Committee of Senior Representatives (CSR)
Twenty-sixth Meeting
Copenhagen, Denmark
29 April 2016

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1. Opening of the meeting and welcome

The meeting was opened and chaired by Ms. Ivi Normet, the NDPHS CSR Chair, the Ministry of Social Affairs of Estonia.

Ms. Svenja Herrmann, WHO Europe, welcomed the participants on behalf of the Host. During her intervention, she highlighted that, following the PAC 7 in 2010 and the SWG 2 meeting in 2014, WHO is pleased to host the CSR meeting for the first time. Echoing the messages of the WHO Regional Director for Europe during the PAC 11, she expressed WHO’s appreciation for the strong alignment of the NDPHS Strategy 2020 and its Action Plan with Health 2020. The Policy-to-project-to-policy conference, organized the day before the CSR meeting, highlighted that it is important to develop project activities in close alignment with the policy environment. Therefore, WHO hopes that the NDPHS will continue to implement WHO policies that are agreed on by the countries of the Northern Dimension and tailored to the needs of NDPHS countries.

2. Adoption of the agenda

The Meeting adopted the Provisional agenda with timetable (cf. document CSR 26/2/1).

3. Information by the NDPHS Chairmanship and the NDPHS Secretariat

The Secretariat informed about the outcome of the 24th meeting of the Northern Dimension Steering Group (NDSG), which took place on 21 January 2016 in Reykjavik, Iceland, and was attended by the CSR Chair and the NDPHS Secretariat. In the near future a ministerial meeting might be held to which all partnerships will be required to submit a progress report, in which case the Secretariat will approach the Expert Groups for their inputs. Before submission to the NDSG ministerial meeting, the said report would be disseminated to the Partners for approval.

Regarding the Partnership’s fundraising efforts, the Secretariat informed that, following the CSR’s approval, it had forwarded the project ideas submitted by the HIV, TB & AI EG, the

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1 The speech delivered by the CSR Chair can be downloaded at http://www.ndphs.org/?speeches.2016.
OSH EG and the NCD EG together with an assessment of how money previously received had been used to the European Commission (DG NEAR) for possible funding through the European Neighbourhood Instrument. More recently, DG NEAR stated that no funding was allocated for the Northern Dimension in the 2016 budget. DG NEAR also indicated that the situation might change in the following months, and recommended that the NDPHS create a pipeline of potential projects. To that end, the Secretariat encouraged the Partners to address the Commission regarding the funding issue through their individual channels whenever possible. Finally, while referring to the character of the funding program, it highlighted the importance of engaging partners from Russia and/or Belarus in projects planned to be financed through ENI funding.

Further, the Secretariat informed that, following the mandate given to it by the CSR, it had sent a diplomatic note to the Foreign Ministry of Belarus with a letter from the CSR Chair attached regarding Belarus’ possible engagement with the NDPHS. So far, no response has been received.

Russia stated that it was in contact with Belarus and was awaiting its official position.

Further, the Secretariat informed that the updating of the NDPHS website had been completed and that it was in contact with Russia regarding the finalization of updating the Russian language version.

The Meeting took note of the presented information.

4. Information by the NDPHS Partners

Lithuania informed that it had signed the Agreement on the establishment of the NDPHS Secretariat and would proceed with the further necessary steps.

Poland informed that as of early January this year it had become a Party to the Agreement on the establishment of the NDPHS Secretariat. Poland thanked the Depository Country for good cooperation in making it possible.

The Chair thanked and congratulated Lithuania and Poland.

The Meeting took note of the presented information with appreciation.

5. Monitoring of and reporting on the NDPHS progress

5.1 Approval of the NDPHS Progress report for 2015

With reference to document CSR 26/5.1/1, the Secretariat introduced the Draft NDPHS progress report for 2015. It thanked the ASA EG, HIV/AIDS & AI EG and NCD EG for their inputs and encouraged the other groups to submit theirs so that their progress and achievements can be reflected in the report and on the NDPHS homepage. Further, the Secretariat explained that, unlike in the past, the current progress report did not build on an annual work plan of the Partnership, since there was no such plan adopted for the year 2015. However, the established pattern of the previous years was applied by the Secretariat when developing the progress report. A new approach is the inclusion of a summary of achievements on page 5 aiming to provide a succinct record of achievements for speed reading. Finally, the Secretariat thanked the European Union and Germany for their voluntary contributions.

The HIV, TB & AI EG ITA introduced the progress report of the HIV/AIDS & AI EG for 2015. During his presentation he highlighted that the emphasis of the group’s work was on
developing input to the NDPHS Strategy 2020 and its accompanying Action Plan. The meetings of the EG and the work in between meetings greatly focused on providing this input. Furthermore, the group was engaged in the Secretariat-led project “Building capacity in prevention of HIV and associated infections among youth at high risk” and the planning of the EU Joint Action on HIV and Co-Infection Prevention and Harm Reduction.

The Chair thanked the group and underlined the value of its great work on this important issue for the Partnership.

