikansa

Some part of the staff of THL International Affairs Unit.



IANPHI has global impact

THL International Affairs Unit at hosts the Secretariat of the International Association of National Public Health Institutes (IANPHI). The establishment of IANPHI responded to the need of National Public Health Institute (NPHI) Directors to share common experiences and discuss opportunities for collaboration. The first meeting was held in Bellagio, Italy, in 2002 for preliminary plans and was funded by the Rockefeller Foundation. In 2004, the group reconvened in Helsinki, Finland, and declared their intention to forge a landmark alliance.

IANPHI was formally launched in 2006 at the first General Assembly in Rio de Janeiro, Brazil, with 39 founding members and a one-year planning grant from The Bill and Melinda Gates Foundation. Subsequently, the Gates foundation secured funding for activities during 2007-2011.

At the moment, IANPHI covers the health of the global population to a great extent: it has already 63 member institutes throughout the world both from developing and developed countries. The Secretariat of IANPHI is situated at the National Institute for Health and Welfare (THL) in Finland. The Director General of THL, Dr. Pekka Puska, is the vice-president of IANPHI.

IANPHI's work has in a short time become established and effective: it arranges annual and regional meetings and training, and grants funding for various development projects in developing countries. Furthermore, it provides a rich source of information and benchmarking at its website, www.ianphi.org. For instance, a Framework and Toolkit for NPHI capacity building has been developed, emphasizing core functions and attributes of any NPHI.

IANPHI does not compete with or overlap the work done by WHO and ECDC. The uniqueness of IANPHI is that it gathers together Director Generals of National Public Health Institutes for direct personal communication throughout the world. Personal meetings have generated both *ad hoc* assistance as well as well-planned study tours among the institutes. IANPHI has impact on a global health scale: the NPHIs from developed countries have understood their crucial role and value in helping developing countries improve their public health capacities. This role has accentuated in the past as developed countries have sent their staff to arrange projects and training sessions in other countries that could really benefit from such assistance.

IANPHI provides an important platform for instant and informal knowledge-exchange among peers. For example, this form of communication proved to be successful when faced with the Influenza A (H1N1). In addition, the Secretariat provided resources to handle various issues relating

to the pandemics, such as risk communications.

The funding of IANPHI is almost fully based on a grant from the Melinda and Bill Gates foundation. The current grant period ends in 2011. Future sources of funding are being looked after.

SIRPA SOINI, Project Manager, IANPHI, THL International Affairs Unit

More information www.ianphi.org



General Director Pekka Puska (left) and Tim Evans of WHO.

Tim Evans of WHO: “We have a lot to learn from Finland”

In early 2009, Dr. Tim Evans of Canada visited THL. Dr. Evans is the Assistant Director-General for Information, Evidence and Research at WHO. He and Pekka Puska, Director General of THL, have had a good co-operation for many years.

“Finland has been decades ahead of the rest of the world in both health promotion and community-based prevention. Results from the North Karelian project have been very dramatic and we have a lot to learn from this,” Dr. Evans said. “Chronic diseases challenges are enormous.”

One of the reasons for his visit was to talk about the roles of public health institutes. THL is the secretariat of International Association of National Public Health Institutes (IANPHI).

“It is very unfortunate that public health institutes in many countries are either absent or not as strong as they should be. IANPHI is dedicated to strengthening those institutes, and WHO is actively working on this as well.”

Another major topic of discussion involved a follow up on the Commission of Social Determinants of Health, a report released by WHO in 2008. It recognises that social factors are responsible for the large inequalities in health visible in every country of the world. Finland has been working on strategies to reduce social inequalities. During the visit, Dr. Evans and Dr. Puska discussed possible opportunities for improvement, given the recommendations included in the report.

Overall, Dr. Evans was quite impressed with Finnish health care. “Finland’s health system is very strong in many aspects. One of the greatest things is its universal coverage. Everyone in Finland has full coverage to get health care and no one is left out. Health care costs are also considered low, which is very good. Finland’s strong universal system is one that I think other countries should be moving forward to.”

