



**NDPHS Strategy Working Group  
First Meeting  
Stockholm, Sweden  
21 January 2009**

<b>Title</b>	Minutes
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	This document recalls the main discussion points and decisions made during the 1 <sup>st</sup> meeting of the SWG
<b>List of Annexes</b>	Annex 1 – List of documents submitted to the meeting Annex 2 – List of participants

### **1. Welcome and opening of the meeting**

Ms. Kerstin Ödman, the Chair of the *ad hoc* Strategy Working Group (SWG), welcomed the participants and opened the meeting.

### **2. Adoption of the agenda**

The Meeting **adopted** the provisional agenda (submitted as document SWG 1/2/1).

### **3. Implementation of the assignment – an overall discussion**

With reference to the document “Overview of the Partners’ responses during the PAC 5” (submitted as document SWG 1/3/Info 3/Rev 1)<sup>1</sup> the SWG Chair noted that all countries apart from Iceland and France had provided their answers.

The Meeting **agreed** that the SWG should follow-up on Iceland, to receive their answers to the questions on scope and purpose of the NDPHS.

With reference to the document “Terms of Reference and Timeline of the *ad hoc* Strategy Working Group” (submitted as document SWG 1/3/Info 3/Rev 1), the EC expressed the need to adjust the ToRs in order to be able to invite also relevant organizations and not only countries.

Canada stressed the need to encourage the WHO to become better involved in the NDPHS activities, such as the SWG meetings and others, as their expertise was valuable and needed.

Finland supported Canada’s proposal and suggested inviting the WHO Observatory to become involved in NDPHS activities.

---

<sup>1</sup> The Secretariat has, in the meantime updated the document once more, the latest version, including the Polish answer in full is available as document SWG 1/3/Info 3/Rev 2 on the SWG 1 meeting page).

The Meeting **noted** that the Oslo Declaration mentioned WHO and EC as important Partners, and that the current work of the Partnership built on WHO's and the EC's work, too.

The Meeting **welcomed** the active participation of the EC in the SWG meetings and **agreed** to invite the WHO and other organizations to provide comments once the SWG had produced a first series of results, which would need to be further consulted with the Partners.

As regards working methods, Canada proposed to the SWG members to assign additional resources in order to complete the work on time.

Finland and Canada stated that they might be able to provide financial support to the work of the SWG, e.g. for hiring a consultant, if a project proposal was developed in due course.

Norway reminded that the SWG would first need to agree on a proposal concerning the NDPHS direction and identify how big changes it wanted to propose, before the consultant could start the work. Once decided, the consultant could also assist the NDPHS in developing the new administrative rules and procedures for a Secretariat with own legal capacity. However, it was a matter of the SWG to propose what kind of organization the NDPHS was going to be and that therefore certain tasks could not be outsourced.

The Meeting **requested** the SWG Chair and the Secretariat to work on a project proposal to be submitted as a meeting document for the SWG 2 meeting. Following the SWG 2 discussions, a comprehensive project proposal could be developed. The proposal should include at least the following topics:

- Consultant's recommendations and CSR's comments concerning:
- Funding of activities
- Mid term vision and goals
- Success indicators
- Projects
- Expert Groups
- Administrative rules and procedures for a Secretariat with legal capacity

In the course of the discussions on the work of the SWG, the importance of the active participation of the SWG members was underlined. It was greatly appreciated that the Russian Ministry for Foreign Affairs was represented. However, in view of the need for input from the lead Ministry, the SWG stated that it was important for the SWG to know if and how the Russian Ministry of Health will be involved in the shaping of the future of the NDPHS.

The Meeting **requested** the representative of the Russian Ministry of Foreign Affairs, to arrange a meeting with the Russian Ministry of Health and the Ministry of Foreign Affairs and the CSR Chair, SWG Chair and Finland in Moscow in connection with their participation in a Conference on the 26<sup>th</sup> and 27<sup>th</sup> of February 2009.

Russia agreed to arrange for such a meeting and to inform the SWG Chair about further details as soon as possible.

#### **4. Recommendations to be addressed by the SWG – preliminary ideas, division of responsibilities and timelines**

The SWG Chair introduced the document "Proposed outline of the division of responsibilities" (submitted as document SWG 1/4/1).

The Meeting **agreed** on the division of responsibilities as outlined therein.

The SWG Chair invited the Meeting to discuss the following groups of recommendations/topics:

- **NDPHS Membership and Partner Status**

Germany referred to its proposal on the NDPHS Membership status and explained its view on how the NDPHS membership status could be re-organized.

Norway proposed that those countries, that will establish the Secretariat and pay their membership fees directly to it, should be full Partners with decision making rights. The Membership status could not in general be linked to the countries that provide financial contributions to the NDPHS Secretariat.