The ASA EG ITA introduced the group’s progress report for 2015. During his presentation he highlighted the three main activities of the group: The group was involved in the development of the NDPHS Strategy 2020 and its Action Plan as well as the group’s Terms of Reference. Further, the group was involved in the project “Surveillance of Alcohol and drug use among hospitalised somatic patients”, which is a joint project between the Norwegian Institute of Public Health and the Moscow Research and Practice Centre on Addictions. Third, the ASA EG is a collaborating partner of the EU Joint Action on Reducing Alcohol Related Harm (RARHA) in Work Package 4, which is collection of data and comparative analysis of the data. The Chair of the ASA EG has been elected as a Chair of the Advisory Board of the RARHA. The group has developed the proposal to produce a similar survey in the Russian Federation. One attempt to get funding from the EU Office in Moscow was not successful, but the group continues its fundraising efforts. Not only the NDPHS Partner Countries, but also the Partner Organisations, for example WHO and NCM, were actively involved in the work of the ASA EG.

The ASA EG Chair added that those member states that are participating in the group are very active, also in between the group’s meetings. During the recent 12th Meeting of the ASA EG on 19-20 April 2016 in Warsaw, Poland, the WHO Regional Office for Europe informed that the thematic report that was developed by the ASA EG was successfully used by WHO in it’s work with several countries.

The Chair thanked the group for their work and stated that the high involvement of Partner Countries in the group shows how important the alcohol topic is and how much collaboration on it is needed.

The NCD EG Chair introduced the group’s progress report for 2015. During his presentation he highlighted that the Russian Federation has taken over the leadership for this group since January 2016. Seven Partner Countries as well as WHO Europe are currently participating in the group. The newly-established group held its first meeting on 8 April 2016 in Moscow, Russia. The meeting discussed the Partner Countries’ work plans on NCD with regards to the NDPHS Strategy 2020. The participants supported the idea of a potential PAC side-event introducing the main results of the PYLL study. During the meeting, the group discussed three projects: the ongoing project “International Comparison Differences in Premature deaths and their Causes in NDPHS Partner Countries measured by PYLL indicator” and the planned projects “Down with NCDs - Better comprehensive national health system response to reduce NCD burden in the NDPHS area” and “‘UP!’ Be healthier, eat better, move more! – Best practices for empowering school-age children to make healthy decisions on physical activity and diet.”

The Chair thanked the NCD EG and, on behalf of Estonia, promised that Estonia would nominate an expert to the group as soon as possible.

The PHC EG Vice-Chair recalled that the group was established in October 2015 and set-up in spring 2016, which is why the group did not have activities to report on yet. However, the group is currently planning its activities and will report on their implementation during 2016.

The PH EG Chair informed that Germany is the Lead Partner and Latvia the Co-Lead Partner of the newly-established group, which will have its first meeting on 11 May 2016 in Berlin, Germany. Due to its late set-up, there are no activities to report on for 2015. There is still no ITA, and the group is working on increasing the partners’ commitment to it.
Asked to share information about the AMR EG progress, the Secretariat informed that the focus of the AMR EG’s work during the last two years was on the implementation of the Secretariat-led NoDARS project and the organization of the PAC side-event on AMR. The project is making good progress although there are some challenges to overcome. During the next year, the last year of project implementation, an expected outcome of the project will be policy recommendations built on the assessment of the AMR situation in the region.

Further, the Secretariat recalled having received from the OSH EG an email with a PowerPoint presentation attached outlining the groups planned activities.

Finland added that the OSH EG had prepared a concept for a potential PAC side-event, that unfortunately could not be used in an NDPHS context, but would be implemented as a side-event during the 12th World Conference on Injury Prevention and Safety Promotion on 18-21 September 2016 in Tampere, Finland. This large event will greatly increase the visibility of the OSH EG.

Germany thanked all Partners, which nominated a representative to the PH EG, and expressed its concern that not all groups have submitted an input to the progress report, and/or are not participating in the CSR meeting. Germany could not approve the report under these circumstances.

Sweden disclosed not being aware that the AMR EG was not represented at the meeting. If there would be a weak compliance with reporting requirements, in the future, Sweden suggested the Secretariat to inform the CSR members from the respective Expert Group Lead Countries in advance.

Having discussed the issue, the Meeting:
- Thanked the groups which submitted inputs to the NDPHS Progress report and which shared their progress during the meeting;
- Asked the Expert Groups, which have not submitted their input so far, to do so within two weeks; and
- Agreed that the Progress report for 2015 would be adopted through a written silent procedure, after all inputs have been received.

5.2 Proposed revised “Template for monitoring and reporting of the NDPHS progress”

With reference to document CSR 26/5.2/1, the Secretariat introduced a proposed revised “Template for monitoring and reporting of the NDPHS progress.” It highlighted that the current template had become outdated, making revisions necessary to bring it in line with the NDPHS Strategy 2020 and its Action Plan.

The ASA EG ITA recalled that the proposed document was discussed during the 20th Meeting of the EG Chairs and ITAs (enlarged) on 26 February 2016 in Gdansk, Poland, and that there were some requests for revision and clarification. Therefore, the document was not agreed upon by the meeting. He recalled his concern that the proposed document puts all responsibilities on the shoulders of the Expert Groups.