After their meetings and discussion, Dr. Evans and Dr. Puska participated together in the Pogosta ski-race, a 50 km long ski-race in a Northern Karelian town called Ilomantsi. “We have to practice what we preach,” Evans said with a smile on his face.

ANNE VIENONEN, Communications Officer,
THL International Affairs

The results of North Karelia project can still be seen

Finnish efforts in public health have become famous all over the world, particularly due to the North Karelia Project that was launched in 1972. This project was a response to a local petition to get urgent and effective help to reduce exceptionally high coronary heart disease mortality rates in North Karelia, located in eastern Finland. In cooperation with local and national authorities and experts, as well as WHO, the North-Karelia Project was formulated and implemented to carry out a thorough intervention that involved full participation from community organizations and action from the local people themselves. This successful project now acts as a model programme for national and international applications.

Over the past 25 years, the scope of this project has expanded to include broader objectives of integrated prevention of major non-communicable diseases, health promotion, and prevention of risk-related lifestyles in childhood and youth. The results and experiences of the North Karelia Project show that a determined and well-conceived intervention can have a major impact on health-related lifestyles and population risk factor levels. By 2006, the

annual mortality rate of coronary heart disease in the working age population living in North Karelia had fallen by approximately 85%, compared with the rate before the intervention. Furthermore, the general health status of the people greatly improved.

The coordinating centre of the North Karelia Project is situated in Helsinki at the National Institute for Health and Welfare (former KTL), Department of Health Promotion and Chronic Disease Prevention, which is centrally involved in national NCD prevention work in Finland. The North Karelia Project and Finland have strongly contributed to many of the WHO’s NCD Prevention and Control activities.

THL hosts annual NCD-weeks in March, visited by public health professionals from all over the world. During the adjoining site-visit to North Karelia, participants get a first-hand glance as to how this community-based approach involved action by all the local stakeholders, health and social services, schools, NGOs, media campaigns, food producers, supermarkets, agriculture, etc.

THL published a new book in 2009 in which researchers describe the methods employed and present the results of the successful North Karelia Project. The book can be accessed through an online version at <http://www.stakes.fi/FI/Julkaisut/Kirjakauppa/KKMuuT/Tee001.htm>.

SIRPA SOINI, Project Manager IANPHI,
THL International Affairs Unit



Photo Anne Vienonen

Nurses at work in Helsinki University Hospital.

THL promotes professional mobility in health care between Finland and other EU-countries

THL, International Affairs Unit at together with the City of Helsinki and the Helsinki and Uusimaa Hospital District (HUS), have started an ESF funded project with aims to promote professional mobility of health care staff between Finland and other EU countries.

Studies indicate that national resources alone cannot guarantee Finland a sufficient supply of health care professionals in the future. One of the main objectives of the project is to enhance Finland's appeal among health care professionals in Europe. The recruitment model of the project should satisfy authorities in the countries of departure. Developing this model will require a number of preparatory steps, including the drafting of the basics of a guidance system.

The primary target audience of the project are nurses in other EU countries. It is also indirectly targeted toward the entire population of Finnish health care clients living in the Uusimaa region.

Expected results of the project include:

- Development of foresight related to the demand for labour
- Survey of resources and expertise in partner countries
- Network between Finland and partner countries to support mobility among nurses
- Guidance system for foreign health care professionals, in collaboration with other similar projects

The project will contribute to establishing a collaborative network between Finland and selected EU countries with a vision of promoting the mobility of labour, meeting Finland's demand for labour, and serving the interests of countries of departure. It has secured ESF funding from the Operational Programme in Mainland Finland and will run through 2010.

