

**NDPHS Strategy Working Group 2014  
Third Meeting  
Riga, Latvia  
10 June 2014**

<b>Reference</b>	SWG2014 3/4.3/1
<b>Title</b>	Addressing the NDPHS role as a EUSBSR Priority Area Coordinator
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	Having discussed the matter during its 23 <sup>rd</sup> meeting, the CSR requested the SWG to finalize the proposal, presented in this document, regarding addressing the NDPHS' role as a EUSBSR Priority Area Coordinator and share the final proposal with the CSR.
<b>Requested action</b>	For discussion and decision

## 1. Background

In 2009, the NDPHS has accepted the role of a Priority Area Coordinator for Health in the Action Plan of the EU Strategy for the Baltic Sea Region (EUSBSR). Among the conclusions of the NDPHS evaluation in 2013 was that one of the achievements of the Partnership - its successful engagement in the EUSBSR – has not been reflected in the NDPHS Strategy 2010-2013. According to the NDPHS Evaluation Report 2013<sup>1</sup>, this made the Strategy less useful for measuring the progress of the Partnership and created difficulties in estimating the resources necessary for this task.

To avoid the same shortcoming in the NDPHS Strategy 2014-2020, the Strategy Working Group (SWG) has been asked by the Committee of Senior Representatives (CSR) to address the following recommendation from the NDPHS evaluation: “Resource-demands by external obligations – especially the role of NDPHS within the EUSBSR – have to be defined beforehand”. To assist the SWG in its task, the Secretariat has prepared a paper listing its main responsibilities of a Priority Area Coordinator, clarifying what activities are required of the NDPHS for fulfilling them, as well as resources necessary to that end. The paper also contains suggestions (see further down, item 4) on how to address the issue in the NDPHS Strategy 2014-2020.

## 2. Tasks of a Priority Area Coordinator as stipulated in the EUSBSR Action Plan

In the EUSBSR Action Plan, the tasks of a Priority Area Coordinator are defined as follows:

<sup>1</sup> Available at: [http://www.ndphs.org//documents/3726/CSR\\_22-6-1\\_Independent\\_Evaluation\\_%20of\\_%20the%20\\_NDPHS\\_%202013.pdf](http://www.ndphs.org//documents/3726/CSR_22-6-1_Independent_Evaluation_%20of_%20the%20_NDPHS_%202013.pdf).

**“The tasks of the Priority Area Coordinator include:**

*Facilitate involvement of and cooperation with relevant stakeholders from the entire macro-region and in close cooperation with those:*

1. Implement and follow-up the Priority Area towards targets and indicators defined. Whenever relevant, review of the indicators and targets set.
2. Review regularly the relevance of the Priority Area as described in the Action Plan. Propose necessary updates including the addition, modification or deletion of actions and Flagship Projects to the European Commission.
3. Facilitate policy discussions in the Baltic Sea Region regarding the Priority Area concerned.
4. Facilitate development and implementation of actions and Flagship Projects defined under the Priority Area.
5. Convey relevant results and recommendations of ongoing and completed Flagship Projects to the policy level.
6. Ensure communication and visibility of the Priority Area.
7. Maintain a dialogue with bodies in charge of implementation of programmes/financial instruments on alignment of funding for implementation of the Priority Area and Flagship Projects.
8. Liaise and cooperate with other Priority Area Coordinators and Horizontal Action Leaders in order to ensure coherence and avoid duplication of actions in the EUSBSR implementation.
9. Monitor progress within the Priority Area and report on it.”

It should be noted that – given that the scope and contents of the Priority Area Health in the EUSBSR Action Plan have been developed by the NDPHS and coincide with those included in the NDPHS Strategy for the period until the end of 2013 – except task 2, all above items are, in fact, very much what the NDPHS does irrespectively of the EUSBSR.

**3. NDPHS’ activities in relation to its role as a Priority Area Coordinator: current state of affairs**

As a result of the NDPHS approach and policy, the health-related actions included in the EUSBSR Action Plan perfectly coincided with the goals and operational targets included in the NDPHS Strategy 2010-2013, and the two strategies were correlated and complemented each other in the health area. In other words, the NDPHS’ activities to implement its own strategy contributed to the implementation of the EUSBSR, too.

Consequently, the additional workload for Partners, Expert Groups and Task Groups in relation to the NDPHS role as a Priority Area Coordinator has been relatively small (in comparison, the NDPHS Secretariat had more additional tasks). The additional workload was mainly related to administrative tasks, but not to the activities included in the EUSBSR, since those were defined by the NDPHS and consistent with its own Strategy 2010-2013.

Moreover, the additional activities:

- (i) are incorporated in the NDPHS processes, as far possible, to avoid the duplication of work (e.g., the NDPHS Committee of Senior Representatives *de facto* acts as the Steering Group for the Health Priority Area of the EUSBSR);
- (ii) contribute to the increased visibility of the NDPHS (e.g., activities to promote the results of the EUSBSR Health Priority Area contribute to the visibility of the NDPHS as the facilitator and coordinator of the activities);
- (iii) provide an additional opportunity to influence policy developments in the region (e.g., the development of the EUSBSR targets and indicators allows for influencing the shape and further evolution of the EUSBSR);
- (iv) are co-financed by the EU (e.g., a full-time employment of a project assistant for 11 months in 2013 to assist the NDPHS Secretariat's staff, as well as Expert and Task Groups interested in such support, in their duties related to the EUSBSR).