The SWG Chair informed that the new, yet to be adopted Terms of Reference for the Secretariat foresaw a possibility for countries to become a member even after the legal capacity for the Secretariat had been established.

Finland considered those countries, who had established the legal capacity of the Secretariat the “core Partners” while all others were to be considered as observers.

Germany remarked that the current solution of having Partners and Associated Partners should be reviewed and a solution needed found.

The EC underlined that, whatever the final decision concerning membership would be; the NDPHS should be open, friendly and inviting to all actors who wish to participate in its work, not restricting their contribution.

The Meeting **decided** to return to the proposal in its next SWG meeting: There are two kinds of participants – Partners (decision making partners and partner organizations) as well as Observers. Countries that establish the legal capacity of the Secretariat and pay their annual membership fee have a decision-making right and are called Partners. Countries that do not match the above criteria are observers. Observers that pay contributions stay observers. Founding organizations, as mentioned in the Oslo Declaration, are also called Partners. Observers and Partners organizations can discuss, but can't take part in the decision-making process. New membership rules will need to be developed when the Secretariat's own legal capacity is in place.

- **NDPHS' overall direction**

Germany pointed at the lack of financing of projects, which meant that no projects could be implemented. Therefore the NDPHS had to concentrate on strategy development.

Poland outlined different scenarios where the NDPHS could be heading at. The NDPHS provided a good ground for exchange of activities. Activities could revolve around developing new strategies or around establishing task-oriented Expert Groups. The Partnership needed to define its mid-term goals first, in order to have a clear vision which areas would need to be covered by its activities.

Norway suggested to enter into a dialogue at national level with the relevant politicians and stakeholders to see what kind of organization and what kind of activities the stakeholders would like to see. It would then be up to the PAC to decide what direction the NDPHS would take.

The EC suggested to put a stronger focus on strategies and policies, because the Oslo Declaration had given the NDPHS a broad mandate and remarked, with reference to the document "overview of the Partners' responses during the PAC 5" (submitted as document SWG 1/3/Info 3), that the majority of countries supported a strategy and policy approach. The NDPHS had been recognized as a coordinating body and policy-making body. There was very weak support for using it as an implementing body.

Finland pointed out that the implementation aspects should not be neglected, as the NDPHS already had a functioning project pipeline in place. WHO and EU were already policy making bodies and it would be limiting for the Partnership to only focus on policies and strategies. The NDPHS needed to be more than only an administrative body. It needed results and needed to provide an added value.

Norway called for a strong NDPHS organization that could address issues in an adequate and competent way; that could create synergies and could be a coordinating body. One way to achieve this vision could be to focus the work on policy and outsource the projects. The role of the NDPHS would be to base its work on the EU and WHO strategies, adapting them to the circumstances of the ND countries and use them as a platform to build on. NDPHS would have an overview of all projects in the ND area. The Expert Groups would map out the situation. In this way the NDPHS would be the body that the EU and other actors consult. Money was not the important question: the big problem was to coordinate.

Germany expressed the wish to work more on a political level, in order to increase the visibility of the Partnership.

Sweden remarked that the need to show concrete results was a matter of survival for the Partnership. While strategies could provide an added value, that there are strategies at different levels, both at the political level but also at the level of exchanging experiences in very practical methods: the way forward may also be to put a stronger emphasis on the exchange of experiences at local level to be able to provide practical results. In addition, the NDPHS should facilitate projects, but not implement projects.

Norway remarked that the results the NDPHS was aiming for (e.g. developing national ideas further and transform them into projects or strategies), needed to be formulated in the mid-term goals.

Poland added that the Expert Groups could be used to provide such input.

The EC referred to the Northern Dimension Policy and explained that the good progress of the NDPHS had not only inspired the ND actors but also encouraged them to establish similar activities, such as the ND Partnership on Transport and Logistics (NDPTL). The NDPHS had also served as good example for the SEEHN. In order to continue the Partnership's success, the NDPHS needed deliverables.

In order to create more concrete results, Germany suggested to form a pool of experts out of which *Ad hoc* Working Groups could be borne. This approach would be flexible and enable the NDPHS to respond to a wider range of health-related challenges, instead of using permanent Expert Groups.

Finland remarked that the HIV/AIDS EG had already been providing excellent, concrete results.

The Meeting **agreed** that the Partnership should be active in policy and strategy development as well as in the exchange of best practices and policies (those are prioritized). Further, it should identify problems in the region and develop project ideas and put them in a market place, but also facilitate and “outsource” projects via the pipeline.