ULLA PARVIAINEN, Project Manager
THL International Affairs Unit

“Easy money invited drug users and dealers to Romania” – Radu Pop

“It is hard to describe my feelings when I had to say goodbye to the students from the therapeutic community in Kisko. I really felt that in just a few days we became very close with all of them,” described Radu Pop.

Radu Pop is a jurist who will soon become head of the first therapeutic centre in Romania. This centre will be established in the city of Brasov in late 2009, and is one of the goals of the ongoing twinning project that National Institute for Health and Welfare (THL) is running.

During his visit in Finland, Pop first completed one week of practical training. He stayed 4 days at the Kisko therapeutic community, participating in the everyday activities of a typical student. In the therapeutic community, customers are called students.

“Each student has a “big brother” or mentor in the Kisko community, and so did I,” Pop said.

The practical training was useful in many ways because the therapeutic community in Brasov intends to have a structure and methodology somewhat similar to that in the Kisko community.

Challenges in Southern Romania

In Romania, rehabilitation centres are typically only open during the day. Unfortunately, this means that drug addicts have no access to overnight or longer term centres.

“The new therapeutic community will offer room to 20-50 people. The building plans are pretty far in the process already, lacking only furniture and other material staff,” Pop said. “We can take our first clients at the end of this year.”

Before joining the community, there will be an evaluation process to determine whether each client is truly willing and motivated to change his/her life. Managing the space will be quite a challenge, as there already is a waiting list for those who wish to join.

“Differences between Romanian and Finnish culture are quite large,” explained Pop. Many illegal drugs exist in Bucarest and clients are typically more dangerous. Romania is also the biggest transit country in Europe. Until 1996, Romania was only a transit country. Since then, more and more drug users and dealers have arisen too. This is partly because once Romania was liberated, everyone wanted “easy money” and dealing drugs was the quickest way to achieve this. Pop added that there are also differences within Romania. North Romania is more conservative because of its Austrian influence, while most drug users live in South Romania.

Local authorities are tight on funds and social protection services are not very strong in Romania. Luckily, NGOs are developing some effective projects in this field.



Radu Pop

Photo Anne Vieronen

“The new centre hopes to collaborate with local universities and invite students to contribute to the community by volunteering. There will also be positions open to psychologists, social workers, physicians and school educators,” he described.

Mr. Pop’s long-term passion in social issues grew from his earlier years as a volunteer for the Romanian Red Cross. He participated in a range of similar activities, such as promoting sexual health awareness and HIV avoidance. Before accepting this new position as head of the therapeutic centre, Pop worked at the Child Protection Department and the National Anti Drug Agency (ANA).

ANNE VIENONEN, Communications Officer,
THL International Affairs Unit



Photo Anne Vienonen

Liisa Palonen

People behind the success of THL – get to know Liisa

The global scope is present in almost every aspect of THL’s functions, be it joint research, shared expertise or development programs. To tackle the extending sphere of activities, the newly formed THL International Affairs Unit was given the task of coordinating the institute’s international activities. With this role a coordinator’s post was created, and I was appointed.

With the new task I am expected to closely follow and gather information on the scope of THL’s global activities and report it to our management in order to assist them in the overall strategy work.

As a coordinator of THL international affairs, I am interested in THL staff’s international memberships, partnerships and their involvement in joint research efforts as well as shared expertise programs in the academic field of health and welfare. The major part of our international cooperation consists of joint research and development programs in the European Union framework.

Cooperation with international organisations is part of the daily work for many THL employees. Through our numerous expert contacts with the WHO, for instance, we aim to

contribute to the making of global recommendations and instructions on issues of health.

As a comprehensive welfare and public health institute, now even stronger than before, THL attracts health and welfare professionals from other countries. My job also involves planning and arranging official visits in cooperation with the Ministry of Social Affairs and Health, the Ministry for Foreign Affairs or other public institutions.

I have a long administrative and PR experience at the former National Public Health Institute (KTL), a master’s degree in English language including basics in French, journalism and social policy. During the last two years I worked as a communications officer at KTL.