**The following are the NDPHS' activities in relation to the tasks of a Priority Area Coordinator as defined in the EUSBSR Action Plan:<sup>2</sup>**

The Priority Area Coordinator shall *facilitate involvement of and cooperation with relevant stakeholders from the entire macro-region and act in close cooperation with those.*

This is fully consistent with the respective Operational Targets under the Goal 1 "The role and working methods of the NDPHS are strengthened" in the NDPHS Strategy 2010-2013.

*1. Implement and follow-up the Priority Area towards targets and indicators defined. Whenever relevant, review of the indicators and targets set.*

The EUSBSR health-related targets and indicators were developed by the NDPHS Expert and Task Groups in coordination and cooperation with the NDPHS Secretariat and approved by the CSR for presentation to the European Commission. They were subsequently replaced with one.<sup>3</sup> The proposed target is a reduced PYLL-rate. The indicator (PYLL) is a sensitive indicator which measures prematurely lost life for reasons that could be preventable either through appropriately implemented policy measures (Health in All Policies) or health sector interventions, especially in the primary health care sector. Consequently, actions towards achievement of the future NDPHS targets and indicators will be contributing to the EUSBSR target.

*2. Review regularly the relevance of the Priority Area as described in the Action Plan. Propose necessary updates including the addition, modification or deletion of actions and Flagship Projects to the European Commission.*

The description of the EUSBSR Health Priority Area has been developed by the respective NDPHS Expert and Task Groups in coordination and cooperation with the NDPHS Secretariat and approved by the CSR for submission to the European Commission. It was in full coherence with and complemented the NDPHS Operational Targets and Indicators for the period of 2010-2013. Monitoring and discussing the progress in the implementation of both the NDPHS Strategy and the EUSBSR is necessary with regard to the accountability and transparency of the NDPHS-led work. Consequently, this is a permanent item on the agenda of the meetings of: the PAC, the CSR, the EG Chairs and ITAs, the NDPHS Chair and Co-Chair Countries and the Secretariat, the Expert Groups and the Task Groups.

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<sup>2</sup> Main activities are described; however, the list should not be interpreted as exhaustive.

<sup>3</sup> The EU has not approved the proposal yet.

*3. Facilitate policy discussions in the Baltic Sea Region regarding the Priority Area concerned.*

The Oslo Declaration tasks the PAC to “decide on possible joint activities to be carried out within the framework of the Partnership and approve Work Programmes and other proposals aimed at improved co-ordination and policy coherence among Partners.” Consistent with it, the Partnership serves as a forum for development of strategies and policies, and coordination of activities on health and social well-being.

*4. Facilitate development and implementation of actions and Flagship Projects defined under the Priority Area.*

The Oslo Declaration tasks the PAC to “recommend measures that facilitate improved co-ordination of projects and programmes carried out in the Northern Dimension area.” Health-related actions of the EUSBSR are proposed by the NDPHS and were consistent with the NDPHS Goals and Operational Targets for the period of 2010-2013. The health-related Flagship Projects included in the EUSBSR Action Plan are: (i) facilitated, led or implemented by the NDPHS (ImPrim, Alcohol and Drug Prevention among Youth, as well as the potential Flagship Projects proposed by the ASA EG, the HIV/AIDS&AI EG and the NCD EG); (ii) implemented by the NDPHS Associated Expert Group (ICT for Health) and (iii) included in the EUSBSR as a Flagship project following the NDPHS’ request (PrimCare IT).

*5. Convey relevant results and recommendations of ongoing and completed Flagship Projects to the policy level.*

The Oslo Declaration tasks the PAC to “facilitate networking, promote international contacts to stimulate professional discussions, exchange of competence and experience, sharing of best practices and information.” As a cooperative effort of governments and international organisations, the NDPHS is well-placed to help to convey relevant results and recommendations of ongoing and completed Flagship Projects to the policy level. This element, however, has not been explored by the NDPHS to the fullest. Consequently, with financial support of the EU, a regional conference was organized on 12 November 2013, aimed at supporting project-to-policy cycle and project development and fund-raising efforts of relevant organizations (among them Flagship Project Leaders) operating in the Health Priority Area. The need to facilitate the project-to-policy cycle was also recognized during the NDPHS evaluation from 2013.

*6. Ensure communication and visibility of the Priority Area.*

The Oslo Declaration tasks the PAC to “ensure an efficient exchange of information, including the use of relevant databases.” The tools at the NDPHS disposal (including its website, database, e-newsletter etc.) are used to ensure communication and visibility of the Health Priority Area. Information is also disseminated, if relevant, through presentations at regional events and by providing input to publications and documents. Further, with financial assistance of the EU, in 2013 the NDPHS Secretariat further developed the EUSBSR section of the NDPHS website and produced an information leaflet for dissemination during relevant events (NDPHS meetings, EUSBSR Annual Forums and other non-NDPHS events).