Norway proposed that the future approach to strategies could be two-fold: Firstly to identify gaps in the health and social fields in the region, and provide expertise on best practices on how to tackle them, and secondly to offer ideas for projects which aimed to address these health issues. However this two-fold approach required a back-up from politicians and national stakeholders, which are involved in ND and/or health matters.

#### - **Social Well-being**

The SWG Chair referred to the note on Social Well-being, jointly submitted from the NCM and Denmark (attached as Annex 2) and informed that the document did not contain a definition of social well-being. However, there was enough guidance on what was meant by social well-being in the Oslo Declaration itself. Furthermore, the WHO definition of health in the WHO Constitution referred to social well-being (“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”). The SWG Chair proposed to give this material, especially the proposals for projects, to the NDPHS EGs, asking them to take further the social well-being aspects as defined in the Oslo Declaration and referred to in the WHO constitution and include these aspects in their EG-related work.

Poland stressed that just in case if Partners decides on strengthening of the social aspects in the Partnership, then involving the Ministries of Social Affairs more into the NDPHS activities would be desirable.

Finland remarked that other organizations in the regions already worked on some of the social aspects and that the NDPHS should not duplicate these efforts (e.g. vulnerable groups, like children or disabled people).

The Meeting **agreed** that the “Social Well-being” part in the name of the NDPHS should be addressed above all, for instance by connecting social well-being issues with already existing health topics that the Expert Groups have been working on. Further discussions on how to better include social well-being issues could be held when discussing the new mandates of the EGs.

#### - **Other assignments**

SWG Members agreed to send their proposals concerning the follow-up of the recommendations in their agreed fields of responsibility to the Secretariat as soon as possible for sharing between the Members.

## **5. Any other business**

No other items were proposed.

## **6. Adoption of the SWG 1 meeting minutes**

The Meeting agreed that the Secretariat would send out draft SWG 1 Meeting minutes to the participants on 4 February 2009 and that comments on the draft would be due, at the latest, on 13 February 2009. A revised report would then be distributed on 16 February 2009 to be adopted *per capsulam* provided that no further comments are submitted within one week.

## **7. Closing of the meeting**

The Meeting closed at 16:00 hours.

<b>Reference</b>	Annex 1
<b>Title</b>	List of documents submitted to the meeting
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	This list includes all documents submitted to the meeting

### Main documents

Code	Title	Submitted by	Date
• SWG 1/2/1	Provisional agenda	Secretariat	15/12/08
• SWG 1/2/2	Provisional annotated agenda	Secretariat	15/12/08
• SWG 1/3/Info 1	Terms of Reference and Timeline for the NDPHS <i>ad hoc</i> Strategy Working Group (SWG)	Secretariat	15/12/08
• SWG 1/3/Info 2	NDPHS Evaluation - A compilation of reference documents	Secretariat	15/12/08
• SWG 1/3/Info 3	Overview of Partners responses during PAC 5	Secretariat	15/12/08
• SWG 1/3/Info 3/ Rev 1	Revised overview of Partners responses during PAC 5	Secretariat	13/01/09
• SWG 1/3/Info 4	Documents to be referred to or to be taken into account in the SWG work	Secretariat	15/12/08
• SWG 1/3/Info 5	Collection of rules in the NDPHS	Secretariat	19/01/09
• SWG 1/4/1	Proposed outline of the division of responsibilities	SWG Chair	15/12/08

### Additional documents submitted during the meeting

• Not coded	Proposal for a revised NDPHS Member status	Germany	21/01/09
• Not coded	Note on Social Well-being	Denmark and Nordic Council of Ministers	21/01/09
• Not coded	Social Well-being in the NDPHS	Finland	21/01/09

## **Auxiliary documents**

<b>Code</b>	<b>Title</b>	<b>Submitted by</b>	<b>Date</b>
• SWG 1/Info 1	Practical information for participants	Secretariat	15/12/08
• SWG 1/Info 2	Preliminary timetable	Secretariat	15/12/08
• SWG 1/Info 2/Rev 1	Revised preliminary timetable	Secretariat	19/01/09
• SWG 1/Info 3	List of documents	Secretariat	15/12/08
• SWG 1/Info 3/Rev 1	Revised list of documents	Secretariat	19/01/09
• SWG 1/Info 4	List of participants	Secretariat	19/01/09

<b>Reference</b>	Annex 2
<b>Title</b>	List of participants
<b>Submitted by</b>	Secretariat
<b>Summary / Note</b>	This list includes all persons who attended the meeting

### Sweden (SWG CHAIR)

Ms Kerstin Ödman  
Senior Adviser  
Ministry of Health and Social Affairs  
103 33 Stockholm  
SWEDEN  
Phone: +46 8 405 22 46  
Fax: +46 8 21 78 76  
E-mail: [kerstin.e.odman@social.ministry.se](mailto:kerstin.e.odman@social.ministry.se)