For the coming months, I will be busy getting to know my new colleagues of the former IDC and IANPHI teams and getting settled in my new office with a splendid sea view.

LIISA PALONEN, International Co-ordinator,
THL International Affairs Unit



Photo Sanna Vesikansa

Young girls from Durame.

Development Project on Poverty Monitoring and Evaluation Systems in Ethiopia

THL is participating in a Finnish-Ethiopian joint project to support poverty monitoring in Ethiopia.

The Finnish partners are Statistics Finland (lead) in cooperation with the National Institute for Health and Welfare (THL). The Ethiopian key partner is the Central Statistical Agency of Ethiopia (CSA) and its department for “Household Budget, Welfare, Manufacturing, Prices Statistics.” The associated stakeholders comprise in practice all central government institutions of Ethiopia, represented in this project by the Ministry of Finance and Economic Development in Ethiopia (MOFED) and its links with the CSA. The duration of the project will be 36 months and funding will comply with the new funding instrument of the Ministry

for Foreign Affairs of Finland, designed for international institutional cooperation (ICI) and launched in 2008.

The general objectives of this project are improved poverty reduction and attainment of MDGs (Millennium Development Goals) in Ethiopia.

CSA's existing strategy will be the basis of this capacity building project. The project will get strong support from ICT infrastructure that has been recently developed to a PC-based system.

Roughly one year was dedicated to the preparative phase of the project and we are now ready to start the operative development phase. In late May 2009, the project kick-off took place in Addis Abeba in the presence of all parties involved.

Mrs. Samia Zekeria, Director General of the Central Statistical Agency of Ethiopia (CSA), emphasized the willingness of CSA to be a partner and assured preparedness of CSA experts to effectively collaborate with their Finnish colleagues on this new phase of the project.

JUTTA IMMANEN-PÖYRY, Director,
THL International Affairs Unit



Anne Vienonen

Baby boom in the air

THL International Affairs has some staff changes ahead. Communications Officer Anne Vienonen starts her maternity leave in the middle of July. Anne has been working at our office for about four years. We want to warmly welcome Ms. Sanna Vesikansa who will replace Anne. Sanna has worked as a JPO at UNFPA Ethiopia.

Maternity leave in Finland

Mothers are entitled to take maternity leave while receiving Maternity Allowance from The Social Insurance Institute in Finland (Kela). You can go on maternity leave 50 days before the due date at the earliest and 30 days before the due date at the latest. You can choose for yourself when you would like to start.

Maternity Allowance is paid for the first 105 days of entitlement (not including Sundays and other holidays).

If your employer pays you salary while you are on leave, the Maternity Allowance is paid to your employer. You are entitled to Maternity Allowance if you have lived in Finland at least 180 days before your due date. Your entitlement to the allowance begins when your pregnancy has lasted 154 days.

Daddy month

Besides the 18 days of paternity leave during the Maternity and Parental Allowance period, fathers are entitled to additional leave days. Fathers who take the last 12 working days in the Parental Allowance period get 1–12 additional working days of leave. This 13–24-day period is referred to as the “daddy month”. It must be taken all in one block of time.

For the first 12 working days of the daddy month, you are entitled to a Parental Allowance and for the following 1–12 days, to a Paternity Allowance. Both are paid at the same rate.

Rather than taking the daddy month immediately when the Parental Allowance period ends, you may wish to postpone it to a later time. However, it must be taken within 180 calendar days (about 6 months) of the final date of payment of the Parental Allowance. If you choose to postpone your daddy month, you or your spouse or partner must look after your child at home before the daddy month. The parent looking after the child can claim Child Home Care Allowance for this period.

Mothers are not eligible for Parental Allowance during the daddy month. If your family includes other children under 3 years of age, the Child Home Care Allowance is available, but due to the offset against the benefits payable during the daddy month, none may remain to be paid.

(Source: Kela webpages, www.kela.fi)



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