In response, the Secretariat stated that even though the ASA EG ITA had expressed his view during the meeting, the final conclusion from the EG Chairs and ITAs meeting was to not make any changes in the proposed revised template, which is why the document was submitted to the CSR in the presented version.

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2 The email and PowerPoint presentation were subsequently distributed as print outs to the meeting participants.
With regard to the proposed reporting on “Horizontal results”, Sweden suggested that the groups should not just list to which horizontal results they are contributing, but rather reflect on them.

The Secretariat noted that, when making changes to the template, it strived at the absolute minimum necessary so as to increase the chances for the paper to be accepted. However, if the CSR wished to take a more comprehensive approach and have certain aspects reported more in detail, there was sufficient time to improve it, since it would only be used from spring 2017 for reporting on 2016.

Having discussed the issue, the Meeting adopted the proposed document and agreed to revise it during the CSR meeting in autumn, if necessary.

5.3 Proposed revised “Elements for the development of NDPHS EG/TG Annual Work Plans”

With reference to document CSR 26/5.3/1, the Secretariat introduced the proposed revised “Elements for the development of NDPHS EG/TG Annual Work Plans.” It noted that, similar to the previously discussed item, this document has become obsolete and needed to be adapted to the current circumstances. It had been discussed during the 20th Meeting of the EG Chairs and ITAs (enlarged), during which both the Chair Country and the co-Chair Country expressed preference to have annual work plans, and the Expert Groups expressed diverse views on whether work plans should be developed annually or biennially. Following conclusions of the mentioned meeting, both versions had been submitted to the CSR meeting for decision. Finally, the Secretariat emphasized several arguments in favor of annual work plans, which it had presented in its above-mentioned document.

Russia stated that for groups led by Russia, annual planning is much more effective.

Referring to discussion during the CSR 25 meeting in Stockholm, Germany recalled that the basis for the then decision to allow the Expert Groups to choose biennial work plans was to lower the burden of administrative work for them. Whether work plans are annual or biennial is a question for the CSR to decide and, in doing so to reflect whether the CSR wants to more closely monitor or give more freedom for the groups. Germany would agree with both approaches.

In response, Russia noted that a plan for the upcoming period is not an administrative burden, but an important tool.

Finland and Lithuania stated that they would also agree with both approaches, but tended to favour annual work plans.

Poland and Latvia supported annual work plans.

Norway supported a flexible approach. It should be up to the expert groups to decide how they can best plan their work.

Sweden stated that there needs to be a balance between the effort of creating a work plan and how much it supports the group’s work, because already now the groups are behind schedule. Even though annual work plans would be favourable, it should be left to the groups to decide.

The ASA EG Chair, the HIV, TB & AI EG Chair and the PHC EG Vice-Chair stated that their groups are flexible and will implement what the CSR decides.
The ASA EG ITA, clarified that the point raised in Gdansk was not related to the view of the EGs on development of the annual or biannually work plans, but to the decision of revising the CSR decision in such a short time, as the choice to develop a biannual work plan was made only at the previous CSR.

The NCD EG Chair agreed with Russia and stated that the group favored annual work plans.

Having discussed the topic, the Meeting adopted the proposed document and agreed that work plans have to be developed annually, with the understanding that if a group experiences problems with implementing this approach, the situation could be reviewed in the future.

6. Approval of Expert Groups’ Work Plans

With reference to Annex 1 of document CSR 26/6/1/Rev 1, the ASA EG ITA introduced the group’s Work Plan for 2016 developed using the template applied in the previous years. During his presentation he highlighted that the plan contains four expected results. Regarding expected result no 4. “Increased knowledge and awareness regarding the public health impact of cross-border trade of alcoholic beverages”, the Swedish group member is discussing with the Swedish Institute about the possibility of funding this activity. A preliminary agreement has been reached with Finland, Estonia, Poland and Russia to participate. The new group members from Lithuania and Latvia are asked to discuss with their ministries the possibility to join this project. The answer from the Swedish group regarding SI funding member is expected in June/July. Further, the group is actively involved in WP 4 of RARHA and is planning to develop a separate report for the ND countries after the data of the survey will be analyzed. For this reason, it would be essential that Russia have an opportunity to implement a similar survey.

Another important goal of the group was preparation for a PAC side-event, related to alcohol issues, in 2017. Different countries are currently developing proposals of possible topics, which they will submit to the ASA EG for consideration by May/June. The ASA EG has decided to organize a joint meeting with the NCD EG, in the first half of 2017. During the meeting, the EGs will explore a possibility to develop a joint project. The group has strategically planned its work also beyond 2016. The ASA EG will concentrate its work not only on alcohol issues. The Polish group member is currently developing a proposal on the development of the report on cannabis use in the ND countries. Finally, he noted that all NDPHS partner countries except Germany have nominated an expert to the ASA EG and expressed his hope that Germany would join the group in the future.

The Chair thanked the group for its work plan and particularly welcomed the plans to cooperate with the NCD EG.