Ms Maria Waltari  
Senior Officer  
Ministry of Social Affairs and Health  
P.O.BOX 33, 00023 Government,  
Finland  
Tel: +358 9 16074193  
Fax: +358 9 160 73296  
Mobile: +358 50 364 7815  
E-mail: [maria.waltari@stm.fi](mailto:maria.waltari@stm.fi)

### Canada

Mr. Robert Shearer  
Health and Social Affairs Counsellor  
Mission of Canada to the European Union  
Avenue de Tervuren, 2  
1040 Brussels  
BELGIUM  
Phone: +32 2 741 07 80  
Fax: +32 2 741 06 97  
E-mail: [robert.shearer@international.gc.ca](mailto:robert.shearer@international.gc.ca)

### Germany

Mr. Thomas Ifland  
Officer  
Federal Ministry of Health  
Rochusstrasse 1  
53123 Bonn  
GERMANY  
Phone: +49 228 941 3311  
Fax: +49 228 941 4945  
E-mail: [thomas.ifland@bmg.bund.de](mailto:thomas.ifland@bmg.bund.de)

### Finland

Ms Liisa Ollila  
Director of International Affairs  
Ministry of Social Affairs and Health  
Meritullinkatu 8  
FIN-00023 Government  
FINLAND  
Phone: +358 9 16073925  
Fax: +358 9 16073296  
E-mail: [liisa.ollila@stm.fi](mailto:liisa.ollila@stm.fi)

### Lithuania

Mr. Viktoras Meižis  
Head of Foreign Affairs Division  
Lithuanian Ministry of Health  
Vilniaus 33  
01506 Vilnius  
LITHUANIA  
Phone: +370 526 61420  
Fax: +370 526 6 1402  
E-mail: [viktoras.meizis@sam.lt](mailto:viktoras.meizis@sam.lt)

## Norway

Ms. Toril Roscher-Nielsen  
Director General  
Ministry of Health and Care Services  
P.O. Box 8011 Dep  
0030 Oslo  
NORWAY  
Phone: + 47 22 24 8420  
Fax: + 47 22 24 9577  
E-mail: [trn@hd.dep.no](mailto:trn@hd.dep.no)

Ms Vibeke R. Gundersen  
Senior Adviser  
Division for International Cooperation and  
Preparedness  
Ministry of Health and Care Services  
P.O. Box 8011 Dep  
N-0030 Oslo  
NORWAY  
Phone: +47 22 24 87 73  
Fax: +47 22 24 95 77  
E-mail: [vrg@hod.dep.no](mailto:vrg@hod.dep.no)

## Poland

Ms. Jadwiga Jaszczyk  
Office for Foreign Aid Programs. in Health Care  
Aleje Jerozolimskie 155  
02-326 Warsaw  
POLAND  
Phone: +48 22 658 22 61  
Fax: +48 22 658 26 17  
E-mail: [j.jaszczyk@bpz.gov.pl](mailto:j.jaszczyk@bpz.gov.pl)

## Russia

Mr. Yuri Proskurnikov  
Secretary-Referent  
Department of European Cooperation  
Smolenskaya-Sennaya 32/34  
119200 Moscow  
RUSSIA  
Phone: +7(495)255 25 66  
Fax: +7(495)241 96 02  
E-mail: [yproskurnikov@mid.ru](mailto:yproskurnikov@mid.ru)

## European Commission

Mr. Boguslaw Suski  
Health & Consumer Protection  
Directorate-General  
Directorate C - Public Health & Risk  
Assessment  
F101 08/91  
Rue Froissart 101  
B-1040 Brussels  
BELGIUM  
Phone: + 32 2 29 522 60  
Fax: + 32 2 29 217 53  
E-mail: [boguslaw.suski@ec.europa.eu](mailto:boguslaw.suski@ec.europa.eu)

## NDPHS SECRETARIAT

Mr. Marek Maciejowski  
Head of Secretariat  
P.O. Box 2010  
103 11 Stockholm  
SWEDEN  
Phone: +46 8 440 1938  
Fax: +46 8 440 1944  
E-mail: [marek.maciejowski@ndphs.org](mailto:marek.maciejowski@ndphs.org)

Mr. Bernd Treichel  
Senior Advisor  
P.O. Box 2010  
103 11 Stockholm  
SWEDEN  
Phone: +46 8 440 1946  
Fax: +46 8 440 1944  
E-mail: [bernd.treichel@ndphs.org](mailto:bernd.treichel@ndphs.org)