*7. Maintain a dialogue with bodies in charge of implementation of programmes/financial instruments on alignment of funding for implementation of the Priority Area and Flagship Projects.*

The possibility to maintain a dialogue with bodies in charge of implementation of programmes/financial instruments should be seen as an opportunity and privilege. The NDPHS, as a Priority Area Coordinator, can better influence the implementation of (some) funding programmes operating in the Northern Dimension area. The NDPHS participated in the Reference Group of the Baltic Sea Region Programme for the funding period 2014-2020 and contributed to the development of the Programme.

*8. Liaise and cooperate with other Priority Area Coordinators and Horizontal Action Leaders in order to ensure coherence and avoid duplication of actions in the EUSBSR implementation.*

As stipulated by the Oslo Declaration “The Partnership aims at contributing to intensified co-operation in social and health development” and “the activities by Partners and Participants in a Partnership should contribute to greater political and administrative coherence in the area.” To support these and consistent with the above-named Priority Area Coordinator task, the NDPHS Secretariat participates in the annual EUSBSR Forums, as well as in the meetings of the Priority Area Coordinators and other meetings of relevance to the EUSBSR, which take place a few times per year.

*9. Monitor progress within the Priority Area and report on it.*

The progress report on the implementation of the EUSBSR is prepared by the NDPHS Secretariat based on contributions from the Expert and Task Groups. As per Council conclusions in 2012, progress reports are now developed every two years instead of every year. Short two-three pages long inputs are requested from the Priority Area Coordinators (consequently, a few paragraphs per group). Thus, the extra reporting requirement does not amount to a significant workload. In the past, this process was incorporated into the NDPHS Annual Reporting Mechanism, therefore the Groups’ extra reporting work, if any, was limited to slightly editing the information submitted according to the NDPHS internal reporting procedures. With the adoption of the new NDPHS reporting template, the situation has changed.

An additional task emanating from the NDPHS roles as a Priority Area Coordinator:

- *EUSBSR Seed Money Facility*

In addition to the above-mentioned tasks, in 2013 the NDPHS Secretariat was involved in reviewing the health/social well-being project applications for the EUSBSR Seed Money Facility to determine whether they contribute to the objectives of the Health Priority area and issued support letters to all projects that satisfied this requirement. It resulted in several days workload, notably to ensure all applications sent to the Facility were filled in properly and to help each application be of a better quality. However, the work was performed by the EUSBSR project assistant, which was financed by the EU. It is currently under discussion what would be the exact role and tasks of the Priority Area Coordinators with regard to the EUSBSR Seed Money Facility in the future. Clearly, the additional workload was worth it considering that the quantity and quality of the applications sent to the Facility helped ensure that the NDPHS would have even more influence over the design and implementation of this funding mechanism.

#### **4. NDPHS' role as the EUSBSR Health Priority Area Coordination vis-à-vis the NDPHS Strategy 2014-2020**

Until now, the NDPHS' role as the Priority Area Coordinator has not resulted in a major additional workload, since most of the EUSBSR-related activities were being performed as part of the implementation of the NDPHS Strategy 2010-2013 and/or the Oslo Declaration. As demonstrated above, activities that could be described as strictly EUSBSR-related are very limited in the amount and scope since most activities were either mirroring those described in the NDPHS Strategy 2010-2013 and the Oslo Declaration or contributed to NDPHS' strategic aims such as increased visibility and better influence in processes related to allocation of funding for regional cooperation for health and social well-being promotion activities.

It is not expected that the tasks of the EUSBSR Priority Area Coordinators will increase in the nearest future. And, on the up-side the NDPHS gains a lot by being praised for doing good work in coordinating the Health Priority Area in the EUSBSR. Thus, it can be assumed that at least in the coming few years the NDPHS can continue successfully performing its Priority Area Coordinator role within the resources allocated for the core NDPHS activities. In addition, it should not be forgotten that, thanks to holding its role of a Priority Area Coordinator, the NDPHS has access to the EUSBSR-related technical assistance funds, which helped the NDPHS to make better progress in the past years.

**It is proposed that the EUSBSR-related targets in the Action Plan accompanying the NDPHS Strategy 2014-2020 would be formulated in accordance with the tasks of a Priority Area Coordinator quoted above, with a focus on a few concrete responsibilities of strategic nature that are important not only in the EUSBSR context but for the NDPHS in general. Examples of those would be:**

*Facilitate involvement of and cooperation with relevant stakeholders in the region, and in close cooperation with those:*

3. Facilitate policy discussions in the region, including regarding the EUSBSR Priority Area Health.
4. Facilitate development and implementation of actions and Flagship Projects defined under the Priority Area Health.
5. Convey relevant results and recommendations of ongoing and completed Flagship Projects to the policy level.
6. Ensure communication and visibility of the Priority Area Health.