Russia expressed its appreciation for the ASA EGs style and approach of planning and fully supported the idea of a PAC side-event on alcohol. Russia has recently developed a national roadmap on alcohol issues and, therefore, sees a PAC side-event on alcohol as an opportunity for the NDPHS to address a multi-sectorial high priority issue.

In response to a question by Germany regarding expected result no 1. “Improved knowledge of effective community-based interventions targeting use of alcohol, tobacco and drugs among local level policy makers and authorities” about how the prevention activities will be conducted in practice and whether the handbooks will be produced in several languages, the ASA EG ITA explained that during the planning process the group took into account its capacity. The planned activity is connected to a large project planned by Finland. The handbooks will be in the language of the participant countries and potentially in other languages, if other countries join.
Following a remark by the ASA EG ITA that the group is in contact with Belarus regarding the possibility of a Belarusian representative joining the group, Russia suggested to also invite Belarus to a PAC side-event on alcohol.

With reference to Annex 2 of document CSR 26/6/1/Rev 1, the PHC EG ITA introduced the group’s work plan for 2016. She highlighted that the group had been newly established through the division of the PPHS EG into PHC and PH EG and is working on the implementation of objective 5 of the NDPHS Strategy. To achieve this objective, the work plan for 2016 had been developed. It takes into account all comments received from the group members and has been agreed upon by the group. To achieve the expected results, the group will focus on analyzing strategies, good practices and data of positive experiences, which are correlated with the specific actions under objective 5. PHC EG will continue its cooperation with international organisations working in the field of primary care and plan joint activities aimed at the development of better quality PHC systems in the ND area.

The HIV, TB & AI EG Chair introduced the group’s planned activities for 2016. The former HIV/AIDS & AI EG already had an internal action plan, which served as a very good basis for developing the work plan. The new group shows increased focus on TB. Based on the NDPHS Action Plan, the group has prepared an internal action plan for 2016 and 2017 in a highly participatory process. Many comments and contributions were received from the group members on the first draft. He expressed his appreciation that all members of the group are participating very actively in its work. Based on the group’s inputs a further draft had been developed, which then also received support and comments from the NDPHS Secretariat. Based on this document, the work plan for 2016 has been prepared.

One aspect that made the process slower is that the expected results 1-4 of objective 1 of the Action Plan belong to the HIV, TB & AI EG, while 5-7 concern Prison Health. The PH EG is still in the process of organizing itself after its establishment. Nevertheless, the HIV, TB & AI group has a close collaboration with the PH EG Chair and together developed an idea for possible cooperation in the future in order to create synergies and to fulfill the horizontal results together. A guiding principle for the development of the work plan has been to plan only for activities for which the group has resources/funding. Further, the group has named several assumptions in the work plan, taking into account that it operates within an environment, which is out of the group members’ control. To receive the funding needed to implement the activities, the group will certainly need support.

Russia highlighted current developments in their country, which might affect the planning and activities of the group: Recently Russia and WHO agreed to hold a global conference on TB by the end of 2017, which will open an additional platform. Also, Russia is at the stage of accepting a new strategy against HIV/AIDS 2020, which will refine some targets and priorities in the country.

Norway informed that it had re-nominated its experienced representative from the Norwegian Institute of Public Health, who had been a representative to the group for many years. Further, for the first time an alternate member, who is the leading specialist on TB, was nominated. Norway is looking forward to strengthening its commitment to the group by also focusing on TB.

Sweden asked how the group would have everyone involved, now that the coverage of the group is wider. Sweden had nominated three experts with different fields of expertise, who all would like to be aware of the activities of the group, even if only one of them participates in the meetings.

In response, the HIV, TB & AI ITA explained that it is a common approach taken by countries to nominate one expert on TB to the group. In practice, which experts are involved depends on the thematic focus of a meeting. This might be challenging when collaborative activities are developed, since the group is looking into the opportunity to arrange workshops and seminars or to participate in events where both issues are discussed.
The ASA EG ITA noted that there is a HIV/AIDS Programme in the Barents Euro-Arctic Council (BEAC), in which there is one activity related to alcohol and HIV. The ASA EG, HIV, TB & AI EG and BEAC could, therefore, also explore the possibility to cooperate on this issue.

The PH EG Chair informed that their group would have its first meeting on 11 May and by that would start its cooperation with the HIV, TB & AI EG. The group is working on developing its work plan covering the objective 1, expected results 5-7 as well as objective 5, expected result 5 of the NDPHS Action Plan. He highlighted that Prison Health is a very cross-cutting issue and shares many issue with other groups.

Russia stated that Prison Health is also beyond the responsibility of the Ministry of Health and that Russia is currently negotiating with federal agencies on selecting pilot regions for prison health projects. The PH EG will be informed about the result of the negotiations as soon as possible.

Norway congratulated the PH EG and PHC EG on their new establishment. Despite the fact that Norway was in favour of merging the groups in the past, now it has very good expectations for dividing them again. Further, Norway reminded of the NDPHS “Declaration on principles of cooperation between prison health and public health services and development of a safer society” adopted during the PAC 6 in 2009 in Oslo, Norway, which would hopefully be revitalized by the re-establishment of the PH EG as a separate expert group.

The NCD EG Chair noted that in 2016 the group would continue its three ongoing projects and try to develop new ones.

Sweden stated that when all work plans are received, there needs to be a synthetic analysis of all plans together to make sure that all objectives including the cross-cutting objectives are covered.

In response, the Chair noted that it is difficult to do this analysis in the current situation in which not all Expert Groups had submitted a work plan to the meeting.

Germany suggested coming back to the issue when the progress reports for 2016 are submitted.

Having discussed the issue, the Meeting:

- **Thanked** the Expert Groups which have submitted their work plans and wished all Expert Groups success with the implementation of their activities for 2016;
- **Approved** the work plans submitted to the meeting;
- **Asked** the Secretariat to approach AMR EG and OSH EG to evaluate how much additional time they need to finalize their work plan for 2016;
- **Agreed** that the additional work plans received will be submitted to the CSR for approval through a written silent procedure.

### 7. Proposed revised “Rules regarding NDPHS Expert Groups”

With reference to document CSR 26/7/1, the Secretariat introduced the proposed revised “Rules regarding NDPHS Expert Groups”. It explained that the previous NDPHS Strategy was a mixture of a strategy, an action plan as well as a regulatory framework. Now that the previous NDPHS Strategy has been replaced with a new one, certain regulatory elements are lost even though valuable like the rules regarding the NDPHS Expert Groups. To keep the latter would be reasonable also considering that there have been several changes in group
leaderships recently. Having all this in mind the Secretariat proposed making the (slightly revised) Rules regarding the NDPHS Expert Groups a self-standing document.

In response to a question by Germany, the Secretariat clarified that, since the whole paper is about the Expert Groups, the term “ad hoc groups” mentioned in the paper refers only to ad hoc groups of experts created by EGs, for example to develop a project proposal, not to ad hoc working groups established by the CSR.

Having thoroughly discussed the issue, the Meeting adopted the document with the revisions as in the version displayed on a white board during the meeting (cf. document CSR 26/7/1/Rev 1).  

8. NDPHS “Health” Policy Area Coordinator role in the EU Strategy for the Baltic Sea Region

8.1 Information about the implementation of the “PA Health Support” project &  
8.2 General discussion about the NDPHS “Health” Policy Area Coordinator role in the EU Strategy for the Baltic Sea Region

With reference to document CSR 26/8.1/Info 1, the Secretariat provided information about the implementation of the “PA Health Support” project. It highlighted that the last two planned events within the project, namely the 20th meeting of the EG Chairs and ITAs (enlarged) and the Policy-to-project-to-policy Conference have been successfully concluded. The Secretariat also thanked the donor, the EU’s Interreg Baltic Sea Region Programme 2014-2020, for the funding provided for the project.

With reference to document CSR 26/8.1/Info 2, the Secretariat introduced the Moderator’s Conclusions from the aforementioned conference and specifically drew the Meeting’s attention to item 7 “The role that the NDPHS can play in the above processes has been underlined. Especially the NDPHS Committee of Senior Representatives and the NDPHS Expert Groups have a crucial role in this regard”. To that end, it stressed the role the NDPHS can play in helping project implementers in producing results that have a lasting policy-impact.

In response to a question by Russia on whether the wording “especially the NDPHS Committee of Senior Representatives and the NDPHS Expert Groups” is meant to differentiate between and oppose the CSR and the Expert Groups, the Secretariat explained that the message was to underline that – whereas the whole Partnership plays a role in this regard – both the CSR and Expert Groups are specifically named to underline that those two structures are particularly important in this context. This is not to say that the NDPHS Secretariat should not do anything in this regard. However, these are the CSR and the Expert Groups, which include country and organization representatives, that are the main players when it comes to the policy-to-project-to-policy cycle.

Norway drew the attention to page 3 of document CSR 26/8.1/Info 1 and the use of the term “third country.” It stressed that the Northern Dimension is an equal partnership between the EU, Russia, Iceland and Norway. The whole idea behind the Northern Dimension is to provide an arena for policy discussions and development in the region. In future documents one should, therefore, emphasize that the NDPHS as a partnership of the Northern Dimension is already the chosen meeting place for discussing health and social well-being for EU and non-EU member states in the Baltic Sea Region. In this light, Norway asked that the term “third country” should not be used in future documents when referring to NDPHS Partner Countries.

In response, the Secretariat stressed that the term was not used to undermine the role or position of any country in the region, but rather to adhere to the terminology used by the

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3 Available at: http://www.ndphs.org///documents/4951/CSR_26-7-1-Rev_1_Revised_proposed_revised_Rules_regarding_Expert_Groups.pdf
The respective text in the document is the name of a work package, which had been presented to the Partner Countries when the project proposal was being developed. The project proposal was approved by the countries for submission to the donor. However, if the comment had been received during the time the proposal was being developed, it would have been possible to find a better wording.

The Chair asked the Secretariat to avoid using the term "third country" in the future.

Russia noted that documents should be verified before they are issued to avoid such situations in the future.

Furthermore, with reference to document CSR 26/8.1/1 the Secretariat introduced a proposal for an NDPHS event during the 7th Strategy Forum of the EUSBSR to be held on 8-9 November 2016 in Stockholm, Sweden. It explained that it was part of the project proposal “PA Health Support 2” submitted to the Interreg Baltic Sea Region Programme 2014-2020 for funding to organize an event during the EUSBSR Strategy Forum. However, as the first step to staging such an event, an application had to be submitted to the Swedish Institute by 17 May 2016 aimed to receive approval for the planned content of the event. The Secretariat briefly summarized the content of the workshop as tentatively planned so far, as well as the preliminary steps taken by the Secretariat in an effort to develop a proposal for the said event. There is a possibility to apply for more than one workshop/seminar, also regardless of whether or not funding will be provided in the context of the “PA Health Support 2” project. Finally, the Secretariat highlighted that organization of such event is a great opportunity for the Partnership to increase its visibility in the region. It also noted if the Partnership wanted to make use of the project funding applied for, the event would need to adhere to the suggested topics, namely the health economy and eHealth. However, this was not compulsory. It would be desirable that the groups take an active role in the development and implementation of the event, not least to lower the burden faced by the NDPHS Secretariat.

In response to a question by the Chair regarding the topical focus of the event, the Secretariat recalled that, in early 2016, it had consulted with the CSR regarding a follow-up study of the report developed in the “PA Health Support” project. The outcomes of this follow-up study on health economy, as well as aspects of eHealth (to be provided by the eHealth for Regions network), are proposed to be the focus of the event. However, if the Expert Groups would provide a complete and good idea, the planning could be completely redesigned. The Secretariat emphasized that the topic of the event needed to be accepted by the organizers and that there would be a strong competition between all regional stakeholders interested in staging their own events.

The HIV, TB & AI EG ITA presented his own ideas previously shared with the Expert Groups by email. He highlighted the importance of addressing the Strategy Forum’s theme “One Region, One Future – Vision 2030 for the Baltic Sea Region” as well as complying with the guidelines for staging an event provided by the organisers. He, therefore, proposed focus on either health projections 2030, potentially with regards to specific diseases, or investing in children’s health and wellbeing. The latter would also be a good link to health economics. Furthermore, according to the guidelines, he reminded that it was important to incorporate a youth perspective and gender issues. He also expressed his view that the seminar would be a good platform to make the work of the NDPHS Expert Groups visible. However, one group would not be enough and to show integration there need to be at least two groups. This is also a good opportunity to fulfill the goal of the Action Plan to work inter-sectorially and across the topics covered by the Expert Groups.

The PHC EG Vice-Chair presented the idea brought forward by the group to focus on the issue of multimorbidities in the elderly population to be addressed with a focus on 2030. The group is currently working on collecting good examples that could be presented during the workshop.
The Chair thanked both groups on their readiness to participate in the event.

Germany suggested including the health-related sustainable development goals in the proposal, if possible.

Sweden reminded that most participants of the EUSBSR Strategy Forum are working on environment and other non-health related topics. It needed to be kept in mind that they have a low knowledge of our topics. eHealth and digitalization would, therefore, be a good idea to address also the needs of participants interested in commercial aspects.

The Secretariat added that the organisers of the event emphasized that the potential event should not just focus on the Partnership’s work, but link to other sectors and issues of relevance for the region. For this reason the original idea addressed the health economy.

Sweden suggested to create an ad hoc working group made of those interested in working on the development of an event proposal.

Russia supported the idea of setting up a working group and underlined that the quality of the presented event will impact the visibility of the Partnership in the region.

Norway stated that it would consider nominating a representative to the ad hoc group.

The Secretariat suggested inviting the eHealth for Regions network to the working group.

The Meeting agreed on the establishment of an ad hoc working group on the development of a proposal for organizing a workshop during the 7th Strategy Forum of the EUSBSR, to be chaired by Sweden, consisting of all interested Expert Group, country and external stakeholder representatives, and invited Sweden to chair the group and welcome nominations from CSR members and other bodies as mentioned above.

9. Reduction of the Secretariat’s workload

With reference to document CSR 26/9/1, Germany introduced a proposal regarding the reduction of the Secretariat’s workload. It emphasized that this was a pending issue stemming from the NDPHS evaluation, which needed a sustainable solution. The proposals presented in the document needed to be translated into practice.

The Secretariat expressed its appreciation for the initiative taken by Germany. During the MP 7 meeting, the Secretariat informed about the many projects, which it recently completed or continues to implement (some of them single-handedly and some with project partners). Every project added to the Secretariat’s portfolio was/is, therefore, increasing its workload. Some projects created many unpredictable situations such as, for example, a resignation of a project partner (i.e. a situation that requires a formal revision of the grant agreement), all of which further increased the already very high workload of the Secretariat.

Further, the current Senior Adviser will soon be taking a parental leave and, even though a temporary replacement had been recruited, it cannot be expected that she will be able to immediately provide the same level of support. Additionally, the Director of the Secretariat will be replaced next year. All the said factors make the current discussion necessary.

Germany suggested that the Secretariat’s workload could be decreased with regards to its original task, for example by asking for shorter and/or fewer documents, but the best chance to decrease the workload is by cutting down on projects. The current good financial situation of the Secretariat allows for this. However, instead of the Secretariat another legal institution would then be needed to implement the Partnership’s projects.
Russia noted that when the Secretariat initiates a project, the person running it should be included in its budget. Further, the countries should consider fewer or even no projects to be run by the Secretariat.

In response, Germany stated that no projects would also not be a good approach, since the current “PA Health Support” project, for example, allowed the Secretariat to employ an additional staff member. However, some of the work should be shifted from the Secretariat to other institutions.

Norway recalled its position that emphasis in the Partnership should be less on Secretariat-run projects and more on policy development. Therefore, Norway supported the German idea. With regards to previous discussions on the definition of what an NDPHS project is in the previous CSR meetings, Norway reminded that it is actually included in the definition that Experts Group or institutions nominated by the Expert Groups to run an NDPHS project.

Finland supported the previous positions and added that projects led and run by Expert Groups should be implemented by the groups themselves. Generally, the Expert Groups should rely on the Secretariat less than currently. As a practical solution, in Finland it has become good practice to meet with all Finnish Expert Group members once per year, which would allow to potentially only have one EG Chairs and ITAs meeting per year.

Estonia thanked the Secretariat for all its support and the work that it is doing, which the CSR sometimes is not even aware of, and asked the Secretariat to provide an overview of all projects currently run by the Secretariat in order of priority and their expected end date. Further, Estonia stated that not all projects are equal in terms of workload and that all future project applications should be very critically assessed by the CSR in this regard.

The ASA EG ITA noted that the evaluator already presented solutions to the problem in 2013. He also recalled the CSR 21 meeting in Tallinn, during which the Secretariat asked permission to continue running projects. When the ASA EG asked in 2013 and 2014 if it is necessary to have the Secretariat as a Lead Partner for projects, the answer was positive/yes and it was explained with the fact that the Secretariat needed the extra income due to its financial problems. The financial situation was the main reason why the Secretariat started to the Lead Partner for all projects, and that was unfortunately missing from the document developed by Germany. As suggested by the evaluator, if all Partner Countries would start to pay their contributions, then the Secretariat could have fewer projects and overload. The Expert Groups had always been ready to have projects themselves, as they are implemented by the institutions that have a capacity to run the projects, and this does not constitute a problem. If there is no financial reason any more, then the CSR can now ask the Secretariat to stop running projects.

In response, the Secretariat clarified that funding was an important issue, but only one of many. Reducing the amount of projects is certainly the easiest issue to address in order to lower the workload. However, with regard to the possibility of others implementing projects, he recalled the Secretariat’s offer in late 2015 for the groups to make use of the 150,000 EUR available for the coordination of the Policy Area “Health”. The project ideas received from the Expert Groups were not fundable. Hence, within three weeks, the Secretariat had to develop alone its project application and receive approval from the CSR for this project.

Further, the Secretariat noted that it would help if all Expert Groups were submitting requested documents in time, so as to avoid pile up of Secretariat’s work in certain periods of time. The Secretariat also believes that the groups should take a more active role in some of the Partnership’s activities. For example, with regard to the event during the EUSBSR Strategy Forum, the ideal situation would be that the interested Expert Groups together with countries that want to be part would organize the process themselves rather than having the NDPHS Secretariat take the burden on its shoulders also this year.
Germany agreed that the Secretariat’s work would be facilitated, if the Expert Groups submitted their reports on time.

In response to the previous remark that also another institution could be the Lead Partner of a project, Germany asked about the legal requirements. In response, the Secretariat referred to the NoDARS project and recalled that in 2014 the Secretariat announced it would prefer not to take part in the project; however, faced with announcement of the European Commission that the Commission could free-hand provide a grant for this project only to the NDPHS Secretariat, the Secretariat had no other choice but to submit the application and take the lead in the project. This is because the Secretariat is the only legal entity behind the Partnership collectively. Other legal entities, e.g. a ministry, would not have been accepted by the European Commission in that particular case. The engagement of the Secretariat in the project turned out to be much more demanding than originally planned. The work done by the Secretariat cannot be done by another Project Partner, since it is a requirement of the Grant Contract and requires a certain expertise in the management of EU projects that many members of Expert Groups do not have. With regards to the funding available to the EUSBSR Policy Area Coordinators and Horizontal Action Coordinators, the Secretariat also has to act as the legal entity. Recently, the Secretariat hoped that Expert Groups would take over more responsibility for the content of the project, but it did not work out for the previously stated reason.

Russia thanked the Secretariat for the explanations and supported the views expressed by the ASA EG ITA. The Expert Groups are already in place to implement the ground work. In case the Expert Groups present their plans and do not cover all items of the NDPHS Strategy 2020 and its Action Plan, it does not mean the Secretariat has to take responsibility for the remaining issues. Since today almost all countries are part of the Agreement on the establishment of the NDPHS Secretariat with full contributions the previous financial reasons have disappeared.

The ASA EG ITA clarified that it would not be the Expert Groups that would implement projects, but their institutions, which have very good financial and administrative resources.

In response to questions by Germany and Russia, the Secretariat explained that it was currently running two main projects: NoDARS and PA Health Support. The PA Health Support project will run until the end of June 2016 and then be followed by the PA Health Support 2 project from 1 July 2016 onwards. However, a project’s end is not the end of the work, since an audit needs to be run and final narrative and financial reports prepared and submitted to the donor. In the past, there were problems with inputs received from Project Partners to the point that 3-4 Project Partners of the ADPY project had to return (part of) money to the European Commission, because they inappropriately spent it. In the ongoing NoDARS project, one organization withdrew and informed that it was not able to fulfill the strict reporting requirements. The day before the CSR meeting, the Secretariat learnt there might be an issue with another Project Partner. This kind of problems appear when organisations that are taking part in projects lack proper managerial capacity and/or knowledge regarding EU projects.

Russia suggested coming back to the issue when the projects are over to discuss to which extend the Secretariat should continue with such projects. If there is one problem with a Project Partner in a project, this should be interpreted as a single case. However, if several partners have issues, it might be that the project was planned poorly. The Partnership does not need such projects and they should potentially be rejected in the future. Furthermore, if the requirements of the donor are inappropriate, they need to either be negotiated or the project not accepted.

The Chair agreed that the CSR needs to decide when to come back to the issue and needs to work out criteria for projects the Partnership wants to get involved in.
Norway did not agree with the explanation that the institutions involved lack proper managerial capacity or are not experienced enough in project handling.

Germany expressed its disappointment with regard to the lack of concrete decision concerning the issue at hand, which it expected the Meeting would make. Further, he stated that, when Expert Groups plan a project, they need to find a legal partner to take over the lead role. The Secretariat should not be a project Lead Partner in the future.

In addition, Russia noted that projects that involved employment of additional staff are a good idea. But future projects should not put more workload on the Secretariat.

In response to the Norwegian statement, the Secretariat provided another example to justify its view: in the middle of a project, the Secretariat received information from the participating institutions that what they had included in the project description and budget was not feasible and the real costs did not match what was laid down in the grant proposal. Therefore, those documents have to be amended. Those lessons learned need to be taken into account as they reveal weaknesses within the Partnership. Running fewer projects is a simple approach; however, the Partnership also needs to reflect on its ambitions and on how many projects it needs to run to be able to successfully implement the Action Plan.

The Chair concluded that the issue should be discussed again in the future and invited all Partners to come forward with further proposals, if any.

Norway stated that it would rely much on the CSR Chair’s advice, since it is the Chair that is responsible for the Secretariat’s employees.

10. Preparations for the forthcoming PAC and its side-event

Poland announced that it was considering to host the forthcoming PAC, but has not reached a decision yet. Many other meetings are to be organized in autumn, however, the discussions are ongoing.

Estonia recalled the discussions during the last EG Chairs and ITAs meeting in Gdansk about a potential side-event and reminded that there will be funding for the organization of the PAC from the “PA Health Support 2” project.

The NCD EG Chair and ITA presented the proposal to arrange a seminar presenting the outcomes of the PYLL study as a PAC side-event. The group has discussed the idea internally and supports the proposal.

The Secretariat clarified that the “PA Health Support 2” project could provide funding for the PAC, but not for its side-event. Also, as discussed during the EG Chairs and ITAs meeting in Gdansk, there would be no financial support for the side-event from the PYLL project, meaning that either the host, potentially Poland, or someone else would have to bear the costs.

Russia noted that if Poland receives funding for the main event from the project, then it could consider covering the costs for the side-event.

Poland responded that this would be difficult due to other meetings currently planned.

Norway could not recall when the partners agreed that project funding should be sought in order to finance PAC. Understanding that funding now is available, in Norway’s view, it would be more appropriate to use this extra funding to fund a side event than PAC itself.
In response to when it had been agreed, the Secretariat clarified that it had been so with the CSR having approved the project proposal for funding. In the application it is written which events would be co-financed. PAC is listed as one of those events.

Norway maintained that financing the PAC and its side event lies within the partners' core responsibilities. Focus should therefore be on finding partners willing to host PACs and side events.

The Meeting appreciated Poland’s willingness to consider hosting the upcoming PAC, welcomed that there is a proposal for a side-event and agreed with the Chair’s proposal that the Chair and co-Chair Countries supported by the Secretariat would try to help address the issue of funding for the side-event.

11. Future CSR meetings

The Meeting concluded that Partners would consider hosting future CSR meetings.

12. Any other business

Sweden recalled an MS Excel file with all nominated Expert Group members received from the Secretariat and asked the Secretariat to send it out again when all nominations have been received.

The Secretariat stated that it would disseminate the file again when new nominations are notified to the Secretariat.

The Meeting took note of the presented information.

13. Adoption of the CSR 26 meeting minutes

The Secretariat agreed that the Secretariat would send out the CSR 26 meeting minutes to the participants on 13 May 2016 and that comments on the draft would be due, at the latest, on 20 May 2016. The revised minutes would be distributed on 25 May 2016 to be adopted per capsula met provided that no further comments are submitted within one week.

14. Closing of the meeting

The Meeting terminated on 29 April 2016 at 15:20 hours.